

## Alzheimers Support

# Alzheimer's Support

### Inspection report

Trinity House  
Bryer Ash Business Park  
Trowbridge  
BA14 8HE

Tel: 01225776481

Website: [www.alzheimerswiltshire.org.uk](http://www.alzheimerswiltshire.org.uk)

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25 October 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Alzheimer's Support is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were eight people receiving personal care from the service. The service provides support for people living with dementia to enjoy social contact and continue to pursue their interests. The service also supports family carers to have a break.

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.

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

People and their relative's felt safe with support staff in their home. There were effective safeguarding systems in place and staff had a good understanding of what to do to protect people from harm.

The provider had taken action to keep people safe and manage the risks they faced. Relatives were confident staff had the knowledge and skills needed to keep people safe.

Staff were thoroughly checked before they started providing care, to ensure they had the appropriate experience and character.

Staff had a good understanding of the support people needed. People had been supported to develop clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff.

The service had good infection prevention and control measures in place. Relative's told us staff always wore the correct personal protective equipment (PPE) when providing care.

The provider had established good systems to monitor the quality of service provided and make improvements where needed. The manager worked with people, staff and other professionals to ensure people achieved good outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 22 September 2017)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

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

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Alzheimer's Support

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in post and was in the process of applying to be registered. We will complete an assessment of this application.

#### Notice of inspection

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

Inspection activity started on 25 October 2022 and ended on 4 November 2022. We visited the office location on 2 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three relatives of people who used the service and received email feedback from two others. We received feedback from six care staff. During the visit to the office we spoke with the manager and chief executive officer. We reviewed care records for three people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We received feedback from two social care professionals who have contact with the service.

# Is the service safe?

## Our findings

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

The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt safe with staff in their home. Comments included, "They are very nice people, I feel safe with them in the house" and "I trust [the member of staff] and so does my husband. I would speak to staff in the office if there was a problem and I'm confident they would resolve any issues."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the management team would take action to keep people safe if they raised any allegations of abuse. Staff were also aware how to raise allegations directly with other agencies if they needed to. Comments from staff included, "If I feel there may be a safeguarding issue, I report this to my manager. I am confident that this will be dealt with and any action which is required will be taken" and "I do believe that all concerns are taken seriously by the management and have no doubt that action would be taken to keep the people safe."

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to mobility, becoming lost when in the community and self-administration of medicines.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives had been involved in these reviews. Plans had also been amended to reflect risks relating to COVID-19.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.
- Relatives were confident staff had the knowledge and skills to support people to stay safe. Comments included, "I have nothing but praise for the way the staff deal with any situation placed in front of them" and "The carers they send are very good. I can go out knowing [name] is safe."

Staffing and recruitment

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. The provider had completed a criminal record check and obtained references from previous employers of new staff before they started work. Staff records contained confirmation of their right to work in the UK.
- New staff complete an induction programme and the Care Certificate during their probation period. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Relatives told us staff had the right skills and experience to provide the care people needed.
- Relatives said the service provided consistent staff, which enabled people to develop a better relationship with the staff member.

#### Preventing and controlling infection

- The service had systems in place to prevent people from catching and spreading infections.
- Relatives told us staff followed these measures when providing care for them. Comments included, "The staff are meticulous in infection prevention and control procedures."
- Staff had received training on infection prevention and control measures and how to use personal protective equipment (PPE) safely.

#### Using medicines safely

- The service was not providing support for people to administer their medicines at the time of the inspection.
- Staff had received training in medicines management and the service had systems in place in case this level of support was needed.

#### Learning lessons when things go wrong

- Incident records contained detailed information about actions taken by the management team and any wider learning. Action had been taken to reduce the risk of similar incidents happening again.
- Staff were aware of incident recording systems and their responsibilities to report such events. Staff told us these systems worked well and they were always able to contact a member of the management team if necessary.

# 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.

The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have a registered manager in post, which is a condition of their registration. There was a manager in post who had started the process to apply for registration.
- The provider had effective quality assurance systems in place. These included, reviews of support records and plans, staff records and feedback from people using the service.
- The results of the various quality assurance checks were used to plan improvements to the service. Actions were regularly reviewed to ensure they had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had promoted a person-centred approach in the service. This was evidenced through relatives' feedback, the content of staff meetings, support sessions for staff and the training staff received.
- Staff reported the manager was supportive and focused on ensuring people received a good service. Comments included "The service is managed well with any issues and concerns being dealt with promptly and contact made with other services to obtain the best result."
- The manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. Relatives said they had regular contact with the manager and could discuss any issues about the service. Comments included, "I get regular phone calls to check how things are going" and "A care plan was written when we had the initial visit and [name's] needs and safety aspects were taken into account as we discussed. This has been in place for a while and I am regularly contacted to see how it is going and if any changes need to be made."
- The provider had worked with other professionals and service providers to ensure people could access the services they need.
- The provider was a member of relevant industry associations. The manager had kept up to date in relation to changes in legislation and good practice guidance, particularly during the COVID-19 pandemic.