

Alzheimers Support

Alzheimer's Support

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

We inspected Alzheimer's Support on 1 August 2017. The service operates within the Wiltshire area and supports people who live in their own homes. At the time of our visit Alzheimer's Support provided a service to 242 people. People received at least an hour long visit to promote their independence and to receive support with personal care when needed.

At the last inspection in June 2015, the service was rated Good.

At this inspection we found the service remained Good.

People remained safe, there were sufficient staff deployed and people experienced continuity of care. Risks to people's well-being were assessed and risk assessments gave details how to manage these. People were mostly independent with taking their medicines however staff supported them to take these where required.

People continued to receive support from staff that had the right skills and knowledge to support them effectively. People had choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and to meet their nutritional needs.

The service continued to provide support in a caring way. People were very complimentary about staff and told us staff were 'marvellous'. People's dignity and privacy were promoted. The support people received was led by them and based on people's choices and wishes.

The service was responsive to people's needs and people received assistance that met their needs and preferences. Staff enabled people to live full lives and continue to be independent. Staff used their knowledge of people's histories to ensure a sense of well-being for people. People were encouraged to voice their opinions through surveys and spot checks.

The service continued to be well- led by a registered manager and there was a clear staffing structure in place. The provider valued their staff team and ensured opportunities were available to further develop staff. Staff praised the team work, good communication and ways their contribution was recognised. Staff told us they felt listened to and respected. The provider had systems in place to monitor the service provided to people. The registered manager worked to continuously develop and improve quality of the service and people's experiences.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Alzheimer's Support

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 August 2017 and was announced. We told the provider four days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. We also needed to ensure the provider had time to arrange for us to contact people and their relatives for feedback. The inspection team consisted of two inspectors and three Experts 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted a number of external health and social care professionals and commissioners to obtain their views about the service. We did not ask the provider 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.

We contacted 42 people who used the service and ten relatives. In addition we spoke with 11 care workers, the registered manager and the CEO. We looked at 13 people's care records and five staff files including their recruitment and supervision. We also viewed the staff training matrix, samples of provider's policies and other records relating to the management of the service. After the inspection we contacted six external professionals to obtain their views about the service.

Is the service safe?

Our findings

The provider continued to provide a safe service to people and people told us they were safe. One person said, "No worries at all". One relative said, "I am absolutely sure [person] is safe with (staff), they're like a mother hen".

Staff were knowledgeable around safeguarding adults and understood their responsibilities to identify and report concerns. Staff had a good understanding of how to keep people safe from abuse or harm... One member of staff said, "My job is to keep people safe, look out for hazards and report any concerns I may have". There were sufficient staff and people experienced continuity of care. Staff told us they had regular rotas and visited the same people which contributed to forming positive working relationships and trust.

People were very rarely supported with taking their medicines. We saw from records staff worked closely with people's relatives to ensure people were as independent as possible with self-administering. We found one person's records did not fully reflect the support they received, however staff were in a process of liaising with the person's family to ascertain the level of support needed. The registered manager took immediate action to address this record issue.

Risks to people's well-being were identified in their care records. These included people's mobility, memory loss, confusion and sight. The information on how to manage the risks was available to staff. For example, one person had been assessed as being at risk of getting confused and lost during an outing. The staff were instructed to ensure the person was supported with their orientation and what to do in case of emergency.

Provider had a system to record accidents, near misses and incidents. We saw the log and noted appropriate action was taken when necessary. For example, one person's wheelchair needed attention and staff ensured their family was informed to arrange this. The registered manager explained to us they regularly reviewed the log and discussed with the senior management to ensure any trends or patterns are identified.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People told us staff were skilled and knew them well. Comments included, "They seem very good at what they do" and "They are very good". Staff had the skills and knowledge to meet people's needs and received training relevant to their roles. All new staff completed an induction before working with people. Staff were in a process of completing Care Certificates which is a nationally recognized standard for those working in social care. One staff member said, "The training is very good, I can ask for more if I feel I need it. I did the Dementia Diploma". Staff received regular supervision and spoke positively of the support they received.

Most people did not require support from staff with eating and drinking. Where people did need support that was provided. For example, one person had a poor appetite; they received a weekly visit from Alzheimer's Support. The member of staff told us, "I'd bring my own beans and toast so when they have their meal I also sit and eat with them. That way it's more social and they will eat better".

People were supported to maintain good health and access. Staff told us they often supported people to medical appointments, such as for a diabetes check or the dentist. People's care records reflected the input from professionals such as the Community Mental Health Team (CMHT) or Community Psychiatrist Nurse (CPN).

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. We checked the provider worked in line with these principles. Staff were aware of MCA principles and told us they always assumed people were able to make their own decisions unless it's been assessed otherwise. People had control over their support and their care plans highlighted the importance of empowering people to make their own choices. One external professional told us, "Mental capacity seems to be their cornerstone and they work carefully to ensure that the client is able to make choices and is supported to do so".

Is the service caring?

Our findings

The service continued to be caring. People and their relatives were complimentary about the staff and their caring and compassionate nature. They told us people were able to form positive, caring relationships with staff. Comments included, "Carer and [person] have the same silly sense of humour so they get on really well", "Very caring" and "Oh they are caring. They are very good".

People were supported by committed staff that built positive working relationships with people. One person said, "They are usually happy jolly people, bringing a positive attitude to their job". Comments from staff included, "We all go a bit over and beyond", "You become like a personal friend, some people I've been seeing for years" and "I treat people like I'd like my mother to be treated".

People were treated with dignity and respect. Staff were aware of the importance of respecting people's privacy and dignity by ensuring the support provided was as the person expected and was given at a pace suitable for them. One member of staff said, "I listen to what the person wants, take time and treat them as I would want to be treated".

People were supported to be independent and the support they had was led by them. Comments from people included, "Nothing is ever rushed" and "Oh, yes. They always ask do you want this, do you want that? They always ask!" One relative told us, "If he doesn't want to go out (carer) wouldn't take him out".

People's care plans and other records were stored securely at the provider's office. Staff were aware of issues surrounding data protection and signed confidentiality agreements. We however identified two staff carried people's confidential personal information in their folders. We raised this with the registered manager who was unaware of this and reassured us they would address this immediately.

Is the service responsive?

Our findings

People's needs were assessed prior to commencement of the support to ensure these were recorded so the team could meet these. People and their relatives told us and records confirmed they were involved in this process. One person said, "They listened to our requests".

People's care records documented essential information on people's preferences and life experiences to help ensure people received care in their preferred way. People's care records reflected what the person's expectations of receiving the service were. For example, one person's care plan stated they hoped for 'companionship and stimulation'.

Staff demonstrated good awareness of people's histories, interests, and hobbies and described how they provided support to people to maintain these. Suggestions were supported that had a positive impact on people's lives, such as people being encouraged to pursue pastimes which were important to people. For example, one member of staff was supporting a person to go swimming. Another person was being supported to play the bagpipes as they used to in the past. One member of staff told us, "[Person] likes planes, I researched a good place for plane spotting and we went to Heathrow, we found a bit of green space where they could sit down and I checked the time table to make sure the person will be able to see the plane they were after".

The service encouraged people to be involved with the local communities and building further links.. For example, the staff worked alongside 'Dementia advisors', people were encouraged to attend art or singing groups. Staff worked in conjunction with The Wildlife Trust to arrange events throughout the four seasons of the year, with a summer cream tea event for people to attend.

The provider's complaints procedure was available to people. There had been one written complaint recorded since our last inspection that had been dealt with in line with the provider's policy. People told us they never needed to complain and they knew how to if needed. Comments included, "I have never had a complaint and I have no worries at all", and "I'd phone up and tell them what I think". The service received several compliments since our last inspection.

People's opinions were sought through regular surveys and spot checks. We saw the results of the last survey, people commented the service made a difference to their lives. External professionals were complimentary about the service Alzheimer's Support provided to people. The professionals and families supported the service by providing testimonials used by the registered manager to successfully nominate the service for the 8th National Dementia Care Awards 2017. We saw the service received the acknowledgement of the entry and they were awaiting the panel's decision.

Is the service well-led?

Our findings

The service continued to be well run by a registered manager that was supported by a team of coordinators, care staff and senior management. People and the relatives told us they felt the service was managed well. Comments included: "The office is very helpful if you ring, it's all going very well" , "If there is ever a problem they do ring me so I know what's happening, I can't praise them enough, I couldn't cope without it" and "They seem to be very organised. I would say this is a very well run organisation". External professional were also positive about the service. One external professional said, "I have been very impressed by the way they are working with the community and statutory agencies".

Staff complimented the management and culture at the service. Comments included, "Very open and honest", "Easy to talk too" and "Fantastic at looking outside the box for problem solving". Staff described communication as being 'very good' and told us information was shared in the forms of staff meetings or staff bulletins. One member of staff said, "I don't feel like there is anyone I can't talk too and don't have to wait until a meeting to talk about anything. It's very open and honest. I feel very valued". The provider recognised the demanding nature of the role and offered staff additional training around stress management, relaxation and mindfulness.

The registered manager worked to raise the profile of the work the staff do. This was to ensure the staff were well briefed and understood the expectations of their roles. They produced a video called "It's not just a job" to be used when promoting the service or during recruitment events featuring staff providing an insight for potential new employees about what their roles entail.

The provider had systems in place to monitor the quality of service delivered such as audits of staff log in records, reviews with people and their relatives and monitoring of staff practices including unannounced spot checks. Where the provider identified a need to improve their system they worked to do so. For example, the registered manager told us they identified that in order to improve the auditing of the care records they decided to use electronic records. They were in a process of scanning the documentation on to the electronic system so it was easily accessible in an electronic format.

The provider had a whistle blowing policy in place and staff were aware of the process. Staff were confident in management that any concerns raised would be followed up and also aware how to report externally. One member of staff said "I could report to Care Quality Commission (CQC) or the council". The registered manager worked closely with other external professionals including local health and social care professionals. Alzheimer's Support was recently chosen by the Local Authority to be the main organisation to provide services to people living with dementia and their families.