

## Dementia Specialists LLP

# Aura Centre (Dementia Specialists LLP)

### Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 26 and 27 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- Staff had been trained with the skills and knowledge to deliver care and treatment.
- The service had systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were reviewed regularly.

# Summary of findings

- Client information held by the service was securely stored.

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

# Aura Centre (Dementia Specialists LLP)

## Detailed findings

### Background to this inspection

Dementia Specialists LLP is a provider which delivers personalised services to clients in the diagnosis and management of dementia. The service also offers psychoeducation for carers of clients diagnosed with dementia to help them understand and manage the causes of the behavioural and psychological symptoms of dementia. The client (or the client representative) are given a detailed report with recommendations following each consultation. The service also offers consultations for the carers of persons diagnosed with dementia to provide them with strategies and support to help them provide effective care.

The provider of the service offers appointments as requested and will visit clients either at home or within the Aura Centre based in St. John's Wood, London.

The service has two private doctors (one male and one female), who will see clients at the Aura Centre or occasionally at home. The administrative base for the service located at a separate address to where consultations are held.

The provider has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Dementia Specialists is registered to conduct the following regulated activities under the Health and Social Care Act 2008: -

- Treatment of disease, disorder and injury

The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Prior to our visit, the service was provided with feedback cards for their clients to complete with their views about the service by completing comments cards. No feedback cards were completed prior or during our inspection of the service.

To get to the heart of clients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

**We found that this service was providing safe care in accordance with the relevant regulations.**

### Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who worked at the Aura Centre (where the service conducts consultations) had also been DBS checked.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The Aura Centre had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out and all the recommended improvements had been addressed.

### Risks to clients

There were systems to assess, monitor and manage risks to client safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Consultations were booked at a time which was suitable to the clients and the service provider.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to clients.

- Individual consultation records were written and managed in a way that kept clients safe. The consultation records we saw showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had systems for sharing information with other agencies (subject to client agreement) to enable them to deliver safe care and treatment.
- The service told us that diagnoses was made in line with up to date evidence-based guidance.

### Track record on safety

The service had a good safety record.

- At the location where consultations took place, we noted that there were comprehensive risk assessments in relation to safety issues. For example, we saw that the most recent premises risk assessment at the Aura Centre had been conducted in August 2018.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong. We reviewed the policy for reporting significant events and for that it was suitable for the service provided. The provider told us that due to the number of clients seen since the service commenced that they did not have significant events to show us.
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We found that this service was providing effective care in accordance with the relevant regulations.**

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service told us that they had systems to keep clinical staff up to date with current evidence-based practice and any new guidelines. We saw that the doctors assessed needs and delivered care and treatment, and this was in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw evidence of this through viewing a set of client notes in which the service conducted a medicines review of a new client's medication as part of their overall assessment to ensure that the client was on the best course of medication for their condition.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients. The service told us that if they or the client's carers thought a follow-up session was required, the service would make the appointment within two months at a suitable time as agreed with the client.
- Staff assessed and managed clients' pain where appropriate.

### Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service had not yet employed any quality improvement activity within the service due to the

numbers of clients seen since the service registered with the Commission. The service told us that they will be conducting quality improvement activity in the near future regarding the provision of service.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified, were registered with the General Medical Council (GMC) and were up to date with revalidation.

### Coordinating client care and information sharing

Staff worked with other organisations, to deliver effective care and treatment.

Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. Due to the specialised nature of the service provided at Dementia Specialists LLP, the service did not have examples of clients being signposted to more suitable sources of treatment.

- All clients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Client information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service assessed and recorded clients' mental capacity to make decisions.

The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We found that this service was providing caring services in accordance with the relevant regulations.**

### **Kindness, respect and compassion**

Due to the number of clients the service has seen since it commenced and the nature of the service provided, we were unable to observe how members of staff ensured that they were courteous and helpful, and treated clients with respect. However: -

- The service gave clients timely support and information.

We sent the service comment cards prior to our visit, but we received no completed comment cards about the service.

### **Involvement in decisions about care and treatment**

Staff helped clients to be involved in decisions about care and treatment.

- Interpretation services were available for clients who did not have English as a first language. The service told us that if this was required it would be arranged by the service when a consultation date had been arranged. However, if a client did not speak English as a first language, it was likely that the client's carer would be present at the consultation and would interpret responses from the client to the service.
- For clients with complex social needs family and carers were appropriately involved.

### **Privacy and Dignity**

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service offered a carer's consultation for carers of persons diagnosed with dementia, to explore their feelings and behaviour as carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We found that this service was providing responsive services in accordance with the relevant regulations.**

### **Responding to and meeting people's needs**

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- Clients could contact the service in person, by telephone or by the service website.
- The provider understood the needs of their clients' and reasonable adjustments had been made so that clients could access and use services on an equal basis to others. For example, the service would visit clients in the setting of their choice if they were unable to attend a consultation at the Aura Centre
- The service provided consultations to adults only on a fee-paying basis. We were told that the service did not discriminate against any person who had memory loss or dementia issues who contacted the service.
- The facilities and premises were appropriate for the services delivered.

- The service website contained information about dementia and its symptoms, the services provided, staff and location of service and a fee guide.

### **Timely access to the service**

Clients could access care and treatment from the service within an appropriate timescale for their needs.

- Clients had timely access to an assessment, diagnosis and any proposed treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

### **Listening and learning from concerns and complaints**

The service told us they took complaints and concerns seriously and would respond to them appropriately to improve the quality of care (if required).

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service had a complaint policy and procedures in place. The service had not yet received any complaints regarding the service and therefore we could not verify if the service complaints policy was adhered to

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

**We found that this service was providing well-led services in accordance with the relevant regulations.**

### Leadership capacity and capability;

The service provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and could talk to the inspection team about how the service would be addressing them in the future. For example, the provider told us that at present the service was able to operate on an as-and-when basis on a Saturday due to the limited number of clients at present, but if the demand for services were to increase, the two providers at the service would discuss to capacity to provide a service on another day of the week to ensure clients were able to access services in a timely fashion.
- The provider had effective processes, which included leadership capacity and skills to plan for the future of the service.

### Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for clients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

### Culture

The service had a culture of high-quality sustainable care.

- The provider told us that were proud of the service and enjoyed the work they did. They hoped that the service they provided would prove valuable to their clients and their carers.

- The service focused solely on the needs of clients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The provider was clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety.
- The provider had plans in place (in conjunction with the Aura Centre) and had trained staff for major incidents.

### Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Client consultations were discussed amongst the two doctors based at the service to ensure that the outcomes from the consultation and any clinical recommendation(s) focused on the best interest of the client.