

# Alzheimer's and Dementia Support Services

## Safearbour; Memory Well being Center

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Safeharbour; Memory Well being Center is a registered charity and provides personal care and support to adults living with dementia, and those who care for them, in their own homes in the Dartford, Gravesham and Swanley areas. The service provides support to enable people to live as independently as possible.

### People's experience of using this service:

People and relatives described a service that was person centred. People and their loved ones were fully involved in decisions about their care and how it was provided which made sure they received individually led care and support.

People had mainly the same core group of care staff to provide their support which meant that staff got to know people and their families well and what was important to them. People said they felt safe.

The training staff received meant they were skilled in their role and people felt confident they knew what to do and understood their needs. Relatives described how staff had a good understanding of how living with dementia affects people and how to tailor their support.

Staff were well supported by the provider and registered manager and they said this meant they were in a good position to provide good quality care.

People knew how to make a complaint and they had the information they needed.

People, relatives and staff described a well run organisation who had people at the heart of what they did.

### Rating at last inspection:

Good (Report published 29 October 2016).

### Why we inspected:

This was a planned inspection based on the previous rating.

### Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Safeharbour; Memory Well being Center

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, older people living with dementia and care at home services.

#### Service and service type:

The service is a domiciliary care agency. It provides personal care to older people living in their own houses and flats. Not everyone using Safeharbour; Memory Well being Center receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The service was providing personal care to approximately 63 people at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours notice of the inspection because the registered manager is not always in the office and we needed to make sure they would be available.

We started the inspection on 29 April 2019, by making telephone calls to people to ask for their views of the

service, and ended the inspection on 1 May 2019. We visited the office location on 30 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. Providers are required to send us key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we looked at the following:

Three people's care records including their medicines records.

A selection of the provider's records including, records of accidents, incidents and complaints, monitoring and audit records. We also looked at two staff recruitment files, staff supervision records, staff training records and staffing rotas.

The most recent annual satisfaction surveys sent to people, their relatives and staff and checked how the provider responded.

We spoke with three people who used the service and seven relatives to hear their views of the care and support they received. We used this feedback to inform our report. We spoke with the registered manager, the senior services manager and three care staff to incorporate their views. We also spoke with the provider's nominated individual, the chief executive officer (CEO) who is the person legally responsible for regulated activity, together with the registered manager.

After the inspection the registered manager sent us additional information we requested in a timely manner.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager and all office staff were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People told us they felt safe when they were being supported. One person told us, "Yes I do feel safe. They provide personal care and it's all done safely. I have trouble with my legs, and they take care of how they wash my legs", and another person said, "Yes I do feel safe. When they come here, they have a bit of a chat and ask about me."
- A system was in place to identify risks in relation to people's health and welfare while receiving personal care services within their home. Assessments were in place and management plans to reduce the risk were recorded.
- Some people for example, were at risk of falling, or needed the help of staff or equipment to move around. Others had a medical condition that may put them at risk.
- Environmental risks had been looked at before support commenced to make sure people and staff were safe during visits. These included for example, the outside of the person's home – lighting and stairs; and inside the property – where the essential utilities were sited or if the person had a pet.

Staffing and recruitment

- The provider employed enough staff to make sure people received the care and support they needed. The registered manager told us they continued to recruit new staff and found new ways of attracting suitable applicants to keep their staff numbers up.
- Travel time between visits was included in the staffing rotas to try to prevent staff being late to visits and to promote staff well-being. Staff confirmed this and people and relatives told us staff were on time for their visits and they always stayed the full amount of time allocated.
- Staff continued to be recruited safely. Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

### Using medicines safely

- Some people needed staff to help them to take their prescribed medicines and some people either did this themselves or a family member helped them.
- Where staff assisted people with their medicines, this was managed safely. A system was in place to make sure people got their medicines on time and as prescribed. Staff had received training and had their competency checked regularly following this to make sure they continued to provide a safe service.
- A relative told us about staff giving their loved one their medicines, "They're given on time and they check the dosset box; they noticed that (my loved one's) dosset box was wrong and they called the pharmacy."
- Medicines were checked regularly by the management team and where errors were found, an investigation had been carried out and action taken to make sure the error was not repeated. For example, staff had repeated medicines training or had their competency checked again by a senior member of the team.
- Information in relation to each medicine was available for staff so they knew why the person was taking the medicines they were giving them and if there were any side effects to watch out for.

### Preventing and controlling infection

- Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.
- The provider made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.

### Learning lessons when things go wrong

- Accidents and incidents were documented by staff using a detailed reporting system. All incidents were monitored by the registered manager who checked for any themes and to check the appropriate responses had been completed. Serious incidents were reported up through the chief executive officer (CEO) to the board of trustees.
- Improvements and learning from incidents was cascaded to staff through staff meetings and supervision.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before receiving a personal care service from Safeharbour; Memory Well being Center.
- Assessments were used to develop each person's individual care plans and meant the registered manager could make decisions about the staff skills needed to support people.
- They included making sure that support was planned for people's diverse needs, such as if they had religious and cultural needs that needed to be taken account of when care was being provided in their home.

Staff support: induction, training, skills and experience

- Staff continued to have the training and skills they needed to support people. The provider had their own trainer who provided face to face training at the service's office base. Staff told us their training was very good and they appreciated the group learning.
- People and their relatives said the staff knew what they were doing and supported them well. One person told us, "They understand me and know my needs." A relative said, "That's why we chose this specific team, as they understand mum's condition; their approach to mum's Alzheimer's is excellent."
- Staff confirmed they had a good induction when they joined the service with four days training and a period of shadowing experienced staff before they started to provide people's care.
- Staff had regular one to one supervision meetings and an annual appraisal. As well as supervision, spot checks were carried out when staff were in the community supporting people. This meant the registered manager could be assured of staffs' continued competence in their role. Staff were positive and felt they were supported well.

Supporting people to eat and drink enough to maintain a balanced diet

- Many people did not need support with their meals or planning a healthy and nutritious diet as family members made their meals, or other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their store of food . Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food cooked from scratch.
- Care plans guided staff about people's needs, such as if they needed a jug of drink or snacks left within reach before they left the visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people had more than one agency supporting them, as well as family or friends. The registered



manager and staff worked closely with others involved in people's care to make sure communication was good between other organisations or supporters.

- Many people either arranged their own healthcare or their family members did this.
- People's medical conditions and how they managed them were documented in their care plans.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns. Staff told us office staff were very responsive and acted quickly to make sure people got the help and advice they needed. One staff member commented, "I can ring about anything and they deal with it immediately."
- The registered manager made sure people were supported if and when needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- People consented to their care where needed, such as staff assisting with personal care or administering their medicines. Some people had another person, such as a family member or a legal representative to act on their behalf, with a Lasting Power of Attorney. Where this was the case, the registered manager had checked out this authority and taken it into account when planning people's care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative told us, "The staff understand dementia and they're very good with her; they have the understanding and a lot of patience. All the staff have shown a genuine interest in mum."
- Staff knew people well as they usually supported the same people on a regular basis. This meant staff were quick to pick up on small signs if people were unwell or upset. One staff member told us they had been out in the car with one person they provided regular support to. The person fell asleep in the car. The staff member told us they had never done this in the two years they had known them so felt concerned about their health and well-being. They reported to the office straight away to organise a health check.
- People's relatives were also given support and understanding by staff. People's loved ones were able to go out and take care of their chores as staff saw it as their role to befriend people so they were comfortable in their company. Staff told us they got to know family members well and liked to be a listening ear for them too.
- Care plans guided staff with personal information about people's interests. This meant they could spend some time reminiscing or giving a hand massage or playing preferred music when personal care tasks were completed.
- The staff we spoke with told us they loved their work. One staff member said, "I love my job, it is so rewarding."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care plans where they could, saying what they liked and how they liked things done. Where people were not able to actively take part, staff gathered information from people who knew the person, such as relatives or health and social care professionals. This helped to make sure they had as much information as possible to be able to provide care and support in the way people preferred.
- People were supported to express their views and they and their relatives were involved in making decisions about their care and support through the initial assessment and ongoing reviews of their care plan. One person told us, "I was involved from the beginning and had an input into my care." A relative said, "Yes there was an assessment and we get regular assessments going forward. They're very thorough."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always treated their home with respect, one person said, "They're very mindful of my surroundings." A relative told us, "They leave it as they find it and always keep it tidy and clean."
- The service offered a minimum of one hour personal care support. The provider made this decision as they felt people living with dementia needed the time to maintain their independence and dignity. Staff told us having at least one hour to support people with their care is what made all the difference to the quality of

care they were able to provide.

- Care plans described what people were able to do for themselves and the areas they may need time and encouragement. Where people needed full support with their personal care, how they preferred this to be carried out was clearly set out.
- A theme of respecting people's privacy and dignity was clear through people's care plans and one person told us, "I have help with showers twice a week and it's all done respectfully."
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A person centre approach was used when care plans were developed and reviewed. Information included people's life histories and what was important to them. The people and relatives we spoke with told us they were fully involved in developing the care plans and all ongoing reviews.
- Information was gathered from people and/or their relatives about subjects the person may find sensitive or likely to cause distress. One person's care plan said they did not like to see cruelty to animals or tragedies on television. This meant staff were aware of these areas and could help people to avoid them to reduce anxiety.
- Detailed plans for staff to follow of people's preferred and usual routine during each visit were in place, helping people to follow a consistent routine to maintain their independence and reduce anxieties. One person said, "They know what I like and don't like. They care for me well."
- Staff recorded in people's daily records to document the personal care they had given. However, staff also recorded what they had chatted about, or if they had watched television for a while, what they had watched and if the person enjoyed it. Staff also often stayed and had a hot drink with people which helped to encourage conversation and prevent social isolation.
- People's communication needs were taken into account and Information was provided in a way that made it accessible and easy for people to read.
- A member of staff told us, "Everything is about the person and we work to their wishes."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure to follow if complaints were made. Each person had a service guide in their home which included the details of how to make a complaint if they wished. The people and relatives we spoke with knew how to contact the office if they had a complaint and were sure it would be dealt with.
- Some complaints had been made since the last inspection. These had been dealt with appropriately, following the provider's procedure. Thorough investigations had taken place and responses sent to the complainant with clear outcomes and areas for learning.

End of life care and support

- Although the service does not provide end of life care, people's end of life wishes were recorded in their care plan if they had chosen to discuss this.
- One member of staff told us family members often wanted their loved ones to stay at home at the end of their life. They said they would be more than happy to help support people at the end of their life if needed, if it meant people could stay at home at this time.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The people and relatives we spoke with clearly described a person centred service where staff spent time getting to know people and their families well.
- There was an open and transparent culture across the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- A registered manager was in post and knew what was going on in the service. The registered manager and senior managers had the skills and experience they needed to manage a service specialising in dementia care.
- People and their relatives were overwhelmingly positive about the support and efficiency of the office base, saying the telephone was always answered quickly and their query or concern dealt with. One relative said, "I had to call them this week as I want to have a few hours extra care as I need to go out. Within two hours they called me back and told me all was in place."
- The service's office base was set within a hub of services run by the provider to support people living with dementia and their carers. Also on the site was a small day service and a community café, as well as homecare and respite services. People using the service could also access the provider's other services if they wished. Staff supported people to access the café for instance, which was open to the public, so an opportunity to socialise if people wished.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider continued to have systems in place to monitor the quality and safety of the service.
- People's care plans, daily records and medicines records were checked regularly for accuracy and to make sure they were kept up to date with people's changing needs. Where improvements were needed, or errors were found, the action taken was clearly recorded and follow up plans were in place.
- The registered manager held regular staff meetings, sometimes twice a month, to make sure as many staff as possible could take part. Staff told us they were encouraged to give their views and raise any issues they had or ideas for improvement. The registered manager organised different speakers to come to talk at staff meetings. For example, a pharmacist attended one meeting to discuss the different types of dementia, the progression and the medicines available to help people. Another meeting included volunteers from an organisation specialising in diabetes.
- A new chief executive officer had started in post and they had held a series of informal meetings to speak to staff about the values and mission of the organisation and their responsibilities as a registered charity.

- Staff described the provider organisation as caring. One staff member said, "It is a very well run, caring organisation. They care about the people but also about the staff. They look after the staff so they can look after the people." Another staff member commented, "This is definitely the best place I have worked."
- The provider's nominated individual had recently joined the organisation. They told us that they were struck by the staff's passion and commitment since joining.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the office base and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people and staff for feedback about the service through an annual survey. The most recent survey showed positive feedback from people and their relatives with comments including, 'Go above and beyond'; 'What would we do without you'; 'Always good communication'.
- As well as annual surveys, people were asked their views and if they had any concerns during each review of their care plan.
- Staff had also responded positively in the most recent annual survey of their views. No negative scores or comments were given by staff.

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. For example, they attended events to learn about and share best practice. They also made sure they had access to information, professional updates and changes in legislation and guidance and that these were passed on to staff when relevant.

Working in partnership with others

- The registered manager attended local provider forums and kept in contact with other registered managers in the local area, sharing good practice at times. They worked closely with health and social care professionals such as GP's, specialist nurses and district nursing teams.
- Some people had a legal professional to help them take care of and make decisions about their finances. The registered manager had worked closely with legal teams to make sure the best outcomes were met for people.