Dresden House Limited

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Inspection report

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Ratings

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

Overall summary

We inspected this service on 14 August 2015. This was an unannounced inspection. Our last inspection took place in May 2013 and at that time we found the home was meeting the regulations that we checked them against.

The service was registered to provide accommodation and personal care for up to 25 people. At the time of our inspection 24 people were using the service. People who used the service had physical health needs and/or were living with dementia.

The service 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 and associated Regulations about how the service is run.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. People's medicines were also managed safely.

Summary of findings

There were sufficient numbers of staff to meet people's needs and keep people safe. Staff received training that provided them with the knowledge and skills to meet people's needs effectively.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access suitable amounts of food and drink of their choice and their health and wellbeing needs were monitored. Advice from health and social care professionals was sought and followed when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. People were encouraged to make choices about their care and the staff respected the choices people made.

People and their relatives were involved in the planning of the care and care was delivered in accordance with people's care preferences. People could also participate in leisure and social based activities that met their individual preferences.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Good

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to maintain a healthy diet.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Good

Is the service caring?
The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

People were encouraged to be independent and staff respected the choices people made about their care.

Good

Is the service responsive?
The service was responsive. People were involved in the assessment and review of their care to ensure their care met their preferences and needs.

People knew how to complain about their care and systems were in place to respond to any complaints.

Good

Is the service well-led?
The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care and people who used the service were involved in changes to the home.

Good

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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 was 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 14 August 2015 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with 13 people who used the service, two relatives, four members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Good

Is the service safe?

Our findings

Without exception, people told us they felt safe at Dresden House. One person said, “The staff are nice and friendly. They make me feel comfortable and safe”. We saw that people were protected from the risk of abuse, because staff told us how they would recognise and report abuse. We saw that when required, agreed procedures were followed that ensured concerns about people’s safety were appropriately reported to the registered manager and local safeguarding team.

We saw that risks were assessed, managed and reviewed to promote people’s safety. For example, one person’s care records showed they required specific equipment and assistance from staff to walk, because they were at risk of falling. We saw staff support the person to walk in accordance with their planned care and the person also confirmed that the staff supported them safely. They said, “They always help me to walk to make sure I’m safe”.

We also saw that staff responded to unexpected safety events in an effective manner. For example, when we arrived a water leak was discovered by the staff as a result of torrential rain. The staff immediately made the environment safe and contacted a contractor to fix the leak.

The registered manager monitored incidents to identify patterns and themes. We saw that when patterns and themes were identified action was taken to manage and reduce the risk of further incidents. For example, in response to a person falling, the mobility needs of the person were discussed with a doctor and physiotherapist and their recommendations were incorporated into the person’s care record and handed over to the staff.

People who used and visited the service told us that staff were always available to provide care and support. One person said, “The staff are very good. If I want them, they come straight away”. Another person said, “I’ve always got somebody there if I need them”. We saw there were sufficient numbers of staff to meet people’s needs. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the registered manager regularly reviewed staffing levels to ensure they were based on the needs of people.

People told us they had confidence that staff were suitable to work with them. One person said, “The staff are all very pleasant. None of them are nasty at all”. Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. One person said, “I always get my tablets on time, just after I’ve had something to eat”. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Good

Is the service effective?

Our findings

People and their relatives told us that the staff were suitably skilled to meet their needs. One person said, "They know exactly how to care for me". A relative said, "[Person who used the service] is in good hands here. It's down to the staff who have kept [person who used the service] going for so long".

Staff told us they had received training which included an induction to provide them with the skills they needed to meet people's needs. One staff member said, "My induction covered everything I needed. I did some training and I observed and shadowed the staff". Another staff member said, "We have lots of training here. I learned a lot from the dementia training. I didn't realise there was more than just one type of dementia until I did the training. I now know it affects everyone differently. It's helped me because I know I need to work with people in different ways because every person's dementia is different".

We saw that training included; safeguarding adults, dementia awareness, moving and handling people and medicines management. We saw that training had been effective and staff had the skills they needed to provide care and support. For example, we saw staff assisting people to move safely using specialist equipment. One staff member told us, "We had a new piece of equipment and we all had training before we used it. The equipment has really made a difference to people's care".

People told us and we saw that staff sought people's consent before they provided care and support. For example, one person told us, "The staff always ask if I want a bath before they help me to have a bath. If I said no, they would not make me". Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act and we saw that mental capacity assessments were completed when required.

The staff were also aware of the current DoLS guidance and a number of DoLS referrals had been made for people who had restrictions placed on them to promote their safety and wellbeing. At the time of our inspection, two people were being restricted under the DoLS. For example, one person who occasionally attempted to leave the service to return home (this person no longer owned their previous home) had a DoLS authorisation in place to prevent them from leaving the service unsupervised because they would be at risk of harm if they left the service alone. We saw that the correct requirements had been followed to ensure these people were restricted within the legal guidance.

People told us that they could access sufficient amounts of food and drink that met their individual preferences. One person said, "The food is very good. It's always decent". Another person said, "The food here is lovely, I always enjoy it". People also told us they could choose the foods they ate. One person walked up to the displayed menu and read it out to the inspector. They said, "We've got all this to choose from". Another person told us how they met to discuss food choices on a regular basis. They said, "If we ask for the menu to be changed, it's changed".

People told us and we saw that specialist diets were catered for. One person said, "I like vegetarian meals. There is always a vegetarian option for me". We saw that people who needed support to eat and drink received this and alternative foods were offered to encourage people to eat. For example, one person showed little interest in their meal, so the staff offered and provided them an alternative meal. People's risks of malnutrition and dehydration were assessed, managed and reviewed. For example, we saw that nutritional supplements were given as prescribed and people's weight was monitored as required.

People told us and we saw they were supported to access a variety of health and social care professionals if required. One person said, "They get the doctor out to see me when I'm poorly". We saw that advice from health and social care professionals was followed. For example, a visiting professional had recommended that the provider purchased a specialist piece of equipment to enable people to move safely and promote people's independence. We saw that the provider had purchased the equipment as recommended and it was being used successfully at the service.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person said, "The staff tell me I'm lovely. It makes me feel happy when they say that about me". Another person said, "The staff are very good and very helpful. If I need anything they always help me". We observed caring interactions between people and staff. For example, we saw staff reassure people when they assisted them to move using specialist equipment. One staff member told us, "We all have a go in the hoist and the cricket (equipment used to help people to move safely) during training, it helps us know what it's like for people. It can be scary, so we need to talk people through it".

Staff knew people's likes, dislikes and life histories which enabled them to have meaningful conversations with people. We saw that this had positive effects on people. For example, when one person became agitated because they missed their relative. Staff spoke to the person about their relative and their visiting routines which reassured the person.

People were enabled to make choices about their care. One person told us, "This room has been decorated, we all chose the wallpaper. Isn't it lovely?". We saw that staff offered people choices, even though they knew people's preferences. For example, the staff told us that one person drank tea with one sugar, but we saw that they still offered the person choices about their morning drink. The staff member said, "Would you like tea or coffee?" and, "One sugar or two?". We also saw that staff respected the choices people made. For example, staff respected the decisions people made about whether to join in or not with the morning's activity of BINGO.

We saw that people were treated with dignity and their right to independence was promoted. The home's environment helped people to orientate themselves without the need to constantly rely on staff support. For example, we saw people independently access toilets because pictorial signs were located on the toilet doors which helped people to locate them without staff intervention.

People told us and we saw that privacy was promoted. One person said, "I can go to my room anytime. I spend most of my time in my room because I like being in there". People also told us that they could spend time with their visitors in private areas if they wished to do so. One person said, "My relatives can come and visit anytime. We can either stay in here [the lounge] or go to my room".

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning of care. One person said, "[The registered manager] came to visit me before I moved in. We talked about what help I needed". Care records contained detailed information about people's likes, dislikes and past histories. For example, we saw that staff sought and recorded people's food preferences. These were then shared with the cook to ensure people's preferences were met.

Information about people's care preferences was located in people's bedrooms as a prompt for staff to follow. For example, one person's information said, 'I like to sit in my room to eat my meals'. We saw that staff took the person's lunch to their room and the person confirmed that this was their preference.

Staff responded to people's care requests and preferences. For example, one person told us they had told staff that they did not wish to be resuscitated if they stopped breathing. They said, "I've now got a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation order) in place. It was my decision, and the staff got the doctor to write it up for me".

People and their relatives told us that care needs were reviewed regularly. One person told us that they had meetings to discuss their care. We saw that the outcomes of care reviews were documented and people's care records were updated to reflect any changes in care needs or preferences.

People told us they were encouraged to participate in leisure and social based activities. One person said, "There are lots of things to join in with. They are playing BINGO today, but we also do knitting, crafts and fitness". Another person said, "There's always something going on. I'm not one for activities, but I did play BINGO today". We saw that regular meetings were held with people who used the service and the staff to choose and plan the activities that were provided. The minutes of the last meeting showed that people had requested to do baking. The staff confirmed that they had planned to purchase more baking equipment to enable people to participate in this activity.

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, "If I needed to complain, I would tell any member of staff as I know they would sort it". Another person said, "I would go to [the registered manager] if I had a complaint. I don't have any complaints at the moment". The complaints process was clearly displayed in the reception area of the home and staff told us how they would manage and escalate a complaint. No recent complaints had been made.

Good

Is the service well-led?

Our findings

People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, "It's lovely here, everyone is just so nice". Another person said, "It really is a nice pleasant little place". Staff also told us there was a homely atmosphere and they enjoyed working at the home. One staff member said, "I like it here because it's so homely. I think it makes the care more personal". Another staff member said, "Everyone works as a team and we have such lovely residents".

The registered manager shared information about the running of the service with people and their relatives. Newsletters were produced by the staff to update people about changes at the home. For example the latest newsletter informed people about the training staff had recently completed and the plans for future training. The newsletter also welcomed new people and staff to the service and updated people about any staff members who had left the service. This showed that the registered manager was open and transparent about the running of the service.

People told us and we saw that they were empowered to make decisions about changes to the care. For example, we saw that regular meetings were held with people to enable them to make choices about the home's environment and the food and activities on offer. We saw that staff listened to people's choices and changes to care were made in response to this. For example, at a meeting about food, one person had said they would like it if cabbage and cauliflower were not served on the same day. The cook responded to this by ensuring these two vegetables were no longer served on the same day.

People also told us and we saw that their feedback about the care was sought. The results of a recent satisfaction questionnaire had been analysed and shared with people through the newsletter. Feedback from relatives and health and social care professionals was also sought. We saw that all the feedback was positive and no action was required in response to this.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, infection control and health and safety. Where concerns were identified, action was taken to improve quality. For example, a food area and stock audit had identified that new equipment and resources were required. We saw that the required resources had been purchased by the provider. The registered manager said, "[The provider] is very good. If we need anything we get it".

The registered manager and provider worked together to plan and manage required improvements to the service. The registered manager told us, "I have regular meetings with [the provider] to discuss everything about the service". We saw that there was an on-going redecoration and maintenance plan to ensure the environment continued to meet people's care needs.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. The registered manager also regularly observed how the staff supported and interacted with people. For example, we saw that the registered manager had recently worked a nightshift to check how night staff provided care and support. This observation had not identified any concerns with care provision. However, the registered manager told us that they would discuss any concerns with the staff if this was required.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.