

Dementia Care & Support at Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

Dementia Care and Support at Home is a domiciliary service which provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection the service was supporting approximately 47 people.

People's experience of using this service and what we found

Some people raised concerns with us about the timeliness of care visits which on occasions, had impacted on the care people received. Some people said staff did not stay for the full length of time for their care visit.

At times, people did not always receive their medication safely due to enough time not always being left between people's care visits. Appropriate arrangements were not in place when covert medicines were being given to people. Medication Administration Records (MAR), were not always used as needed.

Governance arrangements needed to be improved to ensure the concerns from this inspection were identified and acted upon in a timely way.

We have made three recommendations in the report regarding medication, staffing and good governance.

People felt safe using the service, although some people reported a lack of continuity regarding the staff that delivered their care, which at times could make them feel unsafe. Staff were recruited safely before commencing their employment and any safeguarding concerns were reported to the local authority for further investigation.

People received enough to eat and drink, however one family raised concerns with us about staff not always leaving their relative a drink when they had finished the care visit. Staff told us enough training was available to support them in their roles, with ongoing supervision also provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice, although we did identify concerns regarding the use of covert medication.

We received positive feedback from people who used the service and relatives about the care provided. People said they felt treated with dignity, respect and had their independence promoted as required.

People had detailed care plans in place regarding the care and support staff needed to deliver. Complaints were managed appropriately and staff worked closed alongside other health care professionals such as district nurses when people required end of life care.

There were systems in place for people who used the service and staff to provide feedback about their care through surveys and meetings. The staff spoken with during the inspection told us they felt the service was well-led.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published July 2018). At this inspection, the rating has deteriorated to requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dementia Care and Support at Home on our website at www.cqc.org.uk. You can see what action we have asked the service to take at the end of this report.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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.

Requires Improvement ●

Dementia Care & Support at Home Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection, the service did not have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider, or a manager would be in the office to support the inspection.

Inspection activity was carried out between 7 and 27 September 2021. We visited the office on 15 September 2021 as part of our site visit. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the provider, deputy manager and three care staff.

We reviewed a range of records. This included eight people's care records, a selection of medicine administration records and three staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We checked people received their medication safely. Each person had their own Medication Administration Record (MAR) in place where staff recorded when medicines had been administered. One person did not have a MAR, despite staff regularly dispensing their medicines and leaving them for the person to take themselves. We raised this with staff to ensure a MAR was put in place immediately.
- Prior to the inspection, we received information of concern about enough time not always being left between care visits, impacting on when medication could be given. We found this information to be accurate and saw within one person's daily notes that on some days, dosages of paracetamol were given at intervals of less than four hours, due to staff not arriving at the correct time. This could place the person at risk of harm.
- Staff also told us about one person who lacked capacity and refused their medication. Therefore, staff placed it in their food without their knowledge which is known as covert medication. At the time of the inspection, this had not been agreed with the person's GP as being safe to do, and the mental capacity assessment and best interest process had not been followed. The person's GP was contacted after the inspection and provided the necessary authorisation for this practice to be used.

We recommend the service review their systems and processes to ensure medicines are administered safely.

Staffing and recruitment

- We looked at the staffing arrangements in place at the service. Some people commented they did not feel there were enough staff. One relative said, "Weekends are a problem as they are short staffed." A member of staff also added, "Weekends are an issue, although people still get the care they need."
- We spoke with the provider about this feedback. The provider told us staffing levels were 'Stretched', especially at weekends, although felt all the necessary care was still delivered. At the time of the inspection the service had 33 care staff, with an ongoing recruitment drive in progress.
- Some people and their relatives raised concerns with us about staff arriving late for care visits. One relative said, "Times of calls are random." Another relative said, "They are not on time. They can be up to an hour late for calls." Some people also told us staff did not always stay for the full length of time for some care visits. One relative said, "They will only stay for 20 minutes instead of 40 minutes at times." Another relative said, "They rush in and rush out."
- We looked at staff call monitoring logs and found that on certain occasions, staff did arrive later than anticipated. Call monitoring logs also indicated some calls were shorter than they should have been. We spoke to the provider about this and the reasons were often due to staff being held up at previous care visits or were stuck in traffic. We were told staff also left early on occasions if all care tasks had been completed

and this was agreed with the person, or their family. This wasn't always documented in daily record notes and we discussed with the provider about including this detail in the future.

We recommend the service review their systems and processes to ensure there are enough staff to deliver people's care safely.

- Staff were recruited safely and all necessary checks were carried out before staff started working for the service.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place regarding their care. This included mobility, moving and handling, medication, the home environment, skin care and nutrition/hydration. Where any risks were identified, control measures were in place about how to keep people safe.
- Staff had enough PPE available to use when providing care to people. The feedback we received from people and relatives was that PPE was always worn when delivering care. One relative said, "Staff always wear their masks."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe as a result of the care they received, although some of the feedback we received was that due different staff sometimes arriving to deliver people's care, this made them feel anxious and unsafe. One relative said, "There is no continuity of care and this makes my daughter feel insecure and unsafe." Another relative added, "My husband has no continuity of care." We gave this feedback to the provider.
- A safeguarding policy and procedure was in place. Staff had an understanding about whistleblowing and safeguarding, and about the different types of abuse that could occur. The training matrix showed staff had completed safeguarding adults training.
- Accidents and incidents were recorded, with actions taken to prevent future re-occurrence.

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.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member told us, "There is enough training for staff, especially in the past 12 months. They always seem willing to provide more if we need it."
- Staff completed an induction when they first began working for Dementia Care and Support at Home. This provided them with an overview of working for the provider and the requirements of their role. A member of staff said, "I'm currently doing the care certificate and the induction prepared me well for the role."
- Staff supervisions took place and gave staff the opportunity to discuss their work. A member of staff said, "They seem to take place every couple of months and we can talk about any training needs."

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

- People told us they received enough to eat and drink, however one family raised concerns with us about staff not always leaving their relative a drink when they had finished the care visit. We raised this with the provider who said they were aware of this concern and had been in contact with the family to try and resolve the issue.
- People had specific nutrition and hydration care plans in place and this provided staff with information about the support people needed to eat and drink. One person said to us, "The carers make my meals and give me drinks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when their care package first commenced and these involved people's friends and families when possible. Daily records were also maintained by staff, which detailed the type of care people had received.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Details of any involvement with other healthcare professionals was recorded within people's care plans and daily notes.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Some decisions were not always taken in people best interests and were not clearly documented. For example, the mental capacity and best interest process was not followed when administering covert medication. We have reported on this further within the safe domain of this report.
- People had care plans in place regarding capacity and their decision-making abilities. Staff had received training in the MCA and had a good understanding of capacity and consent.
- People told us staff sought their consent before delivering care. One person said, "The carers always ask if it is ok to do a task before doing so."

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.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People provided positive feedback about the care provided. One person said, "I am very happy with the staff and they are very nice." Another person said, "I am more than happy. I have had the same carers for four years and know them well."
- Relatives also told us they were happy with the level of care provided. One relative said, "We are happy with the care and the way they treat mum. There are no big issues and things are done in the way we want them to be done." Another relative added, "They are nice to mum and are kind."
- We asked people and relatives if they felt treated with dignity and respect by staff. One relative said, "Dad is very clean and well groomed" Another relative added, "Mum is incontinent, and they keep her clean and well groomed. They will make sure she is taken to the toilet when they are here and clean and change her pad."
- People's equality, diversity and human rights were considered by staff. We saw care plans provided details about people's different cultures and any important details staff needed to be aware of.

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

- People told us they were involved in the care they received and were involved in decisions about how their care was delivered.
- Reviews of people's care took place and this presented people and their families an opportunity to discuss how their care was progressing and make any changes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they received personalised care and the service was responsive to their needs. One relative said, "The care for my dad is fantastic. As Dad liked to stay in bed for longer in the mornings, they changed the time of his morning call to accommodate this."
- Each person had their own care plan in place, with a copy held both at the office and in their own home. We looked at eight care plans during the inspection and found they provided staff with an overview of the care people needed to receive.
- People were supported to participate in activities by staff within the community if this formed part of their care package, although this had been reduced over the past 18 months because of the COVID-19 pandemic.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Interpreter services could be accessed as needed for people who may speak a different language. Documentation could also be provided in large print for anybody that needed it.
- People's care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, care plan reviews and the complaints process.
- The provider had a complaints policy in place and a record of any complaints made and responses provided.

End of life care and support

- At the time of the inspection no-one was at the end stages of life. If this was the case, the provider told us staff would continue providing personal care, working alongside other health care professionals such as district nurses.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We looked at the systems in place to monitor the quality of service effectively. Some audits were completed for areas such as medication and care plans. However, we found they required improvement due to not identifying the concerns we found during this inspection.
- For example, we had identified concerns regarding the timelines of people's care visits and staff not always staying the correct length of time. There were also concerns regarding the use of covert medication, insufficient time being left for doses of some medicines and certain MARs not always being in place.

We recommend the service review their systems and processes to ensure appropriate governance arrangements are in place.

- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback and calls carried out with people over the telephone. Reviews had also been carried out with people and their appointed social worker.
- Further quality monitoring systems were in place using spot checks/observations of staff and competency assessments. Staff meetings were held so that feedback could be sought and used to make improvements.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection, the service had been taken over by a new provider and the previous owner and registered manager had since de-registered with CQC. The new provider told us they had worked in care previously and were committed towards ensuring people received a high-quality service.
- At the time of the inspection, the recruitment of a registered manager was ongoing. The provider also had a deputy manager and a team of care coordinators who assisted with the running of the service.
- It is a legal requirement for the ratings from the last inspection to be displayed and we saw these were on the wall in the main office. A website was not in use, although we spoke with the provider about ensuring these were displayed should one be created.
- We asked people, relatives and staff for their views about the current management arrangements. One member of staff said, "The service seems well managed. The new provider seems okay and I feel well supported." Another member of staff added, "The new provider seems very nice."

- People and relatives were complimentary about the care provided which ensured good outcomes were achieved. One person said, "It suits mum and her needs are met as they provide personal care so they are pretty good."

Working in partnership with others;

- The service worked in partnership with various local authority's and health teams in the local area.