Miss Claire Jennings

Dementia Care and Support at Home Office

Inspection report

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Ratings

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

Overall summary

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the second testing phase of the new inspection process CQC is introducing for adult social care services. The inspection consisted of a lead inspector from the Care Quality Commission 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.

Dementia Care and Support at Home is a care service that provides support to people in their own home, some of whom suffer from the early stages of dementia. The agency office is located on a busy main road in Swinton with parking space available for staff and other people who may wish to visit the office. At the time of our inspection the agency provided care and support to 11 people and employed six members of staff.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We identified one person as being 'at risk' of choking whilst eating their food, however an appropriate risk assessment had not been completed which could place this person at risk. We raised this issue with the manager. Staff had undertaken training on safeguarding adults from abuse and they displayed a good knowledge of the action they would take to manage any incidents or allegations of potential abuse. People who used the service and their relatives told us that they felt safe whilst staff were with them in their home.

People told us that they felt care workers cared about them and listened to them. They gave positive feedback about their individual care workers.

There were care plans in place that described people's care and support needs and how these would be met by staff. The registered manager completed 'variation' forms when people's needs changed or needed to me amended. Relatives we spoke with told us they were kept updated about any changes to a person's care needs.

People were supported to remain as independent as possible and to retain contact with the local community. There were appropriate risk assessments in place that allowed people to take responsibility for their actions and be as independent as possible, but remain safe.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA)

Staff had undertaken training that provided them with the skills to carry out their role effectively. People who used the service told us that staff had the right kind of knowledge and skills and that they were reliable and trustworthy. They said that generally, they arrived at the right time and stayed for the agreed length of time, but that on occasions they were sometimes held up whilst on other visits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe. We identified one person as being 'at risk' of choking whilst eating their food, however an appropriate risk assessment had not been completed. We raised this issue with the manager.

We saw that people had care plans in place which included risk assessments that were intended to protect people from the risk of harm, such as moving and handling techniques to be used by staff. In addition, there were risk assessments in place about each person's home environment.

We checked the recruitment records of four members of staff and saw that robust recruitment and selection practices were followed. This included ensuring DBS (Disclosure Barring Service) checks were undertaken and a minimum of two references obtained from previous employers before staff started work.

Is the service effective?

Good

The service was effective. We looked at the staff induction programme as part of our inspection. A staff induction is undertaken when staff first commenced employment with the company. This gave new staff a thorough understanding of how the company operates, what is expected of them and to ensure they received relevant training to care for people safely.

We saw that there were sufficient staff employed to ensure that people received a service in a timely manner and from a consistent group of staff. We saw that the system used to devise staff rotas identified a person's regular care worker and allocated the person's weekly visits to them whenever possible.

We saw that initial needs assessments had been completed by staff to work out what support people needed when the care package first started. Information about the person's individual support needs had been recorded as well as information about their chosen lifestyle.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about their care workers who they said treated them with courtesy, kindness and respect.

People said they had a positive relationship with their care workers who "cheered them up." People told us they mainly had regular care workers who knew them and understood their individual needs and preferences although on occasions this was different if staff were ever unavailable.

People and their relatives told us that they felt the staff listened to them, cared about them and respected their wishes at all times.

Summary of findings

Is the service responsive?

Good

The service was responsive. Care plans recorded information about people, including the people who were important to them and their hobbies and interests, and this enabled staff to provide the right service to meet their individual needs.

Care workers told us that the manager would tell them about any changes to a person's care needs prior to their next visit so that they were aware of up to date information, and that care plans were updated when needed. We saw 'variation' forms were completed which showed us staff responded appropriately when people's care requirements changed or needed to be updated.

We saw that information about the complaints procedure was included in the service user guide, however on the day of our inspection there had been no complaints made against the service. One relative commented "The manager is very approachable and deals with things quickly".

Is the service well-led?

Good

The service was well-led. On the day of the inspection there was a registered manager in post who was also the owner of the service and was appropriately registered with the Care Quality Commission. In addition, other members of staff included a supervisor, a trainee supervisor and three care assistants who were all involved in providing care within the community.

Whilst speaking with people who used the service and their relatives, we asked if they felt the service was well led. Comments included; "They work very well together as a team" and "Things appear to very well organised" and "They (managers/supervisors) do observation checks of staff which is important".

Dementia Care and Support at Home Office

Detailed findings

Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the second testing phase of the new inspection process CQC is introducing for adult social care services. The inspection consisted of a lead inspector from the Care Quality Commission 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.

Before the inspection we reviewed all of the information we held about the service. We had previously carried out an inspection of the service on 16 October 2013 and we found that they were meeting all of the national standards we assessed. We looked at notifications received about the provider, and reviewed the questionnaires completed by people who used the service and their relatives. The provider information record (PIR)was received prior to our inspection and we have read the information supplied by the agency and have included some of this information provided in this report.

As part of our inspection we spent time speaking with the registered manager, care workers, and a combination of eight people who used the service and their relatives. We spent time looking at records, which included five people's care and treatment records, five staff personnel records, and records relating to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with and their relatives told us they felt safe in the presence of staff and did not express any concerns with regards to their safety. A relative commented; "They take my relative into the park and we feel that my relative is in safe hands. We trust them (staff)". People told us that they felt safe whilst staff were in their home. Some people told us about the access arrangements to their home and how this made them feel safe. This included the use of key safes which is a key code system on their front door which allowed staff access during each care visit.

We checked the care records for five people who received a service from the agency. The risk assessments we looked at within peoples care plans explained how to keep people safe, however we looked at one person's care plan who was identified as 'at risk' of choking whilst eating their meals. We were unable to see where a risk assessment had been completed or identified prevention measures if the risk increased such as a referral to SALT (Speech and Language Therapy Team). We raised this concern with the manager who assured us this would be put in place immediately following our inspection. We spoke the member of staff who provided care to this person who told us; "X doesn't have a great appetite and needs lots of prompting to eat sufficiently. We add thickening agent to cups of tea and also with water when X takes their medication. All of the care tasks to follow are available to us in the care plan".

We spoke with four members of staff and they confirmed that they had received training on the topic of safeguarding adults from abuse. They were able to describe different types of abuse and told us what action they would take if they observed an incident of abuse or became aware of an abusive situation. Staff said that they would report any concerns to the manager at the agency office and were confident that they would deal professionally with any incident they became aware of. One member if staff commented how if they were unhappy with the response they received then they would contact the local authority or the Care Quality Commission to ensure appropriate action was taken. In order to facilitate staff with this, we found there were suitable whistleblowing and safeguarding adults policy and procedures in place for them to refer to.

We saw that people had care plans in place which included risk assessments that were intended to protect people from the risk of harm, such as moving and handling techniques to be used by staff. In addition, there were risk assessments in place about each person's home environment; these were scored so staff were aware of the level of risk for each person and in each person's home.

In addition to personal risk assessments, each person had risk assessments in place about their home environment. This covered who they shared their home with, access to their premises, electrical appliances in place, cleaning products used and the location of their home to identify any risks in respect of lone working for staff.

We checked the employment records of four members of staff and saw that they had been recruited following the organisation's employment policies and procedures.

Application forms, employment references, evidence of identification and safety checks had been retained in staff records and these ensured that only people suitable to work with vulnerable people had been employed. Appropriate DBS (Disclosure Barring Service) checks had been undertaken with the reference numbers available on file as evidence that these had been checked. DBS checks are carried out to help ensure staff are suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

As part of our inspection we spoke with staff and asked how they ensured they provided effective care to people with dementia. One member of staff told us; "The people we care for are at the early stages of dementia. It's very important to speak with them and check they are ok with things first because they can forget things. Obviously the things they say can sometimes be repetitive, but you just have to respond as if you were having a conversation with anybody else. You need to give people with dementia a bit more time and be patient with them. Sometimes when I go out shopping with people, they can get confused as to where they are. I always reassure them to make sure they feel safe. Sometimes they wander off so you have to bear that in mind at all times. It's important to always get background information about people to ensure you can deliver person centred care".

We saw that there were sufficient staff employed to ensure that people received a service in a timely manner and from a consistent group of staff. We saw that the system used to devise staff rotas identified a person's regular care worker and allocated the person's weekly visits to them whenever possible. This meant sufficient staff were available to meet people's care needs.

Each member of staff we spoke with told us they received sufficient training around caring for people with dementia. One member of staff said; "I have worked in care before but not necessarily working with people with dementia. The training gave a very good introduction though. It made me realise that people living with dementia can be quite challenging at times. The training taught me to briefly remove myself from the situation and try to reassure them as much as possible to calm them down. Everybody is equal and needs to be treated as a human being. Noboby living with dementia has the same care needs so we need to be mindful of that".

During our inspection we looked at how staff were supported to carry out their work effectively. There was a staff induction programme in place which staff were required to complete when they first commenced employment with the company. This covered areas such as dignity and respect, safeguarding, medication, assisting people to eat and drink, personal care, person centred support and the Mental Capacity Act 2005. Two members of staff commented how they felt the induction had given them a good introduction into working within a health and social care environment. In addition to their induction, staff received regular training throughout their employment and commented that there was enough available to support them. One member of staff commented; "I hadn't worked in care before and it was very daunting. I have settled in great though and they are a good company to work for".

Each member of staff had an individual training record and we reviewed these documents as part of our inspection. Looking at these records, we could see staff had completed training in topics such as communicating effectively, moving and handling, principles of care, dementia care and pathway, safeguarding, infection control and safeguarding. The registered manager told us staff completed training through 'Social Care TV' which is an online training tool which allowed staff to complete training in their own time. In addition to undertaking regular training the registered manager told us all staff had now completed their NVQ level 2 qualification in Health and Social Care with others encouraged to complete the NVQ level 3 which was on offer to staff if this was something they wanted to pursue. We were able to confirm this by looking at individual staff training records of staff. One member of staff told us; "We can put forward potential training opportunities we might like to do which are welcomed. Recently I asked to be given more training around the Mental Capacity Act, and I was put on a course straight away". This showed us the provider was committed to providing effective support for each member of staff in order to care for people appropriately.

We looked at how people were supported to receive adequate nutrition and hydration. Where staff were taking responsibility for the preparation of peoples meals, this was recorded in their support plan along with any specific dietary requirements such as cutting people's food into small pieces or adding a thickening agent to their drink. The support plans we looked at clearly identified where 'meal preparation' was part of peoples care requirements and what staff were required to do. One relative commented; "My relative has sufficient to eat and drink and the carers leave my relative with a drink and a sandwich before they leave which is what they are supposed to do".

We checked the care plans for five people who received care from the agency. We saw that initial assessments had been completed by either managers or supervisors for each person. These included information about the persons health needs, mobility, support with personal care,

Good

Is the service effective?

communication, nutrition and their religious or cultural needs. Information about the person's individual support needs and risks had been clearly recorded. For example in one person's care plan it stated the person had poor mobility and was at risk of developing pressure ulcers. This person needed specific equipment to keep them safe. This included hand grab rails, pressure cushions and needed their glasses available to them at all times to maintain good eyesight. We asked members of staff how they developed an understanding of people's care needs to ensure these necessary care tasks were carried out. One member of staff said; "I always consult the care plan, even if I know the person really well. You do get to understand people's needs over time and know what aids and equipment they need".

We saw that initial needs assessments had been completed by staff to work out what support people needed when the care package first started. Information about the person's individual support needs had been recorded as well as information about their chosen lifestyle.

People told us that the staff were reliable; they said that they arrived at the right time and stayed for the agreed length of time. Some people said that they understood care workers might be delayed if other people they were visiting that day were unwell or the traffic had been particularly busy. Some people said that, if the care worker was going to be late, they always let them know, usually by telephone. This showed us the provider maintained good communication with people who used the service and informed them if any aspect of their care package changed.

Staff had one to one supervision meetings with a manager where they could discuss any concerns about the people they supported, any changes to the organisation's policies and procedures and their training and development needs. The two care workers who we spoke with told us that they felt well supported and that there was always 'someone at the end of the telephone' when they rang the office with queries.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted this was also covered as part of the staff induction process.

Good

Is the service caring?

Our findings

All of the people who we spoke with told us they were happy with their care workers who they said were caring and kind. Additionally, people we spoke with told us that they enjoyed the company of their care workers during support visits which “cheered them up”.

People we spoke with confirmed that in general they received support from care workers that they knew. A relative said their relative has been with the company for a while now and has a very good care worker who ”treats my relative so well”’.

People we spoke with and their relatives confirmed that care staff understood their individual needs and preferences. A relative commented; “They know all the kinds of food my relative likes now and always respects that during the visit”.

Care staff explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. For example, they ensured that no one else was able to see such care taking place. People we spoke with confirmed that they were treated with dignity and respect. All of the people who responded to our initial questionnaire about the provider also confirmed this. A relative commented; “The carers always knock at the front door when they arrive, even if they come regularly. They don’t just barge in. My relative likes a clean house and staff always wipe their feet on the carpet and are respectful of X’s wishes. They treat my relative as just an ordinary person who doesn’t have dementia”.

We were told that induction training covered the topics of respecting people’s privacy and dignity and people who we spoke with told us that their privacy and dignity was respected by staff. One person said, “Staff are always pleasant and respectful.”

There was an appropriate policy and procedure in place which covered ensuring people were treated with dignity and respect at all times. This provided staff with guidance as to the standards they should adhere to when providing care to people.

We looked at staff training records which identified staff had received training which covered how to treat people with respect and how to ensure their privacy. The staff we spoke with told us they always aimed to be respectful of people’s choices and aimed to give them as much independence as possible such as allowing people to attend to their own personal care requirements before offering assistance. This meant that they understood they had to respect peoples choices.

Good

Is the service responsive?

Our findings

We looked at the initial assessments forms which were completed by the registered manager before peoples care package first commenced. These included details of people's previous lifestyles and their hobbies and interests. This provided staff important information that helped them to provide more individualised support for people. We noted these assessments were reflective of peoples care plans and captured their current care requirements.

Most people told us that they were supported by a regular group of staff. However, some people told us that they were not always told if a different care worker was going to visit them. Most people told us that they accepted that they sometimes had to receive support from a different care worker but they would have been happier if they had been given information about the new staff member before they arrived at their home which would have enhanced their feeling of safety

People and their relatives told us they knew how to make a complaint and were in regular contact with staff if they ever wanted to report something they were unhappy about. Additionally, an annual survey was sent to people which enabled them to express if there was anything they wanted to change. This showed the provider encouraged people to report any concerns and complaints in order to improve people's experience of the service. On the day of our inspection there had been no complaints made against the service.

We saw that information about the complaints procedure was included in the service user guide and managers told us that people received a copy of this document when they started to receive a service from the agency. The people we spoke with told us if they ever had a complaint to make that would contact the office or relay their complaint to the office via their relatives.

We looked at a sample of satisfaction questionnaires that had been sent to people to ask them about their experience of the service. We saw that where negative comments or suggested improvements had been made a record of the action taken had been given. For example, although not part of their care, one person had commented how they would like to staff to remind them to apply their own creams as they usually did this for themselves. A note had then been made on the questionnaire about how this had been discussed with staff in order to facilitate this request.

Care plans recorded information about people, including the people who were important to them and their hobbies and interests, and this enabled staff to provide the right service to meet their individual needs. We saw an example of where the provider had responded as a result of the risk to a person who used the service increasing. This was where a person's health needs had deteriorated and as a result their mobility had decreased. The care package had increased to two members of care staff to safely assist this person whilst transferring and help to keep them safe.

Most people told us that they were supported by a regular group of staff. However, some people told us that they were not always told if a different care worker was going to visit them. People told us that they accepted that they sometimes had to receive support from a different care worker but they would have been happier if they had been given information about the new staff member before they arrived at their home which would have enhanced their feeling of safety

Good

Is the service well-led?

Our findings

On the day of the inspection there was a registered manager in post who was also the owner of the service and was appropriately registered with the Care Quality Commission. In addition, other members of staff included a supervisor, a trainee supervisor and three care assistants who were all involved in providing care to people within the community.

Whilst speaking with staff we asked them if they felt the service was well led. One member of staff told us; "The manager is a very caring person in general and the clients always take priority. The manager looks after her staff and if things need sorting then they get done". Another member of staff said; "The manager is very supportive and leads us well. We are only a small team but everybody works really well together which is one of our strengths".

Staff told us that they attended team meetings and that, in addition to managers sharing information with them, they were able to ask questions and make suggestions about improving the service. For example; changes to documentation or offering advice to other colleagues where needed. We saw the minutes of recent staff meetings and noted that these were attended by managers, supervisors and care assistants. Topics of discussion during these meetings included medication audits, staff training and feedback from other meetings. This meant people received a service from staff who had sufficient knowledge and information cascaded to them from managers to improve the care they received.

There was a spot check system in place which focussed on care provided during visits and potential areas of improvement. This provided managers with the opportunity to observe how care staff worked and offer help or advice about things they could do differently. Examples of this included addressing areas of uncleanliness with care staff and ensuring people's legs were washed before people were dressed in the morning, which had been highlighted during the observation.

There was a medication audit system in place which was undertaken to ensure people received their medication safely and as prescribed. We noted the audit had addressed where some signatures had not been recorded on the MAR (Medication Administration Record) sheet to confirm medication had been administered. In response, this had been addressed with the staff member in question during supervision with all staff being reminded about the importance of accurate maintaining accurate medication records via a group email.

There was a process for reporting incidents and accidents. Staff we spoke with were aware of the process for reporting accidents. Where accidents or incidents occurred we found action had been taken to avoid future occurrences. Accidents and incidents were closely monitored by the registered manager to monitor any common trends. Where an incident had taken place, we read about the action taken to help keep people safe.

There were numerous other quality audits carried out which included the regular monitoring of accidents and incidents and observations/spot checks of staff at work. Where issues or concerns had been highlighted we saw action plans had been created to avoid future occurrences. For example, if a care visit had been missed or staff were late we read how this had then been discussed with the staff involved.