

# Alzheimer's and Dementia Support Services

# Alzheimer's and Dementia Support Services, Safeharbour Memory Wellbeing Centre

## Inspection report

Coldharbour Road  
Northfleet  
Gravesend  
DA11 8AE

Tel: 01474533990  
Website: [www.alzheimers-dementia.org.uk](http://www.alzheimers-dementia.org.uk)

Date of inspection visit:  
20 April 2022  
21 April 2022  
04 May 2022

Date of publication:  
27 May 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Alzheimer's and Dementia Support Services, Safeharbour Memory Wellbeing Centre (referred to in this report as ADSS) is a specialist domiciliary care service providing personal care to people living with dementia in their own homes. 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. The service was providing personal care to 44 people at the time of the inspection.

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

People received safe care from ADSS. Individual risks were assessed to support people to remain safe in their home. Medicines were safely managed and staff competence when giving people their medicines was regularly checked. Sufficient numbers of staff were available to provide people's care and support and a safe recruitment process was in place.

The provider, manager and staff were keen to provide a good quality service that put people at the centre of care. Robust systems were in place to closely monitor people's care and support to achieve this aim. A culture of continuous improvement was evident.

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

### Rating at last inspection

The last rating for this service was good (published 24 May 2019).

### Why we inspected

We undertook this focused inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

At this inspection we only inspected the key questions for safe and well-led. 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 remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alzheimer's and Dementia Support Services, Safeharbour Memory Wellbeing Centre 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Alzheimer's and Dementia Support Services, Safeharbour Memory Wellbeing Centre

## **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 one 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.

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The current manager, who was present throughout the inspection, had made an application to register with CQC and this was in progress.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 20 April 2022 and ended on 4 May 2022. We visited the location's office on 20 April, made telephone calls to the relatives of people using the service on 21 April 2022, and spoke to staff by telephone on 4 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the manager, the nominated individual and the chief operating officer. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We obtained feedback from a further three staff members. We spoke with the relatives of eight people who used the service. We reviewed a range of records, including four peoples' risk assessments and care records. We looked at three staff files in relation to recruitment, meeting minutes and auditing and monitoring records.

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

Systems and processes to safeguard people from the risk of abuse

- Peoples relatives told us they felt safe. The comments we received from relatives included, "I trust them. They do go over and above to support my relative"; "My relative is safe and I am very comfortable with them. If I had any concerns I would speak directly to the management"; "My relative is safe with them and they share a good relationship with my relative."
- People were protected from the risk of abuse. Staff received training to make sure they could recognise the signs of abuse and what their responsibilities were to report any concerns they had. They knew who to report to outside of the organisation if that was necessary.
- The provider had procedures in place to provide guidance to staff which included the up to date local authority guidance. The manager had raised concerns appropriately with the local authority and was aware of the need to cooperate with any investigation.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. Individual risks had been assessed. Guidance was in place for staff to help to support people to mitigate the risk of harm in their home and when receiving care.
- ADSS specifically supported people living with dementia. The risks associated with how dementia affected people individually were assessed. One person was at risk of self-neglect as they were keen to maintain their independence, however, they would forget to eat and drink or take their medicines. These risks were mitigated by the appropriate support of consistent staff.
- Some people had continence issues. Staff were guided through risk assessments to check people's continence needs and skin integrity at each visit, while at the same time maintaining their dignity and independence.
- Staff told us they had all the information they needed in the care plan to keep people safe. They said that communication was very good, and they were kept updated of any changes quickly through the provider's electronic care planning system.

Staffing and recruitment

- People's relatives were overwhelmingly happy with the support their loved one received and were very appreciative of the staff and the consistency provided by the same staff visiting. The feedback we received from relatives included, "The carers are always on time and completely reliable. They stay for the full allotted hour and never leave early"; "I am happy with the times they come, and they have never missed a call. They always stay for the full hour and stay longer if they over run"; "The level of care is out of this world. We have the same four or five carers."
- There were suitable numbers of staff to provide the care people had been assessed as needing in their home. Peoples relatives told us their loved one usually had the same care staff to support them. Staff

confirmed they visited the same people regularly and got to know them well. A staff member said, "I don't feel rushed and have the time to chat with people and get to know them."

- People's relatives told us staff were rarely late and if they were, the office staff kept them informed. The manager told us the minimum length of staff visits was one hour, due to the nature of the specialist service provided.
- The manager told us they had an ongoing recruitment campaign and they had been reviewing how they recruited new staff together with the management team which was starting to have a positive impact.
- Staff were recruited in a safe way. Completed application forms included an employment history and a DBS check had been undertaken before new staff started working and interviews had been carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Where people required support from staff to take their prescribed medicines, these were managed safely. A relative told us, "They do the medication and ring me if our relative refuses to take it."
- Staff had been trained to administer people's medicines. Training was completed with new staff and their competency was checked before they were able to give people their medicines. Refresher training and competency checks were completed at regular intervals.
- Staff recorded when they had given people their medicines using the provider's electronic recording tool. If a medicine was not given at the time expected, an alert was sent through the computer system to the management team who followed this up with the member of staff.
- The manager monitored the safety of medicines management. Medicines errors were followed up with a thorough investigation and action taken to prevent a re-occurrence, such as further staff training and supervision.

#### Preventing and controlling infection

- The provider made sure people were protected by the prevention and control of infection. Staff had received appropriate training to minimise the risk of spreading infection.
- The provider had an infection control policy in place. People told us staff used appropriate personal protective equipment (PPE), such as masks, gloves and aprons. Staff said they always had plenty PPE to undertake their role safely.

#### Learning lessons when things go wrong

- The provider had processes in place to make sure they learnt from accidents and incidents to prevent a re-occurrence.
- Incidents had been picked up quickly and staff recorded a full description of the event. The manager checked all records and completed an investigation to make sure lessons were learnt.
- The manager reported on incidents and action taken to the Chief Executive Officer (CEO) each month. The CEO reported to the board of trustees for their scrutiny.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 did not have a CQC registered manager. However, there was a manager in post and they had started the application process to register with CQC.
- The provider and manager had developed a robust system of monitoring the care and service people received.
- The provider had introduced an electronic care planning system which provided a mechanism for the management team to check people's care as a live event. The system was used to; monitor times of visits, the care delivered, medicines administration and food and fluids on a daily basis. A duty system was used within the team to make sure the monitoring responsibility for each day was clear.
- The manager had a clear set of audits, including accidents and incidents, care planning and medicines. The manager had oversight of the monitoring process and checked to make sure action had been taken where necessary. All the relevant information gathered was reported to the board, through the management structure, for their oversight.
- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The provider was aware of their responsibilities and had submitted notifications as required.
- The provider and manager understood their responsibilities and the Duty of Candour was included in relevant policies including the complaints policy.

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

- The relatives of people we spoke with were overwhelmingly positive about the support their loved one received. Relatives told us about the caring approach of staff who were skilled in getting the best out of people. The feedback we received included, "The best thing is the effort they put into caring for my relative and they are happy"; "The best things are the carers as they are very good to my relative"; "They are very caring and I do look forward to them coming. They are a part of our extended family now."
- A member of staff shared an idea to develop 'About me' boxes for people. Focusing on their interests and what was important to them. The idea was considered and agreed by the management team and the board of trustees. Funding was sought and the first about me boxes were being developed and sent to people.
- People mainly had the same staff supporting them which meant they knew the person and their family



well.

- Staff told us there was a caring culture within the organisation that included people they supported, their relatives and staff. Comments from staff included, "The managers are definitely approachable. The whole team are a great group. Staff go above and beyond they really do, they are very caring"; "The organisations values are instilled in us and we all know what is expected as it is very important to the reputation and providing a good service"; "The manager is very approachable, she is so good and absolutely would always listen to anything you went to her with."

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

- People and their relatives were regularly asked their views of the service through informal channels such as reviews and ad hoc chats. A more formal process was used to gain feedback through an annual survey. The provider analysed the results and fed these back to people.
- Peoples relatives told us they were able to contact the office staff easily and were responded to. The comments we received included, "When I ring the office they answer quickly, so far I have not had to leave a message. They can normally answer any questions I ask"; "It is really good, you always get through to the office and speak to a person. They deal with queries well. I'll be honest, our dealings so far, we can't fault them"; "There is always someone at the end of the phone and they answer quickly. If they can't solve any queries, they do get back to me and then it is always resolved."
- Staff had the opportunity to share ideas through team meetings and a social media group chat. The provider supported an employee forum where staff were able to share employee issues and ideas. The employee forum had asked for a review of travel arrangements and the board of trustees had agreed to their suggestion.
- Staff told us communication was good and the provider used various methods of contacting staff to keep them updated which worked well. Staff meetings had commenced face to face following the lifting of restrictions imposed during the COVID-19 pandemic and staff were looking forward to this.

Continuous learning and improving care

- The provider and manager were keen to make sure they provided a service based on continuous improvement. The manager told us they were aware they needed to embrace the learning from incidents and mistakes to be able to achieve this. The records and processes we looked at evidenced this.
- The board of trustees were more actively involved in the service since the last inspection. The nominated individual told us they believed the added scrutiny had enhanced the service and the culture of the organisation.

Working in partnership with others

- The provider and manager had signed up as members of local and national networks and trade associations to keep up to date with changes in social care and share good practice.
- The manager and staff worked closely with the local authority to support ongoing care provision. Close working with healthcare professionals was evident through care planning and recording.
- ADSS provided a range of other dementia focused services not regulated by CQC. People were able to access these if they wished. Close working and partnerships with other organisations and local networks were crucial to their work and these alliances benefitted the support at home service.