

Mrs Jacqueline Archer

# Dementia Care TLC

## Inspection report

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Date of inspection visit:  
24 May 2023

Date of publication:  
23 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dementia Care TLC is a domiciliary care service providing personal care to adults with a range of support needs including people living with dementia. At the time of the inspection the service was providing personal care to 30 people living in their own homes in the local community.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

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. Staff supported people with their medicines safely. Staff assessed environmental risks and followed safe infection control procedures. Staff supported people to access specialist health and social care support in the community.

### Right Care:

The service had care plans and guidance for staff to support people with their individual risks. Staff understood how to protect people from poor care. Staff had training on how to recognise and report abuse and they knew how to apply it. People received support to maintain a balanced diet. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

### Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Improvements had been made since the last inspection. Systems were in place to monitor the quality of the service; people spoke positively of the leadership team and support they received from staff. The service enabled people and those important to them to work with staff to develop the service. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 and update

The last rating for this service was requires improvement (published January 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 16 November and 7 December 2020. Breaches of legal requirements were found relating to Regulation 11 (need for consent), Regulation 12 (safe care and treatment) and Regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dementia Care TLC on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Dementia Care TLC

## 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 carried out by 1 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 houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 19 May 2023 and ended on 26 May 2023. We visited the location's office on 24 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and 7 relatives. We spoke with 6 members of staff which included the provider. We reviewed a range of records. This included 4 people's care records and 6 people's medicines records. We looked at 3 staff files in relation to recruitment. We looked at staff training and

induction records. A variety of records relating to the management of the service and quality assurance were reviewed including policies and procedures and audits. We sought feedback from professionals who work 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. At our last inspection published June 2021 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection published June 2021 the provider had failed to assess risks to people and action had not been taken to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care and support needs had been assessed.
- People had detailed care plans and risk assessments to ensure staff had the information to support them safely. Areas assessed included mobility, skin integrity and environmental risks.
- Care plans and risk assessments were available to staff electronically, so they had access to records when supporting people.
- Staff told us they had all the information they needed to support people safely. A staff member said, "Yes, we do. [Care plans] have enough detail I would say. Everything you need to know before you go in."

### Using medicines safely

At our last inspection published June 2021 the provider had failed to assess and mitigate risks in relation to the management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported by staff who followed systems and processes to administer and record medicines safely.
- Medicine administration records (MAR) were completed electronically, with no unexplained gaps in recording identified. The electronic system highlighted to staff when medicines were required and enabled the service to monitor and ensure people received their medicines as prescribed.
- Staff administering medicines had been trained to do so and their competency had been assessed. Where medicine errors had occurred, these were identified and managed.
- Guidance was in place for medicines prescribed 'as required' (PRN). We found some examples where PRN guidance required more detail for staff to know how and when to administer each medicine. We brought this to the attention of the provider who responded promptly and updated these records.

- People and relatives told us they were satisfied with the support they received with medicines. A person said, "They do my tablets every morning and every evening."

### Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. Pre-employment checks included the completion of an application form, proof of identity, DBS checks and evidence of conduct in previous employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Where 1 staff members reference could not be obtained by the service, the reasons had not been clearly documented. Some gaps in 1 staff members employment history had not been documented. We raised this with the provider who told us they would address this in any future recruitment.
- We received some mixed feedback relating to staffing at the service. Most people and relatives told us they received support from a regular group of staff who arrived on time and stayed for the allotted time. A person said, "They are usually very good at arriving on time and staying the full time." A relative said, "On time, no problems there."
- However, some relatives told us the service still needed to ensure consistency of staff and timings of care visits. A relative said, "No, we never know what time they are coming, it's always different, we get a rota but the staff that come are different from the rota."
- We raised this with the provider who told us they monitored care visits via an electronic system to ensure they went ahead as planned. We were told some flexibility with timings of care visits had been agreed with people and the local authority and relatives could access the system to check details of care visits. No missed visits outside of these times had been recorded.
- People and their relatives spoke positively of their relationships with staff and the support they received. A person said, "I have never complained about them, they are amazing. They tend to go over the top, they are so willing." A relative said, "They are friends, they always do things for [person] and me as well." Another relative said, "[Person] enjoys them coming, [person] looks forward to seeing them."

### Preventing and controlling infection

- There were systems to reduce the risk of infection. The provider had an infection control procedure in place and staff had completed training.
- The provider supplied staff personal protective equipment (PPE) such as masks, aprons and gloves to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- People and their relatives told us staff used PPE appropriately. A person said, "Yes they not only wear everything but also wash their hands when they come in."

### Systems and processes to safeguard people from the risk of abuse

- People were safe as systems were in place to protect people from abuse.
- People and their relatives told us people were safe being supported by the service. A person said, "Yes I`m safe with them and have no concerns." A relative said, "Yes, [person] is very safe. They understand [person] and use their own initiative."
- The provider had a policy in place which gave staff guidance on how to safeguard people from abuse. Staff had completed safeguarding training and knew how to recognise and report any abuse.

### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents, this helped keep people safe.
- The provider told us about actions they had taken in response to incidents. Records showed where incidents had occurred, the provider had asked staff to attend additional training to minimise the risk of re-

occurrence.

- Following incidents actions taken and lessons learnt were shared with the wider staff team.

# 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 our inspection published June 2018 we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection published June 2021 we found the provider was not acting in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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

- People's rights to make their own decisions were protected.
- People and their relatives told us staff sought people's consent and respected their personal choices. A person said, "They always ask for my consent and close the doors." A relative said, "They always ask for [person's] consent and are very discreet."
- People's care records documented their consent to care. Where people did not have the mental capacity to make a decision, discussions were held to assess whether actions were in the person's best interests. This process included professionals and people of importance to the person such as their relatives.
- Staff we spoke with demonstrated an understanding of the MCA in line with the key principles.

Staff support: induction, training, skills and experience

- People and their relatives told us they were supported by staff who were appropriately skilled and knowledgeable to carry out their role. A person said, "They are well trained and I`m comfortable in moving with them." A relative said, "They are very knowledgeable and enthusiastic."

- Staff told us they completed an induction which included shadowing another member of staff and the provider's mandatory training, records confirmed this.
- Staff were also trained in areas specific to the needs of people they supported such as catheter care and specific health conditions.
- Staff told us they felt supported by the management team and records confirmed staff received regular supervision and an annual appraisal. A staff member said, "Yes, if I need any help, it's always there."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessment. Care plans were person centred, detailed and identified people's individual needs and preferences.
- People's care records considered their diverse needs and protected characteristics under the Equality Act 2010 such as their personal history, sexuality and religious beliefs.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People and their relatives told us they were satisfied with the support provided with preparing meals. A person said, "They ask me what I want to eat today, they are very good." A relative said, "They give [person] breakfast, they only come once a day and also make sandwiches and fruit for lunch."
- Staff received training in food safety and were aware of people's dietary needs.
- Where people required specific support with their diet or at mealtimes, guidance from professionals such as a speech and language therapist was included in people's care plans for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans included details of people's health conditions and provided information and guidance to staff on how people were to be supported.
- Most people's relatives supported them to access healthcare services. However, processes were in place to support people to access health care professionals to ensure they received appropriate support where this was an identified need.
- People and their relatives told us there was good communication with staff and they felt confident the service would respond appropriately if any health concerns arose. A person said, "I wasn't feeling very well, and my carer was going to ring the doctor and an ambulance but stayed with me, that was lovely."

# 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 our last inspection published June 2021 we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection published June 2021 we found people's records were not complete, accurate and up to date. Monitoring systems were not fully effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to monitor the quality and safety of the service. These included regular care plan and medicine audits and spot checks to assess the competency of staff. Actions identified in quality audits were monitored for progress and completion.
- Electronic management systems in place enabled the service to oversee the quality of care people received in real time. The provider was able to check staff arrived at their care visits and people had received their medicines as prescribed.
- Staff had access to people's care plans electronically. Records had improved, people's care plans were detailed and contained personalised information including their preferences and communication needs.
- The service had an improvement plan in place. We found improvements had been made since our last inspection relating to risk assessments, management of medicines and consent to care.
- The provider demonstrated appropriate knowledge of their regulatory obligations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture, which supported the delivery of person centred care and support.
- People and their relatives spoke positively of the service and the management team. A person said "[Name of manager] has been to see me several times and seems very good. They all make themselves known, it`s very well managed and personal. They treat me like an individual. There is loads of respect both ways" A relative said, "I have no complaints, none at all and it's well managed."
- Staff we contacted told us they felt supported, and the management team was fair and approachable. A staff member said, "Yes, definitely. If I've ever got a problem, I can phone them up and tell them."

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 provider understood their legal responsibilities under the duty of candour legislation, to be open and honest when something went wrong.
- The provider had policies in place which identified the actions staff should take in situations where the duty of candour would apply.

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

- The provider sought the views of people and their relatives. This included satisfaction surveys and reviews of people's care and support. A person said, "Yes, I`ve filled in a survey and said everything was very good, so I`d recommend. I have no concerns, No, none. I wouldn't change anything."
- Staff told us there was effective communication between management and the wider staff team. Records confirmed regular staff meetings were taking place.
- The service worked in partnership with health and social care professionals. A professional told us, "They communicate effectively with our staff and if necessary, like a dog with a bone, will not give up communicating until the desired outcome has been achieved on behalf of the client."