Dresden Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 12 January 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service; we needed to make sure that there would be someone in the office at the time of our visit.

Dresden Care Services Limited provides personal care for people in their own home. Dresden Care Services was registered with CQC in December 2014 and this was the service's first inspection since they were registered. The providers' representative told us that they did not start providing personal care for people until August 2015. There were nine people using this service at the time of our inspection.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Our inspection identified that while some people received good care that met their needs, the quality and safety of the service was not underpinned by systems.

People using this service could not be confident that the provider would be able to keep them safe. People were placed at risk by the lack of clear systems and records to detail what medicines staff were administering. Staff did not receive sufficient medication training and were not checked to see if they were competent to administer medicines. Risk assessments had not been completed to ensure the potential risks to people and staff providing care and support were minimised.

Staff had been appropriately recruited but had not received adequate induction, training and ongoing support to ensure that they had the skills needed to safely support people. Staff did not receive formal supervision, support and appraisal of their performance.

There were a lack of effective systems, processes and oversight by the provider to ensure that they could effectively operate the service. The systems in place had failed to identify that improvements were needed to audit and monitoring systems in respect of medicine administration, development of staff training and support. Monitoring systems needed to be developed; these included a quality assurance system, assessment, monitoring and review of risks to people, and ensuring the service had systems in place to meet the requirements of the Mental Capacity Act 2005.

We found the provider was in breach of Regulations. You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us that they felt safe when staff were in their home. Staff could describe the systems that were in place to report any allegations of potential harm to people. People we spoke with told us there were sufficient staff to support them and meet their individual needs.

Staff that we spoke with had limited knowledge and had received limited training of how to apply the Mental Capacity Act 2005 guidelines into their practice. Systems were not effective in demonstrating people's level of capacity and how staff should gain people's consent when they were unable to make an informed decision.

People were supported with the preparation of meals when necessary. Staff understood the importance of promoting fluids to prevent people from dehydrating. People told us they had access to health care professionals when they required support.

People told us consistently that staff treated them with respect and dignity whilst in their home. Staff knew people well and valued the importance of people making their own decisions.

People told us that the service had been responsive to their changing needs and had responded to their requests when made. People were involved in the initial planning of their care and support needs. People were not always involved or contributed to the reviewing of their individual needs.

People were unsure of the provider's complaints procedure, but were able to describe who they would report to if they had any concerns or were unhappy with the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People told us they received their medicines as prescribed, but the service did not consistently follow safe practices. There was insufficient information available about what had been administered by staff.

There were no risk assessments and emergency plans in place to support staff to minimise risks to people they were supporting.

People using the service told us they were safe. Staff were aware of their role and responsibilities for safeguarding people from potential harm.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had not received sufficient training to support them with the knowledge and skills required for their roles. We found staff had not been adequately inducted and prepared for their roles.

Staff were unclear of the specific requirements and guidelines of the Mental Capacity Act (2005). Staff ensured that peoples consent was obtained but were unclear about how to support people if they were unable to make an informed decision.

People were supported, where necessary with the preparation of light meals. Staff ensured people were supported to access appropriate healthcare support, when required.

Is the service caring?

Good

The service was caring.

People and their relatives consistently told us about the caring attitude of the staff.

People told us that staff respected their home and privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

There were good systems used for planning care and support required by people. People's preferences and choices were adhered to. People were not routinely contributing to the reviews of their care and support plans.

People and their relatives were unsure of the complaints procedure but felt confident to raise concerns that they may have and were assured they would be acted upon.

Summary of findings

Is the service well-led?

The service was not always well-led.

There were ineffective quality assurance systems in place for the effective running of the service. The lack of effective management placed people who used the services at potential harm.

People, their relatives and staff consistently told us that the management team were supportive and approachable.

Requires improvement



Dresden Care Services Limited

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, 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 12 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector.

Prior to the inspection the provider was asked 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service.

We also contacted a local authority who commissioned services from the provider for views of the service. We used all information to help us plan the areas we were going to focus our inspection on.

As part of the inspection we sent surveys to people who used the service to gather their views. We also sent surveys to people's relatives and staff. Surveys were returned from two people and one relative. We spoke with six people who use the services and five of their relatives.

During our visit to the service's offices we spoke with the registered manager, the providers' representative and one member of staff. We sampled some records, including four people's care plans, three staff files and training records. We looked at the providers systems for monitoring and improving the quality of the service. After our visit we spoke with four members of staff.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us that staff administered or prompted them with their medicines. One person we spoke with told us, "Staff come and support me four times a day and they give me my medicines when I need them." The registered manager told us that each individual person's medicines was supplied to their homes in blister packs to make it easier for staff to administer safely. The records did not indicate what the care staff had administered and we were unable to establish if the prescribed medicines had been administered correctly. The provider had no audit and monitoring system in place to determine safe medicine management. Staff we spoke with told us they had received limited training in the safe administration of medication. The provider's representative advised us that they did not have a system in place to check that staff were competent to administer medicines. The services system of recording medicines did not meet the recognised guidance and placed people at risk of not receiving their medicines in a safe way.

We looked at arrangements in place to manage risks and to keep people safe and protected, whilst respecting their freedom and choice. Staff we spoke with were aware of peoples support and care needs and used the assessment information to inform how they provided care. However, we found there were no written risk assessments in place. There was no guidance available for staff to ensure risks to people were minimised when they were providing care and support. For example, we saw on one person's care records that the person required the use of a hoist. There were no risk management plans in place to guide the staff and to ensure the equipment was used safely. We saw on another person's care records that they required specific support for their health condition. We spoke with one member of staff who was not aware of the medical emergencies that could arise with the person they were supporting or of action they would be expected to take.

These issues regarding the safe care and treatment were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 12.

People we spoke with told us that they felt safe and comfortable when staff were in their home providing care and support. A person we spoke with told us, "I do feel safe; they [the staff] always arrive on time." Another person said, "I feel totally safe with the staff in my home." This was supported by relatives we spoke with. One relative we spoke with told us, "Staff support my husband well and we both feel safe."

We saw that people had been given information of who to contact if they felt unsafe or had any concerns. A person we spoke with told us, "I would feel very confident to contact [name of manager] if I had any concerns." A relative told us, "I have never had any concerns; if I did I would be able to speak to any of the girls [staff], or even [name of manager]." Information about raising concerns were clearly displayed within service user guides / handbooks and around the office for staff to view.

Staff we spoke with could tell us about the different signs and symptoms that may suggest a person was being abused. They were aware of the potential abuse situations that could put people living in their own homes at risk. Staff understood their roles and responsibilities to report any concerns they may have to both managers within the service and external agencies. One member of staff we spoke with told us, "If I witnessed any abuse at all, I would report it to [name of manager] straight away or contact the Care Quality Commission (CQC)." Discussions with the registered manager and provider's representative confirmed that whilst there were whistle-blowing guidelines available staff we spoke with were not aware of the guidelines. Staff had received limited training about how to safeguard people from abuse. We brought this to the registered managers' and providers' representatives attention during our visit who advised us that this would be addressed with all staff following our inspection.

We looked at the systems in place for reporting and recording accidents and incidents. A member of staff we spoke with told us, "We have to report all accidents and incidents. There is an accident form in the office." The registered manager and the provider's representative told us that there had been no accidents or incidents during the past six months (the length of time the service had been operational).

People told us they had not had any difficulties in getting assistance out of hours. One person told us, "The office always answers the phone if I need them." We spoke with staff about the systems in place when dealing with emergencies. Staff could describe what action they would take if they were unable to gain access to a property on

Requires improvement

Is the service safe?

arrival. Staff consistently told us that the registered manager and providers representative were always contactable should an emergency arise or if they required advice and guidance.

People we spoke with told us there were sufficient staff to support them. People consistently complimented the service. Their comments included, “All staff are reliable.”, “Staff rarely run late” and “There have never been any missed calls”. One person using the service told us, “The staff are always on time and call at the time we prefer and always stay for the right time.” A relative we spoke with told us, “The girls [staff] have never been late since they started here.”

The provider’s representative told us that agency staff were not used and in the event of any staff absences, staff worked together to ensure there was adequate cover. The provider’s representative informed us that they would not accept new referrals unless there were sufficient staff to provide the required level of support to individual people. All the staff we spoke with told us there were enough staff to support individual people and to meet their needs.

The provider stated in the provider information return (PIR) that to ensure safety to the people using the service they carried out pre-employment checks. One member of staff we spoke with told us, “I had to complete an application form and provide two references before I could start working here.” We saw in two staff records that whilst checks had been undertaken, safe recruitment practices had not always been followed in relation to obtaining references. The registered manager advised us that these would be rectified immediately. On one staff file we found that the provider had relied on the findings of the Disclosure and Barring (DBS) checks carried out bythe previous employer to satisfy themselves that a person was fit to be employed. The provider did not have a system in place to ensure that an up to date DBS check was carried out for the person.

Requires improvement

Is the service effective?

Our findings

People told us that they were happy with the care provided and felt staff had the skills and knowledge to support them. Staff we spoke with told us they had received just one days training, which gave them a basic overview of a variety of subject areas, including, moving and handling, safeguarding, infection control and basic first aid. A member of staff we spoke with told us, "I have attended the one-day course. I did enjoy it but it was too much information for one day." We saw that one person's care record identified a need for staff to have specialist knowledge of their health condition. We found that staff had not received specific training. Discussions with the provider's representative confirmed that there were no clear systems currently in place to identify learning and development needs of staff. The provider's representative informed us that there were some staff that had no formal health and social care qualifications and the one day induction training was all that they had received.

A newly appointed member of staff told us "I went to meet people who use the service with my colleagues before I worked on my own. They showed me what to do." We looked at the provider's induction process. The skills, experience and competence of staff had not been assessed against the Care Certificate standards to assist in identification of training needs and where support would be needed. Staff competency was not assessed before they commenced providing direct care. The provider had no systems in place to determine or assess the ongoing competency of staff.

The provider advised us during discussions that training had been made a priority for 2016. These issues regarding training, development and assessment of competency were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 18.

People and their relatives told us they were happy with the care and support provided. A person we spoke with told us, "Staff know me well and can support me the way I want to be supported." A relative told us, "Staff seem to know what they are doing when they come in my home." The provider's representative informed us that as the service grows they intended to ensure that there would be more opportunity to match staff with people in relation to their skills and experiences.

Staff told us consistently that they felt supported by their managers. A member of staff we spoke with told us, "The managers here are so very kind and patient." Another member of staff said, "I'm so happy working here, the bosses are so supportive, nothing is too much trouble for them. I feel a valued member of staff."

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.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within principles of the MCA.

Staff we spoke with had limited or no knowledge about what this legislation meant for people using the service and had received limited training. People's mental capacity was not always reflected in their care plans. Staff could not describe how they should gain people's consent if people could not make decisions about their daily life. Staff we spoke with were able to describe how they sought consent with people who could make their own decisions before providing any care and support. A person using the service told us, "I like how staff talk to me and always ask my consent. They support me as an individual." A member of staff we spoke with told us, "It's important to ask consent from people, you just have to ask them what they want really." Another member of staff said, "People have the freedom to say no and to refuse us entrance into their home."

People we spoke with told us that staff predominantly supported them with the preparation of light meals and they were supported appropriately. One person said, "The girls [the staff] just make me porridge for breakfast, it's what I want and they do it nice." Another person told us, "Staff make me a sandwich of my choice, I've no issues." A member of staff we spoke with told us, "I'm always offering to make drinks when I visit people, fluids are important." We noted in one person's care plan that the person had difficulty swallowing. Whilst staff we spoke with could

Requires improvement

Is the service effective?

describe how they supported the person with their food, this was not underpinned by a risk assessment, management plan and specific guidance for staff about how to support the person effectively to minimise the risk.

People told us that if they required additional healthcare staff would contact the relevant healthcare professional if necessary. A person using the service told us, "Staff will always ring my doctor if I ask them to." A relative we spoke with told us, "The girls [staff] contacted the GP for [name of relative] last week and they even went and fetched the prescription, which was really nice."

Good

Is the service caring?

Our findings

People who used the service spoke positively about the staff who supported them in their own home. One person said, “Staff are very pleasant and caring.” Another person we spoke with told us, “The girls [staff] are kind, patient and sweet”. One relative told us, “Nothing is too much trouble, they are such attentive staff.”

Staff we spoke with told us they knew people well and that they enjoyed supporting people. People and staff told us that they were introduced to each other prior to the care service being provided. Staff told us this helped to build trust and relationships. One person told us, “Staff treat me well and let me be as independent as I can be.” A relative we spoke with said, “We always get consistent staff, they give me confidence.”

We saw that people were supported with their initial care planning. People told us that they were able to decide which days and times they preferred their care to be provided.

All of the people we spoke with told us their independence, dignity and privacy was respected by staff. One person told us, “I’m treated in a lovely and dignified way when staff are supporting me with personal care.” Another person using the service told us, “Staff always knock on my door and ask if they can come in.” A relative we spoke with said, “Staff know my mom well. They know about her life. They talk to her and don’t just rush their jobs.” Another relative told us, “Staff talk to mom, I’m really impressed. They have a laugh and a joke with her. I can’t fault them.”

Staff had a good appreciation of people’s human rights. A member of staff told us, “Dignity and respect is important. Just ask people what they want and it’s important to listen to what they want. Don’t make them feel embarrassed.” Another member of staff said, “We have to protect people living in the community. For example, we have door codes to people’s homes, we have to keep this confidential and not disclose or discuss this with anyone.”

The values of the agency were consistent across all staff we spoke with. People consistently told us they felt respected and valued and able to make their own decisions.

Good

Is the service responsive?

Our findings

People told us they had been involved in completing an initial care plan, following an assessment to identify their personal care and support needs. We saw systems were in place to gather people's views about how they wanted their care provided. One person using the service told us, "Staff always turn up on time, or earlier if I need them to." Another person said, "I contacted the managers and said I would prefer a later call in the morning, they did that for me." A relative we spoke with told us, "My mom wasn't well recently. The staff were with us at the time and had to call the ambulance services. They stayed with us and supported us both until the ambulance arrived. They even locked up for us as we left. They were well over their time." This showed the service had responded to the individual's needs and had a flexible approach to providing the service. We noted that people had not always contributed to or been involved in reviewing their care plans. The provider's representative advised us there were plans in place to ensure people contributed throughout the reviewing process.

We saw that there were systems in place for staff to handover important information after each visit. This ensured continuity of care and support. A relative told us, "Staff record everything that has happened in the daily notes. They are kept in a folder in mom's home."

All the people we spoke with told us they had consistent care staff and people told us this was important to them.

Staff we spoke with were aware of peoples preferred routines, likes and dislikes. One relative we spoke with told us, "My husband prefers male staff to support him and that is what he gets every day." The provider's representative told us that he provides care and support himself, which ensured gender preferences were provided. The provider's representative advised us that they had attended the one day training course to ensure they remained up to date with their direct care skills. One member of staff we spoke with told us, "I've got to know [name of person] really well and on a more personal level now. She is glad we get the time to have a chat."

The provider had a complaints procedure in place. Whilst the provider indicated that all people who used the service had received a copy of the complaints procedure, people we spoke with were not aware of it. One person we spoke with told us, "I'm not sure who I'm supposed to ring, but I would just ring [name of manager]." A relative we said, "I'm unsure of the formal complaints procedure, but I would find out." The majority of people we spoke with said they had no reason to make a complaint. Records identified no complaints had been received.

Staff we spoke with told us if people using the service wanted to make a complaint, they would support them and refer them to the manager. The provider's representative advised us that they were going to start recording all minor concerns so they could monitor and capture feedback and use it for making continuous improvements.

Requires improvement

Is the service well-led?

Our findings

There were no effective systems or quality audits in place to monitor the quality and safety of the service provided, or identify and address any areas of concern. Care records lacked any detail of risk assessments that should be in place to minimise the potential of harm to people and there were no risk management plans in respect of moving and handling, management of nutrition for people with specific support needs, and what to do in an emergency.

There was a lack of systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. There were no systems in place to ensure staff were supported or their performance appraised to ensure that they provided a consistent service that met people's needs. There were no effective systems in place to review incidents and accidents and complaints and concerns. Information they gained failed to analyse trends which could prevent the likelihood of negative experiences for people recurring. In addition feedback was not being used effectively to support with the continual drive of improvement.

There were no systems in place to ensure that views or feedback from people who used the service had actively been sought. We saw that there were feedback questionnaires kept within the service user guide / handbook. However there were no systems in place to support or encourage people to complete the surveys or provide feedback in any other way. No completed surveys had been received. People we spoke with told us that the provider's representative did telephone them to get their views about the service. One person said, "[name of manager] has telephoned me to ask if I'm happy but I've not completed any forms". There was no evidence that views from people that had been sought had been captured for any analysis.

These issues regarding governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

People and their relatives knew who the registered manager and provider were. A person we spoke with told us, "[name of managers] are lovely. I can ring them anytime." All relatives spoke positively about the registered manager and provider and said they could approach them at all times. The provider stated in the provider information return (PIR) that the registered manager and provider currently have an active part in the delivery of the service, which as a result gave them a better understanding about what is provided in people's own homes. People, their relatives and staff told us that the registered manager and provider made themselves available at all times and were visible out in the community.

We looked at the leadership structure within the service. We found that the provider's representative had taken on an office based role to provide adequate management cover, which ensured advice and support was available to people using the service and staff members should they require it. Discussions with the registered manager confirmed that whilst they were familiar with the aims and objectives of the service; they were primarily a care staff member providing care and support. The registered manager advised us that as the service grows they would become more office based.

Discussions with the provider's representative identified that staff meetings and supervision sessions had not yet been planned. However, Staff were able to describe their roles and responsibilities and knew what was expected from them and felt well-supported. The provider's representative advised us of their intentions to implement structured staff meetings, spot checks [observation in the workplace] and supervisions for staff in the immediate future.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to ensure that care was provided in a safe way for people who used the service. 12(2)(b) The provider had not assessed the risks to the health and safety of people using the service and had subsequently not done all that was possible to mitigate any risks that were known or identified. 12(2)(c) The provider had not ensured that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely 12(2)(g) The provider had not ensured the proper and safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to provide systems or processes that were established and operated effectively to ensure compliance with the regulations. The provider did not have robust systems in place to monitor the quality and safety of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of qualified, competent, skilled and experienced persons. The provider did not ensure persons employed by the service receive appropriate support, training, professional development, supervision and appraisal as it is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)