

Mr Pan Danquah & Mrs Kate Danquah

Dorcas House

Inspection report

56 Fountain Road
Birmingham B17 8NR
Tel: 0121 429 4643

Date of inspection visit: 7 and 10 October 2014
Date of publication: 06/03/2015

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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

We inspected this home on 7 and 10 October 2014. This was an unannounced inspection.

Dorcas House provides accommodation for a maximum of eleven people who suffer from mental health related conditions.

At our last inspection of this home in April 2014 we found some concerns with record keeping, how the provider responded to and dealt with complaints and the effectiveness of the system the provider used to check that the home was providing a good quality service. We found that improvements had been made and the regulations were being met.

There were eight people living at the home when we visited. We found that the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage 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.

We spoke with five people who lived at the home. They told us that they felt safe, trusted the staff and were happy with the care provided and the staff who delivered support.

Summary of findings

We found that the home followed safe recruitment practices and had appropriate policies and procedures in place to keep people safe from harm. For example there were arrangements in place to deal with foreseeable emergencies.

People were safe and their health and welfare needs were met because there were sufficient numbers of staff on duty who had appropriate skills and experience.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At the time of our inspection, we found that no-one was being restricted (or denied their rights) under this legislation. The manager demonstrated to us that she knew about protecting people's rights and freedoms and how to make appropriate referrals under this legislation to keep people safe and respect their independence.

People's health needs were met and care and support was provided by well trained staff. We saw that staff received effective support, supervision, appraisal and training which meant they had the knowledge, skills and support they needed to deliver safe and effective care.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. We found that people living at the home had been assessed for the risks associated with poor diet and dehydration and care plans had been created for those who were identified as being at risk. Care staff told us that they were aware of people's nutritional needs including those who needed thickened fluids or fortified foods.

People living at the home and their relatives told us that the staff were kind, considerate and caring and it was apparent to us from our observations that staff were attentive, polite and sought consent before they delivered care and support.

People's health and care needs were assessed and care was planned and delivered in a consistent way. From the three plans of care we looked at, we found that the information and guidance provided to staff was detailed and clear. We saw that people had regular access to a range of health care professionals which included general practitioners, dentists, chiropodists and opticians. Staff showed us that they had a good knowledge and understanding of people's care needs.

People who lived at the home told us that activities at the home were limited and they were not always able to participate in interests of their choice. Whilst checking a care plan we noted that one person had indicated a wish to attend church and participate in other outside events. However our checks showed that this person had not been supported to engage in any of the activities they had expressed an interest in. Activities did not always reflect the wishes and preferences of all the people who lived at the home.

People told us that they were encouraged to make their views known about the care, treatment and support they received at the home. The provider had achieved this by holding group meetings and sending out survey questionnaire forms on a variety of topics that were important to people who lived at the home. This meant that people had regular opportunities to provide feedback about the quality of care and support they received.

A check of records showed that the provider had an effective system to assess and monitor the quality of service that people received at the home on a regular basis and a system to manage and report accidents and incidents.

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?

The service was safe. People told us that they trusted the staff at the home and felt safe.

The home followed safe recruitment practices. We found that there were safeguarding procedures and arrangements in place to deal with foreseeable emergencies.

We found that a sufficient number of staff with the appropriate skills were employed at the home.

Good



Is the service effective?

The service was effective. People and their relatives told us that they were happy with the service because staff had the necessary skills and knowledge to meet people's needs.

People's health needs were met and delivered in line with their individual care plans.

People had regular access to a range of health care professionals which included general practitioners, dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring. People who lived at the home told us that they were supported by kind and attentive staff.

Relatives of people who lived at the home were also complimentary about the care their family members received and the competence and kindness of staff.

Staff had a good knowledge and understanding of people's medical and health needs and personal preferences.

Good



Is the service responsive?

The service was not always responsive to the needs of the people who lived at the home. There were only limited activities provided that were of particular interest to people using the service.

People received personalised care that was responsive to their needs.

People were encouraged to express what was important to them so that their views and preferences were known to staff.

Requires Improvement



Is the service well-led?

The service was well led. We found that there was a registered manager employed at the home who knew the needs of the people who lived there and how to support the staff to deliver the care people required.

Good



Summary of findings

People who lived at the home, their relatives and staff were all complimentary of the manager and told us that the home was well managed.

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

Dorcas House

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 checked 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 was undertaken by two inspectors.

We visited the home on 7 and 10 October 2014 and spoke with five people who lived there, three of their relatives, four members of staff and the registered manager.

Providers are required to notify the Care Quality Commission about events and incidents that occur at their home including unexpected deaths and injuries to people receiving care including safeguarding matters. We refer to

these as notifications. Before our inspection we reviewed the notifications the provider had sent us and any other information we held on the service to plan what areas we were going to focus on during our inspection

On the day of our inspection, we observed how care and support was delivered by care staff and included observations at lunch time. We spent time observing care and support in the dining room and living areas. We looked at records including three people's care plans and the staff files for four members of staff. We sampled records from staff meetings, staff supervision, meetings with people who lived at the home and accidents and incidents records. We reviewed several of the provider's policies including, safeguarding and complaints. We looked at the provider's 'quality assurance' records which were used to check and monitor the quality of the service being provided at the home.

Is the service safe?

Our findings

We spoke with people who lived at the home. They told us they felt safe, trusted the staff who supported them and were able to raise any concerns they had. Comments included, “I feel reasonably safe here, yes” and “I’m safe and well looked after.”

We spoke with relatives of people who lived at the home. Comments included, “My relative is safe here” and “[name] is well looked after and safe at Dorcas House, they do their best in difficult circumstances” and “[name] was frightened in previous home’s but is now settled and comfortable, I know they feel safe there.”

We spoke with members of staff who worked at the home. They told us that people were well cared for and kept safe. Staff comments included, “People are safe here” and “We keep people safe and well, we always do our best for them.”

We found that the staff at this home had received appropriate training in relation to safeguarding and were able to explain to us the different forms of abuse that people could be exposed to and what their responsibilities were if they saw or heard an incident of concern. For example, staff were able to tell us which agencies they could contact if they were ever dissatisfied with the action taken by the manager of the home. This meant that people were supported by staff who knew how to recognise signs of potential abuse and what to do when safeguarding concerns were raised.

We found that the home had appropriate policies and procedures in place to inform and advise staff as to the required actions they should take if an incident or unusual event happened at the home. For example, we found that the provider had a safeguarding of adults policy which contained relevant information. The policy was detailed, up to date and accessible to all members of staff. The staff we spoke with told us they knew how to access this information should they need to do so and showed us the contact telephone numbers of the local authority safeguarding staff (which were kept in a convenient place) should they be needed.

Records showed that the provider had assessed and managed the risks associated with the layout and characteristics of the home. This ensured that people were

being cared for safely and in accordance with their personal needs. We found that caring tasks such as moving and handling had been risk assessed to ensure these were undertaken as safely as possible by staff with the appropriate skills. We spoke to staff about emergency procedures and what they would do in the event of a fire. Staff told us that they had received training in relation to fire procedures and they participated in regular fire drills. This showed that staff understood the emergency procedures at the home to keep people safe.

We spoke with people who lived at the home and their relatives about staffing levels. We were told that staffing numbers were acceptable and that no one was kept waiting for assistance if they needed it. Comments included, “Staffing is about right, no one is left unattended” and “I’m okay thanks, if I need help, the staff are here for me.” During the time we spent at the home we saw that there were sufficient numbers of staff on duty to promptly attend to the care needs of the people who lived there. Staff were visible and there was always a member of staff present in the communal areas of the home to support people. We talked to the manager and staff about staffing levels. We were told that staffing numbers were determined by the health needs and dependency levels of the people who lived at the home. The manager told us that she regularly reviewed staffing levels and had the autonomy and flexibility to make changes where necessary.

We spoke with the manager and staff and looked at staff records. We found that the provider followed safe recruitment practices to ensure that people were being supported by staff who were suitable to care for them. This included obtaining character references, confirming identification and checking people’s background with the Disclosure and Barring Service.

We found that medication arrangements were safe. We observed staff administering medicines to people and saw that they followed safe practice. Staff had been trained in the safe handling, administration and disposal of medicines. We checked medication records and found that records were accurate and had been reviewed regularly by the manager of the home. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to administer medicines safely.

Is the service effective?

Our findings

We spoke with people who lived at the home and their relatives about the ability and knowledge of the staff employed there. The feedback we received was very favourable. Comments included, “The staff know what they are doing,” “I think the staff are all well trained, they seem very good at their jobs” and “On the whole, I am happy with the staff, they do a good job and [name] is really settled there.”

Records showed that staff received effective support, supervision, appraisal and training. We saw that staff received regular ‘one to one’ supervision meetings with the manager of the home. The staff we spoke with told us that they were supported and well trained. Comments included, “Yes I am well trained and I’m not asked to do anything I haven’t been trained for” and “I think I am well trained and have the knowledge I need, we all want the best for the people who live here.”

Staff told us and records showed they had received training in a number of subjects which supported them to meet people’s specific care needs. These included topics such as: medication, health and safety, moving and handling, safeguarding adults and infection control. The staff we spoke with demonstrated a good knowledge of the people who lived at the home including an understanding of their medical and nutritional needs. This meant that people were being supported by staff who knew them well and had the necessary skills and knowledge to meet their assessed needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the manager and the staff about MCA and DoLS. At the time of our inspection, we found that no-one was being restricted (or denied their rights) under this legislation. The manager demonstrated to us that she knew about protecting people’s rights and freedoms and how to make appropriate referrals under this legislation to keep people safe and respect their independence.

People told us that they could exercise choice and control over how their care was delivered. We found that people had been consulted about the care and support they received and had signed care plans and risk assessments

indicating that they consented to the care being provided. One person told us, “I can have pretty much what I like here, they are good to me.” This meant that people received appropriate care in a way they had agreed.

People told us that they enjoyed their meals and were regularly consulted regarding their choices and preferences. One person told us, “I get my favourite meals here.” A second person commented, “The food is pretty good here, I enjoy my meals.” A third person told us, “Yes the food is good, no complaints.”

Records showed that people’s eating and drinking needs were assessed and recorded. We found that people living at the home had been assessed and care plans had been created for those who were identified as being at risk of poor diet and dehydration (not drinking sufficient fluids). We spoke with staff and found that they were aware of people’s nutritional needs including those who needed thickened fluids or fortified foods. Staff told us that they were kept informed of any changes to people’s nutritional needs so that they could provide any different or additional dietary support if necessary. They also demonstrated a good understanding of people’s meal preferences and dislikes.

We observed people during meal times and saw that they were appropriately supported and given assistance when they needed it. We saw that mealtimes were calm and relaxed and that people were not hurried or rushed when they were eating. People were offered choices with their main meal and dessert and staff were patient, considerate and respectful. This meant that people were appropriately supported to have sufficient food and drink to maintain a healthy diet.

We saw that people had regular access to a range of health care professionals which included general practitioners, dentists, chiropodists and opticians and when people’s health needs changed, prompt referrals are made. One person told us, “I only have to ask to get a doctor in.” People told us that they felt comfortable discussing their health needs with staff and were involved in discussions about their health. On the day of our visit we noted that a medical professional visited the home and delivered care to a person who lived there for a condition that required regular treatment. Relatives of people living at the home told us that the manager kept them informed of any changes in health and welfare. One relative commented,

Is the service effective?

“The manager always updates me about any health problems.” This meant that people were supported to access healthcare services when they needed it and maintain good health.

Is the service caring?

Our findings

People we spoke with were complimentary about the care and support they received from staff. They told us the staff were caring and friendly and understood their needs. One person commented, “I like it here, I get on with everybody”. A second person told us, “The staff take notice of you, if I can’t cope with something, I will get help with it.” A third person told us, “I’m treated very well here thanks.”

Relatives of people who lived at the home were also complimentary about the standards of care being delivered and the kindness shown by the staff employed there. Comments included, “I think compared to other home’s [name] has lived in, this is very good. The manager and staff do a good job” and “I think the care and support [name] receives is very good; I certainly do not have any complaints.”

People told us that they were listened to by staff, could express their views about how their care was delivered and were treated with respect. Relatives we spoke with confirmed that staff treated people with dignity and respect and told us that they were happy for their relative to be cared for at this home.

We spoke with staff about the people they were supporting. We found that staff had a good knowledge and understanding of people’s medical and health needs and of their preferences and personal histories. For example, staff knew what people liked to eat and their preferences towards bathing and receiving personal care. This meant that staff knew how to provide care and support to people in a way that they preferred.

We spent several hours in the communal areas of the home and observed people who lived there and the staff who supported them. We found the atmosphere between staff and people using the service was cheerful and pleasant. We saw many occasions where staff checked to make sure people were comfortable. Staff were patient and respectful and had built up a good working relationship with the people they were supporting. People seemed comfortable and at ease with staff. For example we saw that staff explained to people what they were doing and sought

consent before providing care and support. Whilst observing people at the home, we saw a member of staff quickly diffuse a situation when a person became upset and distressed. This demonstrated that staff had a good knowledge of the person’s care needs and their personal preferences.

We saw that staff actively listened and acted upon people’s wishes. Staff were patient and respectful and people were given the time they needed to make decisions about their care. We saw people exercising choice throughout the day and saw people going back to their rooms as they wished. Staff we spoke with talked with fondness about the people they were supporting. Their comments included, “We care for the residents as if they are our own family, they are important to us” and “The staff work hard here to put people first, to treat them as they would their own mom or dad.”

People told us that the facilities at the home were adequate and allowed them privacy and choice. We saw that in addition to the main lounge area there was a small lounge area within the home where people could go and be alone should they wish or spend time with visiting relatives or friends. During our visit we saw that family and friends visited the home. A visiting relative told us that he visited the home most days and had always found the staff to be welcoming, caring and attentive. This meant that people could maintain and enjoy regular contact with friends and relatives who were important to them.

We saw that people’s care plans held information about how people preferred to be cared for and which member of staff they preferred to deliver their care. We saw that care was delivered that reflected what was stated in the agreed care plans. This meant people’s decisions and wishes about their care were respected.

We saw that the home had a number of policies in relation to privacy, respect and dignity and that these were accessible to people who lived at the home and their relatives. This meant that staff had the knowledge to ensure that people received appropriate care, in accordance with their wishes and with their consent.

Is the service responsive?

Our findings

We spoke with people who lived at the home and they told us that the staff provided care and support when they needed it. Comments included, “They are very nice, you just have to ask and the staff will do it for you” and “The staff always come to see if I am alright.”

The relatives we spoke with told us that staff were helpful and responsive and helped people to receive the care and support they needed. Comments included, “I have always found the staff to be supportive and available, they are very attentive” and “[name] is well looked after, the staff are always there to help.”

We saw that people were encouraged to express their views about what was important to them. For example, we saw that people had been consulted as to their preferences regarding issues such as: the gender of staff who delivered their personal care, what help they needed with moving and being independent, their meal preferences etc. This meant that people were consulted and received care and support in a timely manner and when they needed it.

The people we spoke with who lived at the home told us that activities were limited and they were not always able to participate in the pastimes of their choice. Comments included, “We don’t do much really apart from watch the TV” and “I would like to go out more, that would be really nice.” Whilst checking a care plan we noted that one person had indicated a wish to attend church and participate in other outside activities. Our checks showed that to date, this person had not been supported to engage in any of the activities they had expressed an interest in.

We saw that some people who lived at the home participated in activities. However, it was apparent that

activities and social pastimes were arranged on an irregular basis and only provided when additional staffing numbers were available. The activities were mainly limited to board games and activities within the home environment with very few outside visits and outings.

The home’s activity register recorded that activities were mainly contained to activities within the home and it was apparent that very few people were supported to engage with the local community. It was therefore apparent that the activities programme did not always reflect the wishes and preferences of all the people who lived at the home.

We spoke with the manager about these issues and were told that some people preferred not to engage in organised activities offered and it had been difficult persuading them to participate. However, the manager accepted that activities could be more ‘personalised’ and prompted by people’s wishes and personal interests.

We saw that the home’s complaints policy was displayed in the reception area of the home and was included in information that was available to people who lived at the home and their relatives. A person we spoke with who lived at the home told us that they knew who the manager was and how to make a complaint should it be necessary to do so. We looked at the complaints records. There was a clear procedure for staff to follow should a concern be raised. We saw three complaints had been raised since our last inspection and these had been documented and investigated. Staff we spoke with knew how to respond to complaints if they arose and people we spoke with said they felt comfortable to speak with staff if they wanted to raise any concerns. This meant that people knew how to make complaints and were confident they would be acted on.

Is the service well-led?

Our findings

We received many positive comments about the service and how it was managed and led. People who lived at the home told us that they saw the manager regularly and felt they could talk to her at any time they wished. Comments included, “[name] the manager is very good, we see her nearly every day” and “No complaints, I’m happy enough, we can talk to [name of manager] any time we wish.”

We spoke with three relatives of people who lived at the home. The relatives we spoke with were complimentary about the manager and told us that she was approachable and easy to talk to. Comments included, “Dorcas House is more than adequate,” “The manager does her job well, [name of relative] is safe here and well looked after” and “The manager is co-operative, I couldn’t do any better for my relative.” This meant that people who lived at the home and their relatives could talk to the manager and express any concerns or problems they had.

The staff members we spoke with told us that the manager was supportive, fair and approachable at all times. Staff told us that they were supported to question practice, encouraged to give constructive feedback and to identify areas where improvements could be made. Comments included, “The home is well led” and “The manager and staff really care about the people who live here and always do their best.” Therefore the manager would actively seek the views of the staff in order to identify how to improve the service.

We spent several hours in the communal areas of the home observing care staff providing support to people who lived at the home. Throughout this time, the manager of the home was present and visible to people and staff. It was clear that she knew all of the people who lived at the home well including their preferences and routines. This meant that the manager could ensure that people received the care and support they needed, at the time they needed it and in a way they preferred.

Staff told us and records showed that the manager had regular meetings with her staff. Staff told us that they could raise matters of concern with their manager and discuss people’s care needs. A member of staff commented, “We have fairly regular meetings, we can talk openly and the manager listens.”

We found that group meetings and discussions were held with people who lived at the home to obtain feedback about the quality of care and support being provided. We also saw that regular satisfaction survey questionnaires were sent out to people who lived at the home about the care and support received. The questionnaires were detailed and asked many relevant questions. We checked the written responses and subsequent analysis and saw that the feedback was complimentary. This showed that people were encouraged to ‘have a voice’ and express their views about topics and issues that were important to them. Comments from people who lived at the home included, “They do ask us what we like and what we want” and “The staff know me and know what I like.”

Records showed that there were effective quality assurance and data management systems in place at the home. These were used to monitor the quality of service people received. We saw that the manager of the home collected relevant information on a monthly basis to identify where improvements and changes needed to be made. We saw that the manager regularly conducted reviews and audits in respect of: medication, health and safety, infection control, food safety, falls prevention, complaints, fire safety, manual handling and maintenance of electrical equipment. These had all been reviewed recently by the manager.

We spoke with the manager of the home and she demonstrated a good knowledge of all aspects of the service including the people living there, the staff team and her responsibilities as manager. This meant that the manager had the knowledge, skills and systems in place to ensure that people received safe and effective care.