

Essex Dementia Care

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Essex Dementia Care is a domiciliary care service providing personal care and support for people living with dementia who live in their own homes. 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 our inspection the service were providing personal care to 30 people.

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

Comments from people and relatives about their experience of using the service were positive. This was summed up by one person's relative who reported, "This is the most wonderful service with friendly helpful staff both in the office and on the front line. They have been a lifeline for both my [family member] and me."

People were supported by regular staff who knew how to keep them safe from the risk of harm. Staff had been safely recruited and there were sufficient staff to meet people's needs. People told us they did not experience missed or late visits.

Staff received training and ongoing support to ensure they had the knowledge and skills to be competent in their job role. If it was part of an assessed need, staff helped people have enough to eat and drink.

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 were kind and caring and listened to people, working with them in partnership to meet their individual needs and wishes. The service aimed to support people to live their lives to the full and be as independent as they could be. People were assisted to access their local communities and engage in a wide range of activities that were important to them.

People received individualised care and support in line with their needs and wishes. People and their relatives were involved in regular reviews and given opportunities to provide feedback on the service. There were systems and processes to manage complaints.

We made a recommendation about exploring and recording people's end of life preferences.

The service benefitted from good leadership. There was a positive culture with a focus on providing person-centred support that empowered people. Staff enjoyed working at the service and felt well supported by the management team. Quality assurance systems and processes were in place to monitor and improve safety and quality.

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 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Essex Dementia Care on our website at www.cqc.org.uk.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our Well-led findings below.

Essex Dementia Care

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

The inspection team was made up of one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 18 September 2019 and ended on 23 September 2019 when we visited the office location.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the care manager and 3 members of care staff. We contacted four people's relatives by phone to ask for their experience of the care provided. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 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

- People's relatives told us their loved ones were safe using the service. A relative told us, "[named person] is safe in their [staffs] hands, we trust them completely."
- Staff received training in how to protect people from the risk of abuse and understood how to keep people safe from harm.
- There were systems and policies in place to manage safeguarding concerns. There were no open safeguarding alerts at the time of inspection.
- The registered manager understood their safeguarding responsibilities including reporting safeguarding concerns to the appropriate authorities.
- The management team had recently attended an enhanced safeguarding course to improve their knowledge to ensure the safety and quality of the service.

Assessing risk, safety monitoring and management

- People were supported by regular staff who knew them well including any risks and what to do to keep people safe. If people had a new care worker to cover annual leave or sickness, the new staff member was always introduced to the person and given a detailed handover. A relative told us, "We have never seen anyone new without someone we know from Essex Dementia Care being there."
- Individual risks to people had been assessed with guidance in place on how to manage those risks. Risk assessments were completed by each person's designated care worker as they got to know the person over time. If people's needs changed, care staff informed the office and their risk assessments were updated to ensure the information about risks to people remained current.

Staffing and recruitment

- There were enough staff employed to safely meet people's needs. People told us they had not experienced missed calls and said staff arrived on time and stayed for the full duration of the visit time. A relative told us, "We have never had them be late; when our regular carer was on annual leave they organised something else."
- An electronic system was used to monitor staff visits in 'live time' to make sure people received their visits at the right time and for the correct duration.
- Safe recruitment processes were followed. This included taking up references, exploring people's employment history and completing checks with the disclosure and barring service (DBS) which provides a means of checking staff are suitable to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

- The service did not provide support to people to administer medicines.
- There were policies and procedures in place for the prevention and control of infection. The service provided staff with the protective clothing such as gloves and aprons to support good infection control practice.

Learning lessons when things go wrong

- The service was pro-active in looking for ways to improve the safety and quality of care provided. For example, they had changed staff training from three yearly with yearly updates to full re-training every year, all of which was provided face to face to ensure staff knowledge and skills remained current.
- The registered manager told us there had been a 'closed door' culture under previous management. Lessons had been learned about the importance of showing staff they were valued and providing them with opportunities to talk, not only during supervision sessions. There was now an open-door policy and staff were encouraged to come in for a chat at any time. The registered manager told us, "It is important to be open, honest, transparent with staff about who you are and what you are about."
- Feedback we received from staff confirmed they felt valued and this encouraged staff retention. This had a positive impact on people as they received continuity of care from a stable and consistent workforce.

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 has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started using the service their needs were assessed to ensure they could be met by the service. The assessment explored aspects such as people's physical, mental, emotional, social and cultural needs, however not all of people's protected characteristics had been identified and recorded.

We discussed our findings with the registered manager who later provided us with a copy of a new revised assessment form which addressed our concerns.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service so they could get to know their job role and what was required of them.
- If staff were new to care or had limited experience their induction also required completion of the Care Certificate which represents a set of standards care workers should adhere to in their daily practice. Using the care certificate is considered best practice when inducting new staff into the care profession.
- Staff received regular supervision and an annual appraisal which was used to monitor staff performance, provide ongoing support and identify any learning needs. Staff told us they felt well supported and enjoyed working at the company.
- Regular training was provided to equip staff with the skills and knowledge to be competent in their role. Specialist training was provided which met the individual needs of people who used the service, for example, all staff were required to do the 'virtual dementia tour'. This was an interactive learning experience which helped staff understand and empathise with the lived experience of people with dementia.
- To support staff development all staff were encouraged and supported to take further, advanced courses in health and social care.

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

- Staff primarily provided a one to one companionship service, supporting people to engage in activities of their choosing. These activities sometimes included trips out to cafes and restaurants. During mealtimes staff encouraged and prompted people to ensure they ate well and remained hydrated. If people had specific dietary requirements these were recorded.

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

- Where people had another care provider employed to meet their personal care needs the service worked in partnership with them to ensure people received a consistent and well co-ordinated service.

- Staff were vigilant at picking up and reporting changes in people's needs including any health concerns. The service listened to and actioned staff concerns and organised referrals to other health and social care professionals such as social workers and occupational therapists to ensure people's changing needs continued to be met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Historically staff had received training in the MCA, but this had recently lapsed. The registered manager advised us a new training provider had been sourced and training in the MCA was scheduled to be delivered within the next 4-6 weeks.
- Most staff already had advanced qualifications in health and social care which included learning on the MCA and DoLS. Staff explained how they helped people make their own decisions. Staff said they always asked for people's consent before providing support and offered people choices to ensure people felt in control of their lives. A review of people's daily notes provided evidence that staff supported people with decision making. For example, one entry by a staff member recorded; '[Named person] needed new trousers, we went shopping and they chose two pairs.'

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 has remained Good: 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

- People's relatives told us staff were kind and caring. A relative told us, "Staff are brilliant, very kind and caring."
- People were supported by a regular staff member who was matched with the person based on aspects such as personality and shared interests.
- This continuity of care meant people were able to form positive trusting relationships with their designated staff member. A relative told us "[Named person] almost always has the same member of staff; they love them, they are brilliant; they are just really supportive and encouraging of [named person]."

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

- The service employed a care manager who met with people and their relatives prior to them receiving a service. This meeting enabled people to express their views about how they wanted their support provided. A relative told us, "As a family we had an initial meeting with the care worker and care manager.; We all sat down and talked about what [named person] wanted; the meeting was all about [named person] and what was good is that they spoke to [named person] rather than speaking to us."
- People's communication needs including any sensory impairments were assessed with guidance for staff on how to communicate with people. This information helped ensure people were involved in decisions about their care.
- Relatives told us staff were good at communicating with their family members. A relative told us, "[named person's] hearing is not good and their thoughts are not processing quickly; [named staff member] communicates well with [named person] and understands their needs."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to protect people's privacy and dignity and encouraged people to be as independent as they could be. A staff member told us, "I worked with a person who used to love to go shopping but was a bit frail and lacked confidence; I took them for walks around the block and we built their strength up and they got braver; we could then go in to town shopping."
- Feedback from relatives showed that people were treated with dignity and respect and people's independence was promoted. Comments from relatives included, "Staff are always respectful, speak to [named person] very nicely and encourage them to do things as they have lost life skills." And, "[Named person] has dementia but [named staff] supports them to be independent rather than doing things for them; staff encourage them to do things for themselves."

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 has remained Good: 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

- People had personalised care and support plans which identified people's needs, wishes, routines, preferences and aspirations. This person-centred approach helped people to feel valued and in control to promote their self-worth.
- People's life histories were explored in depth to help staff get to know people and what was important to them. Relatives confirmed that staff knew people really well and provided support which met people's needs and preferences. A relative told us, "They [the service] know [named person] really well; [named designated care worker] particularly knows them very well and they get along very well; [named person] really looks forward to their time together."
- After people had used the service for around six weeks they received a telephone review to check the service was meeting their needs. After that, regular face to face reviews were held with the person and their family to make sure people were happy with the support provided. The review was also used as a means of checking staff provided people with choice and control over how they wanted to spend their time.

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.

- The service presented information to people in ways to support their understanding, for example, large print text, if required.
- Visual aids were used by staff if required such as leaflets, pictures and the use of technology to help people communicate with staff and make informed choices.

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.

- The service provided was aimed at supporting people to feel part of their local community and avoid social isolation. Staff accompanied people on days out, so they could take part in a range of activities that people had chosen which had meaning for them. This included shopping, attending clubs, eating out and socialising.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to manage complaints. At the time of inspection there were no open complaints.

- People and their relatives were provided with a service-user guide which included details on how to make a complaint. People's relatives told us they knew how to make a complaint but had not had to. A relative told us, "Yes I know how to make a complaint, but I have never had to, they are brilliant."

End of life care and support

- At the time of inspection, the service was not supporting any people to have their end of life care needs met.
- We found peoples end of life preferences and choices, for example, preferred funeral arrangements, had not been explored to ensure their wishes could be met in event of sudden death.

We recommend the provider review their current systems and processes to ensure people's end of life preferences are known and respected.

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 remained Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service demonstrated a person-centred ethos providing one to one support to people to help them achieve outcomes that were important to them.
- The objectives of the service were aimed at working in partnership with people to maximise people's wellbeing and independence.
- Staff shared the vision and values of the service, taking a person-centred approach to empower people. A staff member told us, "[named person] used to love to dance so I take music I know they like, we got up and had a try at dancing together; they stood up for the whole piece, swaying to the music"
- Staff morale was very good and staff were enthusiastic about working at the service. A staff member told us, "These people [Essex Dementia Care] are amazing I'm never going to leave they are great to work for they are so supportive, if I have an issue or problem they deal with it immediately."

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

- There was a clear management structure in place to ensure accountability. Staff at all levels understood their roles and responsibilities.
- A range of quality assurance processes were in place. Regular spot checks were completed to monitor staff performance and find out peoples view on the service they were receiving.
- The registered manager understood their registration requirements including duty of candour. Throughout the inspection we found them open and transparent and they provided us with information requested in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys were regularly completed to ask for people's feedback on the service and include them in how the service was delivered. This included telephone calls, face to face reviews and an annual postal questionnaire. A relative told us, "They [the service] communicate with me really well and ask me to come in for meetings; I like what they do at EDC."
- We looked at the responses from the latest satisfaction survey and found they were very positive. People were very happy with the service they were receiving from Essex Dementia Cares. Comments from people and their relatives included; "The staff are kind and caring and always feel happy that [named person] is

being well looked after while in their care." And, "The best thing about the service is to see [named persons'] eyes light up when they are collected and know they are happy, safe and stimulated."

- The service engaged with the wider community supporting the Alzheimer's Society at local information hub and 'dementia cafes' where staff met with people living with dementia and their relatives to share information and advice.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a commitment to continuous learning and improving care and attended a monthly dementia information hub hosted by the Alzheimer's society to learn and share information on best practice.
- The service worked in partnership with a number of specialist services such as Age UK and the Alzheimer's society to provide support services to people living with dementia. Multi-agency reviews were completed to ensure people received a safe and effective service that continued to meet people's needs.
- The service had recently reconnected with the Dementia Action Alliance with the aim of promoting more Dementia friendly communities. The registered manager advised us this work was aimed at improving the lives of the people they supported and educating the wider community about dementia.