Alzheimer's Society

Alzheimer's Society - Sussex Dementia Care and Support Service

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

Summary of findings

Overall summary

This inspection took place on 15 August 2016 and was announced.

Alzheimer's Society Sussex Dementia Care and Support Service is a domiciliary care agency and provides personal care and support for adults living with dementia in their own home in the Brighton and Hove and West Sussex area. This is one of a range of services provided by the Alzheimer's Society to support people living with dementia and their carers. At the time of our inspection around 80 people who were receiving a service.

On the day of our inspection, there was not a registered manager in post. A registered manager is a person who has 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. However, an application had been made to the CQC to register a new registered manager.

There was a clear management structure with identified leadership roles. There had been a period of change with a new manager and deputy manager. The manager was to be supported by two deputy managers. However, one of these posts was vacant, but had just been recruited to. The manager was assisting in covering this role. The manager supervised the deputy managers who then supervised a group of support workers in a geographic area. The deputy managers visited new people who wished to receive a service, undertook the monitoring visits and reviews of the service. The manager told us, We have a really good team of staff. We are in a really good place."

There was a detailed care and support plan in place for each person accompanied by supporting risk assessments. However, there was not an up-to-date risk assessment of the environment recorded. This was to ensure the safe working environment for care staff. This is an area of practice that needs improvement.

Relatives told us they felt people were safe in the service. One relative told us, "Yes, they have the same ideas, on the same page, I feel reassured by their protocol." Policies and procedures to ensure safe recruitment practices were in place for staff. People were supported by support workers who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately. The times that support workers arrived to support people enabled people to have the agreed support provided. For example, to take their medicines at the right time. Any accidents and incidents were monitored within the organisation, had been recorded and appropriate action had been taken and recorded by the manager.

Consent was sought from people with regard to the care that was delivered. Support workers understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. One member of staff told us when asked what they did when a person

refused the care to be provided," We have a slowly, slowly approach. We don't force them. When we are introduced as a new worker it's building up trust and getting to know them. Building on the relationship." Another member of staff told us, "We'll leave it a minute. Then we'll try again later." Where people were unable to make decisions for themselves, staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action .

Relatives told us they, and where possible the person, was involved in the planning and review of their care. Care and support provided was personalised and based on the identified needs of each individual. They told us people always got their care visit, they were happy with the care and support provided. People were supported by kind and caring staff. One relative told us, "I can't praise them enough. Another relative told us support workers were, "Kind and caring. I feel confident they have everything in hand." Another relative told us, "They chat to her and talk about the old times." A member of staff told us, "I am really happy working here. I really like to be a part of the Alzheimer's Society. I feel it's a cut above the rest. I can give the clients the time I couldn't give where I have worked before." Another member of staff told us, "I really, really enjoy my job. It's a brilliant company to work for. I hope the customers get as much out of it as I do. If I leave them with a smile on their face my jobs been worthwhile."

People's privacy and dignity was considered when personal care was provided. One relative told us, "They don't patronise her. She (support worker) shows her proper respect for her age, and is very patient."

People were supported to eat a healthy and nutritious diet. People had access to health care professionals. All appointments with, or visits by, health care professionals were recorded in individual care plans.

There was a detailed complaints procedure. The manager told us that they operated an 'open door policy' so people, their representatives or support workers could discuss any concerns.

The managers provided good leadership and support to the support workers. One member of staff told us, "(Managers name) is always at the end of the phone." Support workers told us communication was good in the service. Systems were in place to audit and quality assure the care provided. People and their relatives were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care, and they were asked to complete a satisfaction questionnaire to help identify any areas for improvement.

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

The service was not consistently safe.

People's care records included support plans, and risk assessments. However, there was not a record of an up-to-date environmental risk assessment completed.

People were supported by support workers who understood their responsibilities in relation to safeguarding. Staff knew what action to take if abuse was suspected. All new staff were vetted and checks undertaken to ensure they were safe to support adults.

Medicines were managed, stored and administered safely and audits were undertaken by staff in the service.

Is the service effective?

Good

The service was effective.

Staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

There was a comprehensive training plan in place. All staff had the skills and knowledge to meet people's needs. They had a good understanding of people's care and support needs.

People were supported to maintain good health and had access to a range of healthcare professionals. Food and nutrition was monitored by care staff and people's likes and dislikes were taken into account.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to

make sure they were receiving the care and support they needed.

People told us support workers provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

The views of people and their representatives were sought and informed changes and improvements to service provision.

A complaints procedure was in place. People told us they knew who to talk with if they had any concerns, and they would feel comfortable raising them.

Is the service well-led?

Good

The service was well led.

Quality assurance was used to monitor and help improve standards of service delivery.

The leadership and management promoted a caring and inclusive culture. Support workers told us the management was approachable. They felt supported, and there was always someone available when they needed help or support.

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Detailed findings

Background to this inspection

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

The last inspection was on 15 December 2013 where no concerns were raised.

This inspection took place on 15 August 2016 and was announced. We told the manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. We also wanted the manager to ask people who used the service if we could contact them for feedback. One inspector undertook the inspection, with an expert-by-experience, who had experience of care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback about the support provided. Some people who used the service were not able to speak with us by telephone due to their complex needs related to their dementia. However, we spoke with one person and the relatives of five people who received support from the service who told us about their experiences of the service.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider was requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, although the

manager told us when this had been submitted and within the required timescale, we were not able to access this information from the CQC information system used to store this information. Due to this we ensured the information was collected as part of the inspection visit. We contacted two local authorities to ask them about their experiences of the service provided. We also received feedback from a health care professional who had experience of working with the staff team.

During the inspection we visited the service's office and spoke with a service manager, for the organisation, the manager, the deputy manager, an administrator, a support worker, and two relatives of people who were using the service. We observed staff working in the office dealing with enquiries and speaking with people and staff over the telephone. We spent time reviewing the records of the service, including policies and procedures, 10 people's care and support plans, the recruitment records for three support workers who had been recruited since the last inspection, complaints recording, accident/incident and safeguarding records. We also looked at the provider's quality assurance audits and service development plans. We subsequently spoke with a further four support workers over the telephone.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they felt people were safe and at ease with the care provided by the support workers. One relative told us, "I have total confidence and the care is very good." Another relative told us, "Good and fit for practice." Another relative told us, "I feel confident they have everything in hand." When asked how they kept people safe, one member of staff told us, "It's helping some people stay in their own home and not going into care. Helping people keep safe in their own home." Another member of staff told us when they provided care, "I would try to give gentle persuasion. I would distract and try to help them feel safe and secure and want to have the care provided. But you can't force them."

Detailed assessments were undertaken to assess any risks to the person using the service and the staff supporting them, to protect people from harm. Each person's care and support plan had an assessment of individual risks due to the health and support needs of the person. Where possible these had been discussed with people. The assessments detailed what the activity was and the associated risk, and there was guidance for staff to take to minimise the risk. However, there was not a record of an assessment of the environmental risks to ensure the safe working environment for care staff. This is not a breach of regulation, but an area of practice that needs improvement.

Following the inspection the manager sent a new proforma which had been drawn up to be used to record an environmental risk assessment. Areas were identified to consider and ensure consistency of approach when being completed.

The provider had a number of policies and procedures to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements to help protect people from the risk of financial abuse.

There was a whistle blowing policy in place. Support workers demonstrated a knowledge of the whistle blowing process. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

Procedures were in place for staff to respond to emergencies. Support workers had guidance and were aware of the procedures to follow. They told us they would report any concerns to the office straight away. There was an on call service available, so care staff had access to information and guidance at all times. They were aware of how to access this and those who had used this service told us it had worked well.

New support workers had completed an application form and completed a health questionnaire. There was a record that an interview had been conducted. However, for one support worker there was not a record that their work history had been discussed to ensure there was evidence of a full work history with a written explanation as to any gaps when people were not working. This was to ensure the suitability of the new support workers to protect adults. We discussed this with the member of staff who told us this had been discussed during their interview. We discussed this with the manager during the inspection, who told us gaps in service were discussed, but had not always previously been recorded. A recent audit completed had highlighted where there had been gaps in this information, which had then been subsequently sought to rectify this. Checks had been carried out by the provider to ensure that potential new support workers had no record of offences that could affect their suitability to protect adults, and two written references had been received. Support workers were able to confirm the recruitment procedures which had been followed.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned in advance and care staff were informed of their shifts and were provided with a rota. We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. One relative told us, "I like the flexibility of the organisation to adapt if they needed a bit of extra time to do things." The manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service.

Where support workers had required additional support and guidance to manage behaviours that could challenge, this had been provided. All staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Support workers had the opportunity to discuss the best way to support people through regular reviews of people's care and support and from feedback from other support workers in team meetings, as to what had worked well and not worked well.

Where relatives told us people had their medicines administered by support workers, they told us this had worked well. One relative told us, "I would be happy to leave certain medications for carers to give in my absence, as it would be logged in the folder and I would be informed." Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in people's homes. Support workers told us they only administered medicines when they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. One member of staff told us, "I help give medicines from a blister pack.(A blister pack is a medicine storage system that helps people to take the right dose of their medicine at the right time.) I check the person's name, and what's in the blister pack to be given. I give them a glass of water to take their tablets and watch them take the medicine." The managers undertook regular checks of the administration of medicines as part of the review process in place. The completion of records was part of the checks completed. Another member of staff told us, "I don't take medicines out of a dish. Unless I take them out of the packet I don't know what it is. I rang my manager at the time this happened for guidance. "This shows that staff understood the correct process to follow to ensure people's medicines were managed safely."

Good

Is the service effective?

Our findings

Relatives told us they felt support staff understood people's care and support needs, and provided a good level of care. One relative told us, "I couldn't praise them enough, specialised and good training." The support workers told us they always asked for people's consent before assisting with any support. We asked staff what they did if people refused the care to be provided. One member of staff told us, "It's a knack that you have, give them time and space. Come back later. It comes with experience. We try to encourage people."

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA). 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. We checked whether the service was working within the principles of the MCA. Staff told us they had completed this training and had a good understanding of consent, and what procedure to follow if people lacked the capacity to make decisions about their care and welfare. They told us they always asked for people's consent before they provided any care or support. One member of staff told us, "It's kind of second nature really. I ask is it alright if I help you into the shower?" Another member of staff told us, "I say to people anytime you don't want me to do it I'll stop. You're the boss. Or I'll say if you like I could help you with that. That normally does the trick with people."

People were supported by support workers that had the knowledge and skills to carry out their roles. The manager told us all new support workers completed a thorough induction before they supported people. New support workers we spoke with confirmed they had recently completed an induction. This was confirmed in the induction records we looked at. Induction training had been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of 'shadowing' a more experienced staff member, before new support workers started to undertake care calls on their own. The length of time a new support worker shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. Support workers confirmed they had received the information and support they needed to start working on their own. One member of staff told us, "This is a very supportive environment."

Support workers received training to ensure they had the knowledge and skills to meet the care needs of people using the service. This was provided by a mix of training provided by the local authority, through independent trainers, in house training and online (E Learning) training. Training included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. They had received training to help support people living with dementia. Support workers

told us the dementia care training had given them information and a greater understanding of how to support people living with dementia in their own homes. One member of staff told us they felt this training was, "Very important. It gave the opportunity to share experiences and knowledge. "Another member of staff told us, "You have to think it's not personal it's about their illness, and read between the lines. The training helps you realise this. Get past the reason and it can be resolved." Staff were also supported to undertake qualifications such as a diploma in health and social care. Support workers told us they felt they had received the training they needed to meet people's care needs. They had received regular updates of training as required. Staff members told us there was good communication between staff in the agency. They told us they were up-to-date with their training, training was discussed as part of the supervision or regular reviews completed. One member of staff told us, "There is good access to ELearning, and we can be put forward for any courses." Records we looked at confirmed this.

There was a supervision and appraisal plan in place which managers were following to ensure staff had received regular supervision and appraisal. The manager told us they each had a group of care staff they supported. They provided regular supervision through one-to-one meetings which included an annual appraisal. There was also regular contact with support workers through regular telephone contact and unannounced visits. These meetings gave support workers an opportunity to discuss their performance and identify any further training or support they required. The manager was then able to monitor the completion of supervisions and appraisals, and these were discussed in the deputy manager's supervision meetings. There were also regular staff meetings for support workers to attend, meet each other for support and receive guidance and updates about any changes to the service. The support workers told us there was good communication, and when they called the office there was always someone available to provide guidance and support to help them provide effective care to people. One member of staff told us, "I can ring up anytime. I am not made to feel I am disturbing anyone. They'll ring back straight away if they were busy." Another member of staff told us, "There is always someone to talk to. We all work really well together and there is good communication."

Where required, support workers supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutrition needs. One relative told us, "I sometimes leave porridge for the carer to cook for my husband. I feel confident for them to do it." One member of staff told us, "Most of the time it's frozen food. I ask them what would they like and pull out three or four choices to select from. I try to cook as many vegetables with this as possible." Another member of staff told us, "Quite a lot of families leave frozen meals which we cook. One person we take shopping for their meals for the week."

People had been supported to maintain good health and have on-going healthcare support. We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, support workers were available to support people to access healthcare appointments if needed.

Good

Is the service caring?

Our findings

Relatives told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support people received. They were happy and they liked the staff. One relative told us, "They treat my mum and dad with a lot of respect and nothing is too much trouble for them." Another relative told us, "Their general attitude is that they are very kind, and they do whatever they can." Support workers told us how they supported people with personal care, and what they did to protect their privacy and dignity. One member of staff told us, "I keep them covered and have knowledge of their likes and dislikes."

One relative told us the care staff were, "The best available." Another relative told us care staff were, "Very kind and caring. I can ring them and talk about a problem. They sign post me and I don't feel alone. " Relatives consistently told us they were happy with the arrangements of people's care package. They told us they were satisfied with the care and support people had received. They were happy and liked the staff. Caring and positive relationships were developed with people. Relatives were very complimentary about the care staff and the quality of care that people received. We were told of positive and on-going interaction between people and care staff. One relative told us, "My parents love her (care staff's name) to bits. I have total confidence the care is very good." Support workers told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. One member of staff told us, "When I arrive for the first time I say my name is. It's Mr or Mrs until I am told otherwise. I then go through the care plan with the person."

Relatives told us they felt the support workers treated people with dignity and respect. One person told us, "I have a male carer for my shower once a week. He respects my privacy and dignity. I do what I can, and he helps me with what I can't do in the shower, like my back, so I am safe." A relative told us, "Privacy when showering is very good. They always ask her first what she wants. If she does not feel like it that day they will do it another day. It's very person centred. " Support workers had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us when they assisted people with their personal care, "I help a lady in and out of the bath. I put a towel around her before she gets in then then when she gets out of the bath. They are all different, some aren't bothered. I try to make them feel comfortable. "Another member of staff told us, "I assist one lady with a bath. I give her, her dressing gown, and I turn my back when she is undressing. I talk as normal and talk through things that need to be done."

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff. People received information around confidentiality as well. Support workers were aware of the importance of maintaining confidentiality and could give examples of how they did this. One member of staff told us, "We don't talk about people. We take our work sheets back to the office, but we don't use people's names and addresses anyway we use codes." For people who wished to have additional

support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The manager was aware of who they could contact if people needed this.

Good

Is the service responsive?

Our findings

Relatives told us they felt people were included, listened to, heard and respected. They also confirmed they and their family were involved in the review of their care and support. One relative told us, "They go above and beyond." When asked what the service does well, one relative told us, "They are person centred. Everything is done to suit my husband." They told us there was good continuity of care staff providing the care calls. One relative told us, "They always let me know in advance if the carer is on holiday to arrange someone else."

A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety and was used to inform the care and support plan. One relative told us, "We were assessed for the right person to be with him. The manager came out and did a folder with me with everything written down about his care, to be reviewed once a year. Especially for him I am reassured he's so happy. He asked one of them to marry him. He definitely would not do that unless he was happy with the staff."

Relatives told us they, and where possible, the person receiving the care had been involved in developing people's care plans. They felt they had been listened to. Care and support plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. This information ensured that support workers understood how to support the person in a consistent way and to feel settled and secure. Support workers told us this information was regularly updated and reviewed. One relative told us, "It's an excellent lifeline for me. Very good, they stimulate mum and do activities with her like cooking and crosswords. I can't praise them enough. We have good communication and there is a folder with a care plan." Relatives confirmed people's care plans were reviewed. One relative told us, "They go above and beyond. They think of things when they are there, and focus on things she likes. Person centred, very much so." Another relative told us, "They have care plans, reviews, a keyworker system and it very person centred."

Support workers told us there was good continuity of care staff covering people's care calls. They usually had their regular people they went to, sometimes with additional people to cover for care staff vacancies, annual leave and sickness. Support workers tended to work in a geographic area so that when they provided cover it was often with people they had visited before. They told us they had adequate travel time to travel between care calls and if there was any problem they could discuss travel time with the managers. One relative told us, "Once the carer had been changed and they were late due to traffic. That couldn't be helped and they explained to me." Another relative told us, "If there was going to be a delay or change of carers due to holiday or sickness we would be informed." Another relative told us, "Mum gets confused easily and becomes challenging. They are consistent Tuesday mornings and Wednesday afternoons. Very person centred."

People and their representatives were asked to give their feedback on the care provided through quality assurance questionnaires. The latest questionnaire was still in the process of being completed. Some of the

comments which had been received included, 'They have brought new things to my life. I like music and I have learnt a lot about modern music. We can go out in the wheelchair,' 'I feel supported and my partner is supported,' 'It's given my family a break,' and 'its peace of mind for my husband when he goes out.'

The compliments and complaints system detailed how any complaints would be dealt with, and timescales for a response. It also gave details of external agencies that people could access such as the Care Quality Commission and Local Government Ombudsman. This was also provided in a pictorial easy read format for people with communication difficulties. One compliment received detailed, 'The Alzheimer's Society helped our family in many ways, and this is something for which I will always be grateful. Thank you again for the wonderful care made available for my mum.' People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. One relative told us, "I would speak to the carer concerned and the management." Another relative told us,"I don't really think about it as I have no reason to complain. But I'd go to the manager it wouldn't worry me. I feel confident and can talk about anything with them."

Good

Is the service well-led?

Our findings

Relatives and were possible people using the service were actively involved in developing the service and their views were sought. Relatives told us they felt the service was well led. When asked what the service does well, one member of staff told us, "We offer a well-rounded service. The standard of care we give. The lengths we go to are very much appreciated. Nothing is too much trouble. We get to know people."

The atmosphere was professional and friendly in the office. Staff spoke well of the manager and management team and felt they were approachable, supportive and took an active role in the day to day running of the service. Staff appeared very comfortable and relaxed talking with them in the office. While we were on the inspection we observed positive interactions and conversations were being held with staff and people on the telephone. Management took time to listen and provide support where needed.

There was a clear management structure with identified leadership roles. All the staff told us they felt the service was well led and that they were well supported. Staff told us they felt there was good communication between all the staff. One member of staff told us, "(Managers name) is the best manager we have. She was a support worker and so she knows what we do. It makes such a difference." One relative told us, "They had a change of management recently. It hasn't affected our service at all. The deputy manager was promoted, she's very experienced so I was happy with that. They have a great attitude and really understand what it's like. I couldn't do without them. Everything is person centred. The carer they sent me has made such a difference to my partner."
Policies and procedures were in place for staff to follow. The provider had ensured they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. One member of staff told us, "I have a copy of all the policies and procedures. Every time a policy is updated we have to sign and date we have read this."

The values of the organisation were covered in the induction for all staff. The service user guide issued to people using the service gave a summary of the statement of purpose, the philosophy and the aims and objectives of the service. The vision and values for the service was available for people to read and included in new staff induction. The mission statement for the Alzheimer's Society was, 'To change the face of dementia research. Demonstrate best practice in dementia care and support. Provide the best advice and support to enable those affected by dementia to live as they wish to live.' Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and understood the importance of respecting people's privacy and dignity. We were told by staff that there was an open culture at the service with clear lines of communication. All the feedback from relatives and staff members was that they felt comfortable raising issues and providing comments on the care provided in the service.

There were systems in place to drive improvement and ensure the quality of the care provided. The manager, and deputy managers carried out a range of internal audits, including care planning and reviews, checks that people were receiving the care they needed, medicines, and incidents and accidents. The managers and deputy managers monitored the quality of the service by regularly speaking with people to

ensure they were happy with the service they received and completing regular reviews of the care and support provided and that records were completed appropriately. The support workers recruitment process and regular supervision ensured that they understood the values and expectations of the provider. Staff meetings were held periodically through the year and were used as an opportunity to update care staff on changes and developments in the service. External speakers had been invited, for example a speaker on advocacy had spoken with support workers about helping to empower people.

The managers and support workers worked closely and flexibly with external health and social care professionals supporting people. Feedback we received from health care professionals confirmed this.

The manager had regular supervision and support from a service manager for the organisation, and provided them with updates on any staff performance issues, safeguarding, complaints, incidents, any disciplinary investigations, changing needs and circumstances of people, personal performance, training needs, financial issues and any other business. They were aware of the need to submit notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people), when things go wrong with care and treatment. We discussed this with the manager during the inspection who demonstrated an understanding of their responsibilities.