Dresden House Limited

Dresden House Limited

Inspection report

81 Trentham Road
Dresden
Stoke-on-Trent
Staffordshire
ST3 4EE

Tel: 01782343477
Website: www.dresden-house.co.uk

Date of inspection visit:
23 October 2018

Date of publication:
07 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection visit took place on the 23 October 2018 and was unannounced.

Dresden House is a care home. People in care homes receive accommodation and 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. Dresden House is registered to accommodate 25 people in one adapted building. At the time of our inspection 22 people were living in the home. The home accommodates people in one building and support is provided on two floors. There are three communal lounges, a dining area and a garden that people can access. Some of the people living at Dresden House are living with dementia.

There is a registered manager in post. The registered manager was not in post at our last inspection and has been at the home since February 2018. 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.

Improvements were needed as not all capacity assessments were in place or evidence of decisions being made in people's best interests. When people were being restricted applications had been made for these to be considered.

People were safe living at the home and staff knew how to recognise and report potential abuse. We found that risks to people were managed in a safe way and when people needed specialist equipment this was provided and maintained for them. When incidents occurred within the home risks assessments were reviewed and updated to reflect changes. There were safe systems in place to manage medicines.

People enjoyed the food and were offered a choice. People and relatives said they were involved with reviewing their care and when needed people had access to health professionals. The home was clean and designed for people in their preferred way. There were infection control procedures within the home that were implemented.

Staff knew people well them well and they were provided with an induction and training that helped them to support people. We found there were enough staff available to meet people's needs and the provider ensured staffs suitability to work within the home.

People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to make choices about their day. They told us they were offered the opportunity to participate in activities and pastimes they enjoyed.

Staff felt listened to and were able to raise concerns. The provider used feedback from people and relatives

to bring about changes. Quality monitoring checks were completed to make improvements to the service. When things had gone wrong in the home the provider used this information so that lessons could be learnt and improvements made. We were notified of significant events that had occurred within the home and the provider was displaying their rating of the previous inspection in line with our requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Risks to people were considered, reviewed and managed in a safe way. People felt safe living at the home and there were enough staff to offer support to people. There were procedures in place to ensure people were protected from potential harm. Medicines were managed in a safe way. Infection control procedures were in place and implemented. When things went wrong lessons were learnt so improvements could be made. The provider had ensures staffs suitability to work within the home.

Is the service effective?

Requires Improvement

The service was not always effective.
Formal capacity assessments were not always in place for people and there was no evidence to show how decisions had been made in peoples best interests. When people were being restricted formal application had been made. Staff received an induction and training that helped them support people. People were supported with
meal times and to access health professionals when needed. The home was decorated in accordance with people's choices and needs.

Is the service caring?

Good

The service was caring
People were supported in a dignified way. People were happy with the staff that offered them support. People were encouraged to remain independent and make choices. People's privacy was maintained.

Is the service responsive?

Good

The service was responsive
Staff knew people well and they received care that was responsive to their needs. People's like and dislikes were considered alongside their cultural needs. People were given the opportunity to participate in activities they enjoyed. People and relatives knew how to complain.

Is the service well-led?

Good

The service was well led
Staff, people and relatives had the opportunity to raise concerns and felt listened to. When improvements within the home were needed, the relevant action was taken. The provider understood their registration responsibilities.

Dresden House 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 visit took place on 23 October 2018 and was unannounced. The inspection visit was carried out by three inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This 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 used this information to formulate our inspection plan

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with four people who used the service, seven relatives or visitors, and three members of care staff. We also spoke with the deputy and registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

Good

Is the service safe?

Our findings

At our last inspection we found some risks to people's health and safety had been planned for, but further improvements were required to ensure all risks were managed safely and consistently. People received their medicines as prescribed, but staff needed to ensure they always followed best practice when managing medicines. We rated safe as requires improvement at the last inspection, at this inspection the provider has made the necessary improvements and it is now rated as good.

Risks to people were managed to ensure they were safe. We saw when people needed specialist equipment it was provided for them. For example, some people needed to be seated on pressure cushions or have specialist mattresses on their beds to support them with pressure relief. We saw this equipment was used within the home in line with people's risk assessments. The home was using other equipment to support people to transfer this included hoists and standing aids. We saw staff supporting people to use this during our inspection. Staff again supported people safely and in line with information that was recorded in their care plans and risk assessments. Records we looked at confirmed this equipment was maintained and tested to ensure it was safe to use.

Risks to people were identified and managed to ensure people were protected from avoidable harm. For example, when people were at risk of falling, we saw risks assessments were in place. When incidents had occurred within the home action had been taken to minimise the risk of this reoccurring. Risk assessments had also been reviewed to reflect any changes that had been made to the persons care.

We saw plans were in place to respond to emergency situations. These plans included guidance and support should people need to be evacuated from the home. The information recorded in these plans was specific to individual's needs and risks. Staff we spoke with were aware of these plans and the levels of support people would need in this situation.

People were safe living at Dresden House. One person told us, "I am safe here I can get about and the staff help me if I need them". Relatives raised no concerns and they all felt their relations were safe living in the home. Staff knew how to recognise and report potential abuse. One member of staff told us, "Its making sure people are safe in every way. If I was concerned I would speak with the deputy or manager, if I was concerned I know I can go to other agencies outside the home". We saw there were procedures in place for reporting safeguarding concerns. We saw when needed concerns had been raised appropriately by the provider and in line with these procedures to ensure people were protected from potential harm.

There were enough staff available to support people. People and relatives confirmed this to us. One person told us, "Yes there is always someone about if I need them". A relative said, "Oh yes staffing is always good, even the weekends and evenings". Staff confirmed there were enough staff to meet the needs of people and confirmed this was something that had improved since the new manager had started. One staff member said, "There are enough of us yes. We have the right people living here now. So this means we have the right amount of staff". We saw when people were in their rooms they had buzzers available for them and staff answered these in a timely manner. There were staff available for people in the communal areas throughout

our inspection and people did not have to wait for support. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of people. They confirmed the staffing levels would be changed if people's needs changed.

We saw staff administer medicines to people individually. Time was taken to explain what the medicine was for and staff stayed with people to ensured people had taken them. We saw people were offered medicines for pain relief. This is known as, 'as required medicines'. When people received as required medicines we saw there was guidance in place for staff, stating when they could receive this medicine and how much they could have. Medicines were recorded and stored in a safe way to ensure people were protected from the risks associated to them.

There were infection control procedures in place and these were followed. The home was clean and free from infection. The registered manager told us and evidenced an external infection control audit had been completed and they were awaiting the outcome. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was available to them. We saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food.

We asked the registered manager to give us examples of when things went wrong within the service and how lessons were learnt and improvements made. The registered manager showed us a file where they had compiled this information. We saw memos had been sent out to staff when concerns had been identified through checks and audits. We saw an audit had been carried out in the home, we saw the rating from the audit had decreased since the previous one. The provider had held an urgent meeting with staff to share and discuss this. We saw the next audit in this area that had been completed showed the rating had increased.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for five staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found the principles of The Mental Capacity Act (2005) were not consistently followed. This was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we have found improvements had been made however further improvements were needed. Effective remains rated as requires improvement.

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 or 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 make 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 this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA. At our inspection we found when capacity assessment and best interests decisions were needed they were not always in place for all people. For example, one person was identified as lacking capacity, they used bed rails to keep them safe. Although their care plan stated they lacked capacity to make this decision and they were in place as it was in their best interests there was no formal assessment in place to see how and why this decision had been made. We spoke with the registered manager about this who had identified this was an area that needed improving. They were able to identify which capacity assessments needed completing for people and showed us the capacity assessment they were going to implement. After the inspection the registered manager sent us copies of the ones they had started to complete with people demonstrating they had an understanding in this area.

The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way. For example, one person was known to previously abscond. The provider had worked with the person and their family and had turned one area of the home into a pub as it was identified this was where the person was absconding to. The person went to this area each night where they had a few drinks whilst their application was being considered.

Staff received an induction and training that helped them to support people. Staff told us they received an induction. One staff member said, "I had the opportunity to shadow more experienced staff, it was helpful as you get to know people". Relatives felt staff had the skills to support people. Staff told us the training they received was good. One staff member said, "Yes we have just done our moving and handling, we have it before but it's an opportunity for us to refresh ourselves". This demonstrated staff were supported to receive an induction and training relevant to meeting people's needs. Staff had their competencies checked. A member of staff who was administering medicines confirmed they had had their competency checked by the registered manager in this area.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation for example; when people had a specific medical diagnosis such as Parkinson's disease we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies including the NHS guidance for the staff team.

People enjoyed the food and were offered a choice. One person said, "It's lovely food, it always is". At breakfast and lunchtime, we saw people were offered a choice and had a range of different meals. When people were unable to make verbal choices, we saw staff show people smaller dishes of what was available for that day so they could look and choose which they preferred. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered. At mealtimes we saw people received support from staff as needed. Records we looked at included an assessment of people's nutritionals risks. When people needed specialist diets such as for diabetes or a soft diet we saw this was provided for people in line with recommendations.

People had access to healthcare professionals when needed and their health was monitored within the home. We saw documented in people's notes and the provider confirmed that the GP and chiropodist visited the home when needed. Records we looked at included an assessment of people's health risks. We saw when these risks had been identified people's health was monitored. For example, when people were nutritionally at risk and fluids and food needed to be monitored. When needed we saw referrals had been made to health professionals; for example, we saw referrals to community psychiatric nurse and speech and language therapists. During our inspection we saw a health professional was carrying out an assessment for a person who had recently moved into the home. We spoke with a visiting health professional they told us they had no concerns within the home and told us the home worked closely with their team to deliver care and support to people.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. People had a photograph of themselves on their door so they could recognise it was theirs. The home had signage throughout indicating where the bathroom and the lounge areas were. There was a garden area that people could access and people confirmed to us this was used by them.

Good

Is the service caring?

Our findings

People and relatives were happy with the staff and the support they received. One person said, "All the staff are very kind". A relative said, "They are all very good, they are polite to us as well and make us feel welcome". Throughout the day we saw staff sitting with people, talking and supporting them when needed. Staff were
laughing and joking with people. The atmosphere was friendly and relaxed. We observed people were supported in a kind and caring way in a relaxed and friendly manner. For example, when one person was upset they had only moved into the home the previous day. The staff member went and found the staff member who had been on the shift when they arrived at the home as they thought a more familiar face would reassure the person. Staff spent time with other people holding their hands and offering them reassurances when they needed it.

People's independence was promoted. One person who was walking past us said, "Look I can do it myself, I don't need the frame really it's a bit of reassurance". One relative told us, "I can't believe the difference from the last home they were in they are a different person now, they do so much more, the staff have really worked hard". We saw that people were encouraged to walk around the home independently with their walking aids and minimal assistance was offered by staff. The care plans and risk assessments we looked at demonstrated the levels of support people needed. This demonstrated people were supported to maintain their independence.

We saw that people's privacy and dignity was promoted. Staff spoke to people in a discreet way and when people were having personal care they went to the bathroom or their bedroom and the doors were closed. Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. They gave an example about one person who liked to use the bathroom independently, due to the persons risks they told us they discreetly observed the person to ensure they were safe. When people needed interventions from visiting health professional they went to private areas so this could be carried out. This demonstrated that people's privacy and dignity was upheld.

People told us they made choices about their day. For example, we saw some people remained in their bedrooms. We saw there were two separate areas within the communal lounge and people chose which one to spend their time in. One person explained to us they preferred the quieter lounge. We saw staff offering people choices about where they would like to sit and what they would like to do.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said, "We can come anytime we like it's not a problem". Another relative told us they could visit any time and commented, "The staff and manager are very welcoming". We saw relatives and friends visited throughout the day and they were welcomed by staff.

Good

Is the service responsive?

Our findings

The care people received was responsive to their needs. For example, we saw one person was weighed monthly as they had been identified as losing weight. The person had been referred to the GP who had prescribed supplements and the dietician for advice. Whist they waited for support from the dietician the registered manager had introduced weekly weight checks and a fortified diet for the person. Staff were aware of this and the care plan and risk assessments that were in place had been reviewed and were reflective of this person's needs.

Staff knew people well and knew their needs and preferences. One person said, "I think I have been here long enough for them to know me, they are all very good". Staff told us they were able to read people's care plans to find out about people. They went on to explain that everyone had a life history in their files. Staff also had the opportunity to attend handover at each shift where they could share information and changes about people. One staff member said, "It's a really good handover, communication is good amongst us which helps us to support people better". People were involved with reviewing their care. One person said, "They are always asking me this that and the other, I tell them I am happy with how things are". A relative told us, "I am always informed, if they have a fall or are unwell they ring me and let me know, I am happy how they are caring for my relation". We saw care plans and risk assessments were regularly reviewed and updated and meeting were held with professionals when needed. This demonstrated that people's care was reviewed regularly to ensure it met their needs.

We saw people had communication care plans in place stating their preferred method of communication. When people used different methods to communicate staff knew about these and we saw this was implemented during our inspection. For example, staff told us how someone who did not verbally communicate used their body language and gestures and other people used pictures and objects for references. People's cultural and religious needs were considered as part of the assessment process for people.

People had the opportunity to participate in activities they enjoyed. One person said, "I always come in for the quiz". A relative commented, "There is always something going on bingo or a quiz, things my relation enjoys". We saw there was an activity co-ordinator in post and they were completing activities with people. They told us there was a second activity coordinator so that people had the opportunity to participate in activities seven days a week. We saw people participated with a quiz during our inspection. We saw there were posters displayed around the home about up and coming activities. There were also pictures displayed around the home of people participating in activities that had previously taken place. This showed us people were offered the opportunity to participate in activities they enjoyed.

There was a complaint policy in place and people knew how to complain. One person said, "I would raise any with the manager". A relative said, "I have had a few grumbles or concerns. The manager has been very responsive with these. I was happy with the action they took and the way they were dealt with". When formal complaints had been made we saw the registered manager had investigated these and had responded to the complaints in line with their policy.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Good

Is the service well-led?

Our findings

At our last inspection we found the provider had not always notified us of significant events that had occurred within the home this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We also found systems and processes had been introduced by the provider to monitor the quality of the service, but these needed to become embedded in every day practice to be consistently effective. We rated well led as requires improvement, at this inspection the provider has made the necessary improvements and it is now rated as good.

Since our last inspection we have continued to receive notifications about significant events from the provider, during our inspection we did not identify anything the provider had failed to notify us of.

Quality checks were completed within the home. These included monitoring of medicines, care plan and health and safety issues. We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a medicines audit had been completed. It was identified that some improvements were needed so that medicines were managed. We saw an action plan had been put in place and this had now been completed. Incident and accidents were monitored and analysed so trends for people and in the home, could be identified. For example, when falls had occurred for people during the night, checks had been introduced for these people.

The provider sought the opinions of people who lived in the home and their relatives. They had the opportunity to attend meetings to discuss and share any concerns. We also saw an annual survey was completed by the provider and the outcome of this was displayed within the home. We saw a 'you said we did' approach had been introduced. For example, people and relatives had said they were not always sure how to complain, so the provider had ensured the policy was displayed in the entrance of the home.

People and relatives were happy with how the home was run and spoke about the improvements the new manager had made. One person said, "It is a lovely place to live I wouldn't want to be anywhere else". A relative told us, "It's wonderful". People and relatives, we spoke with knew who the manager was. A relative said, "They are very approachable and helpful if you need to ask them anything". Staff told us they had meetings to discuss changes in the home and had the opportunity to raise any concerns. One staff member told us the registered manager would ask for their views and would listen to them if they had any concerns.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. This demonstrated that when concerns were raised staff were confident they would be dealt with.

We saw the service worked in partnership with other agencies, for example a local health team visited the home most days. They told us the home communicated well with them. They also commented that they had staff available to offer support to them when needed and were able to deliver care under their

instructions.

We saw the provider was displaying their rating from our last inspection within the home, in line with our requirements.