

Mr Pan Danquah & Mrs Kate Danquah

# Dorcas House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Dorcas House is a 'care home' that is registered to provide personal care and accommodates up to 11 people living with dementia or mental health need in one adapted building. There were five people living at the home on the day of the inspection.

People's experience of using this service:

Since the last inspection in November 2018 we found limited improvements had been made to address the areas we had identified as requiring action, and further improvement was still required.

There was a failure to ensure all people's risks were identified and managed well. People's risks were known to staff however, care plans lacked detail on the de-escalation techniques to be used when one person was distressed. Further guidance was also required on people's individual risks, including what the risk meant for the person concerned and information, so staff knew how and when to contact professional bodies for advice and guidance.

Staff knew people well and were able to demonstrate they knew people's risks when providing care on a daily basis.

The registered provider had failed to take action to safeguard people from the risk of abuse. Two incidents had not been identified as safeguarding concerns by the management team so that the appropriate actions to alert the Local Authority and CQC had not been made. Both incidents were reported to the Local Authority by the inspector following the inspection.

People were supported to receive their medicines as required and general day to day practice supported infection control, but improvement could be made to ensure all equipment is maintained cleanly to promote good infection control.

Staff had an understanding of the importance of gaining consent from people before providing support. However, the Mental Capacity Act (MCA) includes how people are given choices about their care and how they want it delivered. Improvements are required as some people told us they felt they were not always involved in making decisions about how their care was delivered. The registered manager had a limited understanding of the principles of the MCA and would benefit from additional training. Deprivation of Liberty (DoLS) records need to improve to ensure expiry dates are monitored and new applications are made in a timely way, so people are deprived of their liberty in a lawful way.

Staff said training was appropriate to them in their role in supporting people's daily care, however we saw that further training was required to support people's individual care needs. For example, challenging behaviour training.

Staff liaised with other health care professionals to meet people's health needs and support their wellbeing.

The design and decoration of the home did not support people's individual needs and improvements were required for example, work in making the garden a useable space for people to enjoy.

People gave mixed feedback about the choice of food provided. We saw people were offered regular drinks throughout the day to support their wellbeing.

There was limited opportunity for some people to enjoy activities which would avoid their social isolation. Many of the activities planned were games and activities with staff within the home. People we spoke to told us they did not always enjoy the activities and sometimes chose not to join in.

The service has been rated as requires improvement in the key question 'well led' since February 2017 (and Inadequate from November 2018). Whilst this inspection found some improvements had been made, the provider audits had not been fully effective in effecting sustained improvement and had not identified some of the concerns we raised at this inspection. The processes in place to monitor, audit and assess the quality of the service being delivered were not always effective.

No links to the immediate and local community had been developed or maintained and this was an area that needed improvement

Staff felt supported and communication within the staff team was good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was requires improvement (published 08 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made/sustained, and the provider was still in breach of regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement

At our inspection in November 2017 we found the home had not meet regulations around the governance systems and we placed conditions on the providers registration. These conditions instructed the provider to send us regular updates on checks that had been carried out at the service to ensure the quality and safety of the service. The provider has submitted updates as per the conditions in place, however the quality of the submissions is not robust, and this has been discussed and shared with the provider.

This inspection found that whilst some limited improvements had been made the provider remains in breach of regulation 12 safe care and treatment, this meant we found a failure to ensure all peoples risks were identified and managed well. We also found a breach of regulation 19, because the provider failed to have effective recruitment and selection procedures ensuring a record of checks made. The provider remains in breach of regulation 17, good governance. This means insufficient action had been taken to make or sustain improvements in the service provided. The condition will remain on the providers registration.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Dorcas House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

The inspection team consisted of one inspector and an assistant inspector.

#### Service and service type

Dorcas House is a '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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced and took place on 11 September 2019.

#### What we did:

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with two people using the service and one relative to ask about their experience of care. We spoke with the provider, the registered manager and two care staff. We also spoke to one healthcare professional who was visiting the home on the day of the inspection.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at one staff file in relation to staff recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed. Details are in the Key Questions below.

After the inspection

We continued to seek clarification from the provider to validate evidence found and actions taken following the inspection. We also spoke with two professionals who support people living at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection the provider systems had failed to ensure all peoples risks were identified and managed well. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found further improvement was required and the service remains in breach of regulations.

At the last inspection this key question was rated as requires improvement. At this inspection we found further improvement was still required. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- The last inspection found there were no detailed plans in place that gave staff detailed stated strategies to support the person or de-escalation techniques to be used when people were demonstrating distressed behaviour. At this inspection we found although care plans had been updated they still lacked sufficient detail on the de-escalation techniques to be used when the person was distressed. The provider had issued staff with information on general de-escalation techniques but there was no personalised information on the best way to support the individual concerned.
- At the last inspection we also found that there were no detailed risk assessments for one person based on their past history that posed a risk to the person and other people. At this inspection we found although the care plan had been updated it still lacked detail on the risk management strategies. For example, there was no information on what the risk meant for the person and the care plan did not include information on the professional body to be contacted for advice and guidance.
- We found that although records showed that one person was at high risk of developing sore skin, there was no care plan in place to give guidance to staff of how to minimise this risk. We checked with staff and they told us the person did not have sore skin at the time of our inspection.
- Staff had a good understanding of the risks to people and we saw that they took care to keep people safe. For example, we saw staff had supported one person to change rooms when their mobility changed to support their safety. Staff told us as a small home they got to know people well and could respond to people and any changes in their care needs.

Systems and processes to safeguard people from the risk of abuse

- We found records of two incidents where people had been placed at risk. The incidents had not been identified as safeguarding concerns by the management team so that action could be taken to minimise the risk of a reoccurrence, and appropriate actions to alert the Local Authority and CQC had not been made. Both incidents were reported to the Local Authority by the inspector following the inspection.
- Staff received training in how to recognise possible abuse, however some staff had limited understanding of the different forms of abuse people could be at risk of and one member of staff was not aware of the providers whistle blowing policy.



Learning lessons when things go wrong:

- Incidents records were completed to record any concerns; an audit was also completed which looked at the number of incidents over a period of time. However, there was no evidence that the management team monitored the records to look for trends or actions needed to reduce the likelihood of events happening again.

A failure to ensure all peoples risks were identified and managed well is a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Safe care and treatment.

Staffing and recruitment:

- At the last inspection we found the provider recruitment processes required improvement as the provider had not followed up gaps in one person's employment history and had not validated references to ensure they were credible. At this inspection we were advised only one new member of staff had been appointed since the last inspection. We checked the recruitment file and saw that the required improvement had not been made and the provider had not followed up gaps in one person's employment history and had not validated references to ensure they were credible.

A failure to have effective recruitment and selection procedures ensuring a record of checks made is a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Fit and proper persons employed.

- People and staff we spoke with felt there was enough staff employed at the home to keep people safe. We saw staff responded to people's requests for support in a timely way during the inspection.

Using medicines safely:

- Records showed people received their medication at the right time. Medicines were stored safely, and staff received training in how to support people with their medicine as prescribed.
- Some people needed medication 'as and when required' for example, pain relief medication. The provider had generic guidance in place however this needed to be improved to include personalised guidance how the person may display signs of being in pain.
- Medicine records were checked, and audits were completed by the management team to ensure medicines were administered and stored as required.

Preventing and controlling infection:

- At the last inspection we noted a number of areas around the premises that needed improving. At this inspection we found that general day to day practice supported infection control. We saw staff wearing aprons as required and hand washing guidance was displayed. However, we again noted a number of areas around the premises that needed improving to support good infection control. For example, there was a dirty radiator in one bathroom, some domestic equipment was being stored in another bathroom and the hand sanitizer dispenser in the reception area was empty.
- Dorcas House was awarded a Food Hygiene Rating of 5 (Very Good) by Birmingham City Council on 20th November 2017.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promote a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection we found further improvement was still required. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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 for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA. Staff had a understanding of the importance of gaining consent from people before providing support on a daily basis. However, the MCA includes how people are given choices about their care and how they want it delivered. Some people told us they felt they were not always involved in making decisions about how their care was delivered. Improvements are required to ensure people have choices on how their care is delivered.
- The registered manager had limited knowledge of their responsibilities regarding DoLS and would benefit from additional training. The provider had taken a lead on MCA and DoLS and we saw an application had been submitted where they had previously assessed that one person was receiving care that restricted their liberty. When the authorisation expired there was a delay in a re-assessment and a new application being made. DoLS records need to improve to ensure expiry dates are monitored and applications are made in a timely way.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback about the food provided. Although one person told us they enjoyed the meals provided, another person told us they would like more choice.
- We observed a lunchtime meal and saw people did have different meals, although it was unclear how the choices had been made. Portion sizes were good, and people looked to enjoy their food. However, we did observe when one person refused the pudding an alternative was not offered by staff. We also observed people being offered drinks with their meals and at different times.
- The registered manager prepared the meals on the day of our inspection. When we asked how meals about the choice of meals, they advised because people had been at the home a long time they knew their likes and dislikes, but a choice was always available. The registered manager displayed an understanding of where people required a specialist diet. For example, a diabetic diet or where a person may be at risk of

choking and require soft food.

- We spoke to one healthcare professional following the inspection and they advised the person they supported had made good progress since living at Dorcas House. They advised the person had a history of poor dietary intake, but they had been well supported by staff their physical health had improved.

Adapting service, design, decoration to meet people's needs

- At our last inspection the provider had informed us they had a clear plan for improving the décor and completing maintenance of the building. However, at this inspection we saw that this had not taken place and there were a number of areas that required. For example, we found a floor strip between two communal areas was raised and posed a trip hazard, especially to those people with limited mobility. We also found that only one light bulb out of five was working in the light fitting in the communal lounge, this left the room dimly lit. The garden was also very overgrown and contained numerous broken plant pots. We also found radiator covers were not fixed and came away from the wall if lent on presenting a risk to people
- The provider told us, "Audits have shown improvements are required in the decoration. We haven't started yet but do plan to make improvements." The provider advised that there were plans in place to repaint whole home in December 2019. We asked for a copy of the improvement plan however, this was not provided.
- The provider took immediate action to begin work on the garden on the day of our inspection and also emailed following the inspection to give assurances all environmental issues had been addressed.

Staff support: induction, training, skills and experience

- Staff said training was appropriate to them in their role in supporting people's daily care, Staff gave examples of recent training, for example, diabetes training. However, we saw that further training was required to support people's individual care needs. For example, challenging behaviour training.
- The provider advised they had attended challenging behaviour training but acknowledged they would benefit from further training in de-escalation support.
- At the last inspection we found gaps in some staff training records. At this inspection staff the provider told us training was now up-to-date with the exception of two staff which was being addressed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. Records showed the input of the GP, and dentist Records also showed how one person was regularly supported by district nurses.
- We spoke to one healthcare professional who advised staff were responsive and had sought timely medical input when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection we found further improvement was still required. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- At the last inspection we found people did not consistently receive person centred care. At this inspection we found that people felt they were not always involved in making decisions about how their care was delivered. For example, one person told us they had a shower on the same day each week. When we asked if they could choose more showers or a shower on another day they said, "No. It is one shower each week with the support of staff." We asked staff about this they confirmed three people all had a shower on the same day each week, although they did say they would support people on other days if people asked.
- A residents meeting was held periodically to get feedback on the service provided. However, we found that where some comments had been made, action had not been taken in a timely way. For example, in the resident meeting in June 2019 one person said they wanted to sit in the garden. However, when we visited in September 2019 the garden was overgrown and contained broken plant pots and was not being used by people.
- We spoke to one relative who told us they had been involved in reviews of their family member's care. They said, "[Staff] did a care plan review a few weeks back." We saw some people had signed initial agreement of their care plans, however, records did not show if people had been involved in subsequent reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- People told us most staff were kind and two healthcare professionals we spoke with both felt staff treated people with dignity and respect.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example by always knocking people's door before entered. However, during the inspection when one person took a telephone call to discuss their health, we noted their privacy was not respected. We alerted the registered manager to this.
- Staff told us that how they promoted people's independence. For example, encouraging people to maintain their personal hygiene and only providing support and assistance when required.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they liked the staff that supported them.
- Relatives told us they felt welcomed when they visited. One relative told us, "Staff are supportive of people and they [staff] always make me welcome."
- Staff spoken with respected people's individuality and were able to tell us about people's preferences.
- We noted a lack of pictures and images to reflect people's cultural heritage and discussed with the

management team this was an area that could be improved to support people.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection we found further improvement was still required. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We observed there was limited opportunity for some people to enjoy activities to avoid social isolation. There was no evidence that activities had developed with people's past interests and hobbies in mind. Many of the activities planned were games and activities with staff within the home. People we spoke to told us they did not always enjoy the activities and sometimes chose not to join in.
- Resident meetings showed people had expressed a preference to spend more time outside the home, for example, one person said they'd like to visit the countryside and another person said they'd like to sit in the garden. There was no evidence that opportunities had been made available for people to enjoy these activities.
- At the last inspection one person had expressed they would like to attend a place of worship. Staff told us since the inspection the person had been to a place of worship to celebrate two religious festivals.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans did not always contain detailed and personalised information to guide staff in providing care in the way people preferred. For example, we saw one person experienced pain due to an ongoing health condition. The care plan did not give guidance what this meant for the person concerned and did not give guidance of what staff should do if the pain becomes greater or changed.
- Care plans in place were reviewed, and information was shared in the staff handover, so staff were aware of any changes in people's wellbeing.
- On the day of the inspection one person felt unwell. We saw they were promptly supported by the registered manager to contact their GP.
- We spoke to two healthcare professionals who supported people living at the home. Both felt staff were responsive to advice given in supporting people's healthcare. One healthcare professional added, "[Person's name] basic care has greatly improved since they have been living at the home. Their physical health has really improved."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the last inspection the provider had limited knowledge of the AIS. At this inspection we saw some information was now provided in accessible formats. For example, the activities board was provided in a pictorial format. However, all other information was provided in written format. The registered manager

told us this met the needs of the current residents and would be reviewed if people's needs changed.

- We spoke to one relative who told us, "Staff do know how to communicate with [person's name]."

#### Improving care quality in response to complaints or concerns

- People told us overall, they were satisfied living at the home. We spoke to one relative who told us they knew how they would complain about the care if they needed to.

- The service had not received a formal complaint for over 12 months. We saw when one previous complaint had been received it has been addressed promptly and a record had been maintained.

The registered manager told us as a small service they could pick up concerns at a low level before they became complaints.

#### End of life care and support

- At the time of the inspection no one was being supported with end of life care. We looked at care plans showing people's future wishes. Care plans could be improved to include more detail to ensure people's wishes were recorded and known the staff supporting them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection the provider systems had failed to identify some of the areas for improvement and the provider had shown they were unable to sustain any improvements made. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found further improvement was required and the service remains in breach of regulations.

At the last inspection this key question was rated as inadequate. At this inspection this key question remains as inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

### Continuous learning and improving care

- The service has been rated as requires improvement in the key question 'well led' since February 2017 (and inadequate from November 2018). Whilst this inspection found some improvements had been made, the audits had not been effective in effecting sustained improvement and had not identified some the concerns we raised at this inspection. The processes in place to monitor, audit and assess the quality of the service being delivered were not effective. The provider had a long history of not being able to improve the quality of the service provided to people or meet legal requirements.
- Audits had not effectively identified that incidents of behaviour had not been recognised and reported as safeguarding concerns. Incidents had not been monitored or analysed to identify trends so that action to minimise the risk of further occurrences could be taken. The monitoring checks carried out had not identified the areas around the premises that needed to be improved or ensure action was taken in a timely way. Audits had also not identified that recruitment checks were not completely robust and compliant with legal requirements.

### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager had not consistently ensured people received person-centred care which meant that people were not always given choice to ensure they received care and support in their preferred way. For example, one person felt their meals were chosen for them and another person told us they could not choose when or how often they had a shower.
- Staff told us they felt listened to and that management team were approachable and supportive.
- On the day of our visit the registered manager interacted in a relaxed and caring way with people living in the home.

### Working in partnership with others

- Records showed how the service worked with healthcare professionals in support of people's wellbeing,
- We saw no links to the immediate and local community had been developed or maintained and this was an area that needed improvement. We spoke to the management team and they acknowledged that they



did not have community links so that people felt part of the community in which they lived. They said they had looked to link to the local neighbourhood watch group, but this had not worked out.

At this inspection we found sufficient action had not been taken to make or sustain improvements and the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held residents' meeting to involve people in the service provided. We found that although action had been taken to address some issues raised this was inconsistent and some issues had not been addressed.
- The management team had also sent a questionnaire to all people living at the home and staff for feedback on the service. The provider said no concerns had been raised but any information returned would be used to improve the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider was unable to demonstrate the systems they had in place to enable them keep themselves up to date with good practice or legal requirements.
- Staff told us they were supported to understand their roles through regular supervision meetings. Staff told us they also had opportunities to discuss good practice in staff meetings
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to. One member of staff said, "Colleague attitude is positive, [I have] support from colleagues." Staff also told us they felt valued by the management team.
- The latest CQC inspection report rating was on display in the reception of the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  A failure to ensure all peoples risks were identified and managed well is a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Sufficient action had not been taken to make or sustain improvements tin the service provided this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  A failure to have effective recruitment and selection procedures ensuring a record of checks made is a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Fit and proper persons employed.