Dresden Care Services Limited

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Inspection report

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Date of inspection visit:
22 September 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 12 January 2016. During that inspection breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At that time systems and processes were not in place to effectively assess, monitor and mitigate risks relating to the health, safety and welfare of people who used the services. Staff had not received adequate training to support them to develop the knowledge and skills required for their roles and there were ineffective quality assurance systems in place for the effective running of the service.

We undertook this focused inspection on the 22 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. Whilst we found that some improvements had been in some areas, systems in place to monitor and improve the service were not being used as had been planned. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dresden Care Services Limited on our website at www.cqc.org.uk

Dresden Care Services Limited are registered to provide personal care. They provide care to people who live in their own homes within the community. There were 25 people using this service at the time of our inspection.

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

The provider had some systems in place to enable them to assess and monitor the quality of the service provided, but these systems were not being used effectively to manage all aspects of the service. People's experience and views of the service had been sought but feedback received had not been used effectively to continually drive up improvements. Risks associated with people's care needs were not always appropriately identified in care records.

People told us that they felt safe using the service and that they received care and support from a consistent and reliable staff team. People and their relatives told us there were sufficient numbers of staff to meet people's individual needs. People told us that they received their medicines as prescribed.

People told us that they were being supported by staff who knew them well and had the appropriate skills to support them. Staff told us that they were being provided with training to enhance their knowledge. We found that some staff had not received training in some key subject areas.

Staff knew how to safeguard people from potential harm and abuse. The provider's recruitment process had

not been consistently applied to ensure that people were supported by suitable staff.

People told us that they received a responsive and effective service to meet their individual needs. People and their relatives spoke positively about the management team.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were supported by staff who made them feel safe. Staff understood their responsibilities to help safeguard people from abuse.

People were not always protected because safe recruitment practises were not always consistently followed.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People told us that they felt staff had the skills and knowledge to support them.

Some staff had not received some necessary key training.

Staff told us that they felt supported in their roles and that they received advice and guidance when it was needed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance systems were not effective; some records and audits required for the safe and effective running of the service were not completed or in some instances had failed to identify issues.

People and their relatives told us the management team were approachable and provided a service responsive to their needs.

Dresden Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Dresden Care Services on 22 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2016 inspection had been made. The team inspected the services against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led? This is because the service was not meeting some legal requirements.

This focused inspection took place on 22 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of two inspectors.

As part of our visit we reviewed information the provider had sent us in response to our last inspection which outlined the action they planned to comply with regulations. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service.

During the inspection we met and spoke with the registered manager, the providers' representative, and five members of care staff. We spoke with seven people who used the service and five relatives of people. We sampled some records, including four people's care plans, two staff files and training records. We sampled

the providers systems for monitoring and improving the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 12 January 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not assessed the risks to the health and safety of people using the service and had subsequently not done all that was possible to mitigate any risks that were known or identified. In addition the provider had not ensured the proper and safe management of medicines. At this inspection we found that action had been taken to improve management of risks and medication management.

In January 2016 we found that people were placed at risk by the lack of clear systems and records to detail what medicines staff were administering. Staff had not received sufficient medication training and their competence had not been checked to see if they were safe to administer medicines.

At this inspection in September 2016 we found that some improvements had been made and further improvements still needed were planned. One person who used the service told us, "They [the staff] give me water with my medicines. I'm happy with the support." A relative we spoke with said, "[name of relative] needs a little bit of support with taking medicines. On good days she understands and can take them independently and on bad days she can't. She needs the occasional reminder and staff do this. They are good when support for [name of relative] is needed." The provider's representative told us about a new electronic system they had introduced. We saw that the records being used contained detailed and current information in relation to what medicines had been prescribed for people and contained the necessary information for staff to ensure medicines were administered safely. Staff told us that they were due to attend medication training and we saw evidence that this had been arranged. Following this inspection we received confirmation that the training had taken place.

Staff who we spoke with told us that they had been observed by their managers administering medicines for people in their own home. There was no evidence to demonstrate that observations had been undertaken to ensure that staff were adhering to safe practice. The provider's representative showed us proformers that had been developed to record such observations and that it was their intention to implement regular competency checks on their staff.

At our last inspection in January 2016 we found that staff knew about individual risks to peoples' health and well-being and how these were to be managed. However we found that written risk assessments had not been completed to ensure the potential risks to people and staff providing care and support were minimised.

At this inspection we saw that some improvements had been made. One person we spoke with told us, "I can't go out alone because of my health; [but] it doesn't stop me from doing things. The staff support me to do as much as I possibly can." Risk assessments had been completed for people in relation to their mobility needs and their home environment. We found that some risks to people's health conditions were being managed in day to day practice but had not always been identified in records and action that had taken place was not always recorded. For example, we saw one person had been prescribed food supplements

and whilst staff were aware of the risks to this person there was no risk assessment in place or guidance available for staff to follow. We saw for one person that information available in their individual care plan highlighted the person may be at risk of falls but there was no risk assessment in place for this individual to help guide staff. All the staff we spoke with were consistently aware of the known risks. The lack of written risk assessments in some instances left people at risk if regular staff who knew them and their specific risks were absent for any reason and unable to support them.

We looked at the process used to ensure that robust checks were made of potential new members of staff. Staff we spoke with confirmed that they had completed application forms prior to their interviews and had to provide references and a Disclosure and Barring check (DBS) before they could start work. We saw in two staff records that whilst checks had been undertaken, safe recruitment practices had not always been followed in relation to obtaining references. The registered manager advised us that this would be rectified immediately. We received this information following our inspection. On one staff file we found that the provider had relied on the findings of the Disclosure and Barring (DBS) checks carried out by the previous employer to satisfy themselves that a person was suitable to be employed. The registered manager advised us that this would be actioned immediately.

At this inspection we found that staff continued to be aware of their responsibilities to safeguard people from potential harm. Staff we spoke with told us they would be able to report any concerns and were confident they would be dealt with in a timely manner. One relative we spoke with told us, "We both feel safe with the staff that come in to help us."

All the people we spoke with told us that they felt safe when staff were supporting them in their own homes. One person we spoke with told us, "I am very safe; all the staff are truly wonderful." All the relatives we spoke with confirmed they thought their loved ones were supported safely by staff. One relative said, "I've never had any issues with the staff that support [name of relative]."

Staff we spoke with confidently described the procedure for reporting accidents and incidents. One member of staff said, "Any incidents or accidents that happen whilst we are working, I would ring [name of manager] straight away and record it." We asked staff how they would respond to certain emergencies. All staff were able to describe what actions they would follow and were consistent with their responses. A relative we spoke with felt that staff would respond appropriately to an urgent issue or emergency and confirmed that they trusted staff's judgements to act on any concerns. This meant people could be confident that staff would respond to emergencies appropriately.

People spoke positively about the staff who supported them, as they had done in January 2016. All the people we spoke with confirmed that they were supported by consistent and reliable staff who knew their individual needs well. People told us that staff never missed calls and were rarely late. One person said, "The same staff support me every day. They arrive on time and are never late." All the staff we spoke with told us that they were allocated enough time to provide appropriate care and support to people. One staff member told us, "We are all happy with the staffing levels. We have enough time, don't feel pressured or feel the need to rush people." People were supported by adequate numbers of staff that they got on well with.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 12 January 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received adequate induction, training and on-going support to ensure that they had the skills needed to safely support people. Staff did not receive supervision, support and appraisal of their performance. We found the registered provider had taken some action to address our concerns.

Staff we spoke with told us that they were provided with training and all the staff advised us that they had enrolled to undertake a qualification in social care. One staff member said, "We do get training. I've got medication training next week and I've just signed up to undertake a qualification in health and social care." We reviewed the registered providers training records and found some gaps in key areas, for example first aid and The Mental Capacity Act (2005). Staff we spoke with had knowledge about what to do in the event of an emergency and there was no evidence that people's human rights or choices were being abused. However staff had not received basic or refresher training in these key areas. The registered provider's representative told us that training continued to be a high priority for the organisation and that key areas would continue to be addressed following this inspection.

Staff told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. There were no records available to demonstrate that these checks had been undertaken. Discussions with the provider's representative identified that staff were observed whilst in the workplace but this had not been recorded. The provider's representative showed us proformers that had been developed to record such observations and that it was their intentions to use these to record regular competency checks on their staff.

People told us that they were happy with the care provided and felt staff had the skills and knowledge to support them. One person we spoke with told us, "Staff are well trained and have the right knowledge. They are good at their job." A relative told us, "Staff have the skills and knowledge to support [name of relative]. They are well-trained." Another relative described how they had been supported by a member of staff who had the knowledge to support people living with dementia and told us, "We haven't got a clue, we're in the dark and take every day as it comes. The staff member told us 'Anytime you need me get in touch'. That was good for us, to have advice."

Staff we spoke with consistently told us they felt well supported to do their job and that they had plenty of opportunity to discuss any issues they may have. Staff told us that they received regular supervision and staff meetings. One member of staff told us, "We offer a small personal service to people and work so good as a team. We have excellent support from our managers. They are always there to support us and give us advice. I've never worked anywhere better." One staff member said, "[name of provider's representative] is a good leader and is really nice to work for. He put on a staff event in the summer to say thank you to us all."

During discussions with the provider's representative and the registered manager we were advised that all staff had been enrolled onto the Care Certificate [A nationally recognised set of standards used for induction

training of new staff]. A newly appointed member of staff told us, "I've been with Dresden for a few months now and I'm working through the Care Certificate. It has really helped me." This would ensure that new staff had the skills and confidence to carry out their roles and responsibilities.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 12 January 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured there were effective systems or quality audits in place to monitor the quality and safety of the service. The provider's representative had produced an action plan of how they would respond to concerns raised at our last inspection. Although the provider had started work to address the areas of development as identified in their plan, some actions were still outstanding or had not been completed as had been planned and notified to the Care Quality Commission. The provider remains in breach of this regulation as they had not taken the action required to ensure that effective systems would be in place to assess and monitor that the service would consistently deliver high quality, safe care.

The management team were receptive to feedback provided about the lack of effective systems in place to monitor the quality and safety of the service provided. A recently purchased electronic system contained relevant and useful intelligence and whilst it was partially in use it had not been used effectively. Quality audits had not been undertaken systematically and had not been effective as they had not addressed outstanding issues. Whilst we heard from people that they were contacted regularly and that their views were sought about the quality of the service, the provider had no system in place to analyse people views to drive continual improvements to the service. There were no systems in place to review when accident and incidents and complaints had been reported to prevent the likelihood of further occurrences for people. Medicine audits were not consistently undertaken to ensure that consistent and safe standards were maintained. In addition there was a lack of records for people about how assessed risks were being managed.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had not ensured that notification systems were in place and that staff had the knowledge and resources to do this. We saw on two occasions incidents recorded which had been recognised as safeguarding matters. Whilst we saw that the concerns had been responded to and reported to the Local Authority, the registered manager had not notified the Care Quality Commission about these incidents as required. The monitoring systems in place had failed to identify that the notifications had not been submitted as required.

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

Our inspection visit and discussions with the registered manager and the provider's representative identified that they were knowledgeable about aspects of the service. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service. At the time of our visit we were told that the provider's website was undergoing some updating and so there was no information about the ratings on the provider website. This was addressed shortly after our

visit.

All the people we spoke with told us they were happy with the support they received. One person told us, "I'm glad this service are looking after me." One relative said, "Staff are committed, enthusiastic and motivated. I think the way it is run is fantastic." People and their relatives spoke positively about the provider's representative and the registered manager. One person said, "[name of provider's representative] is very nice. He is polite, helpful and would help me if I had any concerns." One relative said, "The manager has an efficient approach to concerns."

People we spoke with told us that they felt empowered to raise any concerns. One person who used the service told us, "If I had any concerns I know they would be listened to and we are told to raise any concerns." One relative we spoke with told us, "They [the registered provider] provide a good service in that all of our concerns and issues we needed around [name of person] care were noted down and pretty much followed." Another relative said, "Any concerns are quickly identified. We have tweaked care plans in terms of call times and frequency of the visit. They have been very responsive and reasonable and work with us to find the best solutions. They work flexibly and adjust things to get it right for [name of person]."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2) (a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2) (b) The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)