We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Alzheimer's Society BANES

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Tel: 01225396426

Date of Inspections: 
04 June 2014  
03 June 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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Details about this location

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<thead>
<tr>
<th>Registered Provider</th>
<th>Alzheimer's Society</th>
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<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Patricia Lesley Wilson</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Alzheimer's Society BANES specialise in providing support to people who have dementia and their carers in their own homes. Support workers provide personal care if needed. Their main function is to provide one to one support for people to participate and continue with daily life and activities that are important to them. This may also provide respite for their carers, if appropriate.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 June 2014 and 4 June 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We considered our inspection findings to answer questions we always ask; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?
People were treated with respect and dignity by staff. People told us they felt safe. People told us they were happy with the support they received and that their needs were met. It was clear from speaking with people and the staff, that they had a good understanding of people's support needs. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure managers and staff learned from events such as accidents and incidents. This reduced the risks to people and helped the service to continually improve.

Is the service effective?
People's health and care needs were assessed with them, and they were involved in developing their plans of care if they wanted to. People told us their care plan reflected their current needs.

Is the service caring?
People described the staff as "extremely caring and experienced and know me very well. Staff are very polite and cheerful." Another person said "I have regular carers which is important to me, they enable me to get out and about and visit interesting places." One relative said "Having regular, reliable staff is imperative. They are flexible to meet X's needs and having them support X to do whatever they want means I am assured he is being well looked after whilst I'm then able to go out and do what I enjoy."
Is the service responsive?
People's needs were reviewed regularly and in response to any changing needs. We saw information in people's records which indicated they had been consulted over the care they received. People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. This meant that information about people's preferences was gathered and used to plan care to meet their specific needs.

People were supported to maintain interests and hobbies that were important to them.

Is the service well-led?
People using the service had regular opportunities in a variety of formats to have their say about the service. For example; during each visit with the member of care staff and frequently during spot checks by a member of the management team. Everyone we spoke with said the communication between them and staff was effective.

Regular audits were completed and we saw any shortfalls had been addressed promptly. This meant the quality of the service was continuingly monitored and being improved.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the agency. This helped to ensure people received a good quality of service at all times. All of the staff told us they would report poor practice if they witnessed it.

You can see our judgements on the front page of this report.

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More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People told us their privacy and dignity was maintained. They said staff were "caring," and "respectful."

Two relatives of people receiving support from the agency told us staff always promoted the rights of individuals. They said their relative was treated well and respected by staff. Comments received included "I couldn't wish for any better." Another said "It is a real comfort knowing X is taken care of so well, we can rely on them for consistency and they involve X in aspects of the support he receives."

Staff described to us how they promoted people's rights to privacy, dignity and choice. One member of staff said "I make sure people are asked what they want to do during the time we have, it's up to them if they want to go out, or stay home depending on how they are feeling."

Records showed the concepts of dignity and respect, equality and diversity, formed part of the agency's mandatory training programme for staff. Staff explained the subjects were regularly discussed at staff meetings and during formal one to one staff supervision sessions.
Care and welfare of people who use services  

Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

***Our judgement***

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

***Reasons for our judgement***

People told us an Initial assessment had been carried out by the deputy manager during a visit to them in their home. This was to establish the amount of support the person required. The process identified what the person would like support with and the preferences they had. Staff told us the information was also important to help match the person's needs with the most appropriate member of staff, in relation to skills and personality.

During our inspection we looked at the care plans of the three people we visited and or spoke with. Each followed a consistent format and was easy to follow, with clear guidance for staff about how to meet the people's needs. Each of the care plans we saw was tailored to the individual's needs and focussed on things that were important to them; such as their hobbies. We discussed the care plans with the person it related too. Each person agreed their care plan reflected what they had agreed, as well as the care they actually received.

One person told us "I can always rely on them and they are very flexible to meet my needs." Another person said "the staff are consistent and thorough in the support they provide which is exactly what I need and expect." This showed care was delivered in line with people's needs.

Everyone we spoke with told us either they or their relative's needs were met by staff who were compassionate, caring and professional. People told us support they received was delivered at times which were convenient for them. They all confirmed staff had time to provide the support in a way that was not rushed. This enabled them to participate in activities they enjoyed, which was important to them. One person told us "I have been very lucky to have had regular carers since the start. They are very efficient and meet my needs." A relative told us "having staff I can trust and rely on enables me to have regular short 'breaks' and to maintain my hobbies and interests."

Each person we spoke with knew who would be coming to see them. Staff we spoke with told us they supported the same people on a regular basis and this helped them to provide consistent care. They explained how this enabled them to build up a rapport with people and helped them understand their preferences.
Staff told us they always spoke to the person on entering their home and then they read the care plan. This ensured they were familiar with the needs of the person. They explained they reviewed the previous visit information to see how the person was progressing. They told us the registered manager and/or the deputy manager always informed them of any major changes in between their visits. This was to ensure they were fully aware of any changes which might be required. Everyone we spoke with had been kept informed about any changes relating to the service they received. For example if a carer had planned leave, arrangements were made for cover by staff known to them.

Moving and handling assessments had been completed. These identified the level of assistance people needed, which included details of measures in place to minimise the risk, such as making sure staff vehicles were road worthy. We saw records of staff receiving training in moving and positioning and specific health conditions such as Dementia.

There were arrangements in place to deal with foreseeable emergencies. People showed us the contact details the provider had given them to use in case of an emergency. Care workers told us procedures were in place to deal with emergencies. Two staff explained the manager or deputy manager were available by telephone if they ever needed any support or guidance.
Safeguarding people who use services from abuse  ✔  Met this standard

People should be protected from abuse and staff should respect their human rights

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Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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Reasons for our judgement

The agency had procedures in place to respond to allegations of abuse. These included the action staff must take to keep people safe.

We saw records to show staff had received training in safeguarding people from abuse. We spoke with two members of staff. Both demonstrated a good understanding of the types of abuse people may experience, signs of possible abuse and action to take if abuse was reported, witnessed or suspected. The staff we spoke with said they thought any concerns they raised would be taken seriously.

People who used the service said they felt safe and were confident that staff would respond appropriately to any concerns they raised. We also spoke with two relatives of people who used the service. Both relatives told us they felt the deputy manager and registered manager were helpful and said they would be able to approach them or any of the staff if they had any problems.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During the inspection we spoke with two members of care staff, who told us they received good training, which helped them understand and meet people’s needs. Staff told us they had been able to complete nationally recognised qualifications, which were relevant to supporting people who used the service. None of the staff we spoke with identified training they felt they needed but was not provided.

We saw training was recorded centrally and the registered manager had a system for identifying the training staff needed and to ensure that it was completed. The records demonstrated staff had completed a range of training suitable to their role and that further training courses were booked to ensure staff kept their skills up to date. This meant that all staff that worked in the service had received information and support to meet people’s needs.

The staff we spoke with said they received regular one to one supervision sessions with the deputy manager. Staff described the sessions as “useful” and they said they were able to raise any concerns or issues with the management team at any time. We saw records of supervision sessions to ensure that staff were receiving the support they needed.

We saw records of unannounced spot checks in the staff files we reviewed. Everyone we spoke with confirmed these checks and reviews occurred regularly, and it gave them an opportunity to comment on the quality of the care they received. One member of staff said “my work is monitored by what people say and during supervision.”

Staff said they had regular team meetings, which were used to cascade information about any updates in working practices or to resolve any problems in the way the service was operating. This meant that staff were given the support and guidance they needed to provide effective care and support to people who used the service.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection we saw the systems in place for monitoring the quality of the service. This included various audits and meetings which had taken place. Accidents and incidents were recorded in a way which allowed for analysis of any trends.

We saw the findings of the most recent survey in December 2013. We saw the return was 11% from people and their relatives and 28% return from staff. No concerns were identified and the comments were positive. People stated the main benefit to them of using the agency was "feeling less isolated and able to remain in their own home." The registered manager said the return was low, which has resulted in the provider looking into alternative ways of surveying people. The registered manager said they hoped to recruit a volunteer who would be impartial to visit people to obtain their feedback. People told us they had been given information about how to raise concerns and feedback about the service. Everyone we spoke with told us they only had positive things to say about the service.

The registered manager explained they carried out visits to people using the service on a regular basis as a way of monitoring the quality of the service. They also attend reviews, where people discussed the care and treatment they received and how effective it was. One person told us "the staff are very good at asking and checking to make sure I am happy with everything." Another person said "I have never had any concerns, but I am confident I could speak to any of the staff and know they would take me seriously."

One member of staff explained "staff work effectively together to ensure everyone receives the care and support they need. The training is tailored to meet the needs of the people we support. This meant the provider was effective at monitoring the quality of the service provided.

Both staff we spoke with said the registered manager and deputy manager were "very approachable and professional." Staff explained they enjoyed working for an agency that was "supportive, caring and efficiently run".

We saw a range of risk assessments were carried out to ensure the health and welfare of
the person and staff delivering the service. For example, in each of the three care plans we reviewed there were risk assessments for moving and handling and the environment which included potential hazards in the person's home. The information in the risk assessments identified the risk itself, the level of risk and the actions to take to minimise them. This ensured care and treatment was planned in a way which was intended to ensure people's safety and welfare.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
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<th>How we define our judgements</th>
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<tr>
<td>The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.</td>
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We reach one of the following judgements for each essential standard inspected.

| Met this standard | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| Action needed | This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| Enforcement action taken | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
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