

Mr Pan Danquah & Mrs Kate Danquah

Dorcas House

Inspection report

56 Fountain Road
Edgbaston
Birmingham
West Midlands
B17 8NR

Tel: 01214294643

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Dorcas House is registered to provide personal care and accommodation for up to eleven people who live with dementia, mental health related conditions or physical disabilities. At the time of our inspection six people were living at the home.

At the last unannounced comprehensive inspection in February 2017, we judged that improvements were required in delivering a safe, effective, caring, responsive and well-led service. During this inspection we found the provider continued to be in breach of the regulation related to governance. We carried out an unannounced focused inspection of this service on 18 July 2017, when we looked only at the key question of Well-led. During this inspection we found the provider continued to be in breach of the regulation related to governance. This was because the registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. After our inspection in July 2017 we served a Warning Notice to the registered provider which required them to be compliant with this regulation by 13 October 2017. A Warning Notice is one of our enforcement powers. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'is the service well-led' to at least good.

We undertook an unannounced focused inspection of Dorcas House on 30 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection in July 2017 had been made. The team inspected the service against one of the five questions we ask about services: is the service well led. This was because the service was not meeting legal requirements. This report only covers our findings in relation to this focussed inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorcas House on our website at www.cqc.org.uk.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At this inspection we found the required improvements had not all been made since July 2017. Some of the improvements we had identified as required at our previous comprehensive inspection in February 2017 were on-going. We found partial improvements had been made to meet the Warning Notice of Regulation 17. Further improvements were needed and we are considering what further action to take. The service continues to be rated as 'requires improvement', because, although some action had been taken, other actions had been planned, but not yet fully implemented.

There was a registered manager in post who was present throughout the inspection. 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.

People and their relatives were satisfied with the service they received however we found that the service was not consistently well led. The systems in place to assure the safety, quality and consistency of the service were not consistently effective. Checks and audits had not been effective at identifying matters that needed to improve. Despite this being brought to the attention of the registered manager at our last inspection; they had not taken timely or sufficient action to improve this aspect of the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not consistently well-led

The provider's quality assurance systems were not always effective in highlighting concerns or making improvements.

Improvements had been made to the leadership and management of the service, but further improvements were required to ensure compliance with regulations.

People knew who the manager was and spoke positively about them.

Requires Improvement 

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.

Dorcas House is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 11 older people, some of whom live with dementia and or mental health needs. The inspection site visit was conducted 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.

We had already asked the provider to complete a Provider Information Return (PIR) earlier in 2017, so we did not ask them to complete this again. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We reviewed the information we held about the service and information that was shared with us by the local commissioners of care and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

Some of the people who lived at the home were not able to tell us about their care and support, but we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met all six people who used the service and spoke with four relatives of people. In addition we met and spoke with the providers' representative, the registered manager and three members of the care team. We sampled some records, including two people's care plans. We reviewed records of the

checks the provider and management team made to assure themselves people received a quality service.

Is the service well-led?

Our findings

At our last comprehensive inspection in February 2017 we rated the registered provider as 'requires improvement' in this key question. We identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Good governance because systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. Although the registered provider had started work to address the areas of improvement as identified in their action plan, some actions were still outstanding or had not been completed as had been planned. We carried out an unannounced focused inspection of this service on 18 July 2017, when we looked only at the key question of Well-led. We identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Good governance. Following this inspection we served a Warning Notice to the provider requesting them to be compliant with this regulation by 13 October 2017.

During this focused inspection in November 2017 we found improvements were still required in governance and leadership. We identified that some action had commenced or been taken, but that this had not been sufficient, effective or timely enough to drive forward all of the improvements required. The registered providers procedures and audits for maintaining the quality and safety of the service was not sufficiently and consistently robust. We saw that audits of care files had been completed by the registered provider but they had not identified the shortfalls in care and support that we had identified. For example, care plans we looked at did not consistently include detailed risk assessments, or detailed explanations for staff about how to support people safely. One person's care plan which had been audited by the registered provider was conflicting about the person's nutritional needs and the registered provider had not considered seeking other agencies for advice and guidance for the person's specific and complex needs.

At our last comprehensive inspection in February 2017 we noted that there were no systems in place to monitor recruitment and training processes. At this inspection it remained the same. The registered provider advised us that they would introduce audits for these areas following our inspection. In addition it was also unclear what environmental, health and safety and infection control and prevention checks had been completed and monitored as records did not consistently detail what action had been taken. The registered provider told us about plans for developing and improving the décor within the home. However there was not a clear development plan in place to show the different work streams and timescales for completion. The registered provider advised us they would be developing a clear plan following this inspection

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the systems in place supported and met the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found DoLS authorisations had been applied for one person. However, on the day of our inspection the registered provider was unsure if the application had been authorised following an assessment in September 2017. The registered provider advised that they had received verbal confirmation but had not followed this up with the Local Authority. Following our inspection

we received confirmation from the registered provider that the application was approved. People who were subject to the authorised DoLS were not protected by those conditions in place because staff were not aware of why people's liberty were being restricted. The staff we spoke were unable to explain how they supported people in the least restrictive way. Care records we reviewed lacked detail about the person's authorisation and or if any conditions were attached to them and there was no guidance available for staff to follow to enable them to support the person in the least restrictive way. The registered provider had no effective systems in place to ensure the staff team understood who was legally authorised under DoLS and how best to support them with their restriction.

Records to monitor and inform staff of people's daily needs were not always completed consistently. For example, one person had been assessed as at high risk of malnutrition and had experienced weight loss. Although the registered manager had sought advice from the relevant health professional they had not considered hydration and food charts to assist them in effectively monitoring the person's weight. The person's care plan stated that the person should be weighed weekly but there was no evidence this had been undertaken. The registered manager advised that the person had started to gain weight and there was no longer a need for weekly monitoring of the person's weight. The persons' records had not been updated to reflect this change. The registered provider had no oversight of effective weight management for people and no systems in place to monitor this.

Further improvements were still required to the quality monitoring systems and records to enable the registered provider to be more proactive rather than reactive to quality issues within the home. We fed these shortfalls back to the registered provider at the time of our inspection. They acknowledged that further improvements were still required despite the improvements that had been made. The registered provider has a history of failing to comply with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to good governance. This inspection will be the third consecutive inspection at this location whereby the registered provider has failed to take sufficient action in order to make the necessary improvements to meet the requirements of this regulation.

Regulation 17 states that systems or processes must be established and operated effectively. The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Everyone we spoke with were positive about the leadership within the home. People and relatives we spoke with had confidence in the registered manager and knew who the manager was. One person said, "[name of registered manager] is the manager, she is nice." One relative told us, "The manager is most friendly and helpful. The manager is very hands on." Another relative said, "[name of person] always seems relaxed, I come away from that home happier than anywhere else [name of person] has been." Throughout our day we saw the registered manager was visible and interacted with people who lived at the home. It was clear that that they knew the people living at the home well.

Staff we spoke with were positive about the leadership within the home. Staff told us there were regular staff meetings, which were used to keep staff up to date and to share good practice. Staff told us that they were encouraged to raise concerns and the registered manager worked with them to find solutions. One member of staff said, "We are always asked for our opinions on how we can improve. I wouldn't change anything. Staff are happy and residents are happy."

The registered provider had implemented some improvements since our previous inspection. For example, they had updated their complaints, incidents and accidents procedures and had introduced systems to review and analyse the information to help them to develop and improve the service. This had improved the

registered provider's oversight of the service..

The registered provider had improved and implemented changes to ensure staff administered medicines to people safely. Staff were knowledgeable about how to support people to take their medicines safely. They confirmed that they had received medicines training and observations of their practice by senior staff.

The registered provider showed some understanding of their responsibility as a provider of a regulated service. For example, they had added the rating and a link to their latest inspection report to their website and continued to display the latest CQC rating in the entrance hall of the home. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. In addition the registered provider had recently attended training to update their knowledge and understanding of the changes to the CQC framework and methodology.

We looked at how the registered provider gathered people's views and how they promoted a positive and open culture. We saw that resident meetings had taken place with people in order to obtain their views about their experiences of living at the home. One person told us, "They [the staff] ask me what I like." A relative we spoke with said, "I have filled in a few [surveys] and I am sure the staff would act if I requested something to be done." The registered provider conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the home. The results of the surveys had been analysed. Whilst the registered provider described some actions which had been taken upon receipt of the feedback it was not clear from records what actions, if any, the registered provider had taken as a result of the survey.

The registered provider told us they had plans to further develop supportive relationships with other healthcare providers involved in people's care. The commissioning team of the service told us that they had raised and monitored issues at the home around systems and processes and that they would continue to monitor the governance of the home. The registered provider described what action they were going to take but they had not developed an improvement plan to evidence the timescales of completion.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes were not sufficiently robust, established or operated effectively to ensure risks to the quality of the service were identified and minimised to provide a good quality service to people.</p>

The enforcement action we took:

We imposed a condition on the providers registration telling them what action they needed to take in order to become compliant with this regulation.