Mr Pan Danquah & Mrs Kate Danquah

Dorcas House

Inspection report

56 Fountain Road
Edgbaston
Birmingham
West Midlands
B17 8NR

Tel: 01214294643

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Ratings

Overall rating for this service	Requires Improvement
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 17 February 2017. During this inspection we found the provider to be in breach of the regulation related to governance. This was because the registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service.

After our comprehensive inspection in February 2017, the registered provider submitted an action plan detailing how they would improve to ensure they met the needs of the people they were supporting and the legal requirements.

We carried out this unannounced focussed inspection on 18 July 2017 to see if the registered provider had followed their plan and to determine if they were now meeting legal requirements. This report only covers our findings in relation to this focussed inspection which looked at whether the service was 'well-led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorcas House on our website at www.cqc.org.uk.

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

We undertook this announced focused inspection on 18 July 2017 to check that the provider had followed their own plans to meet the breach of regulation and legal requirements. Although the registered provider had addressed some of the concerns that we had identified at our last inspection, we found that there continued to be no effective quality assurance processes in place and this inspection identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. We are considering what further action to take.

There was a registered manager in post who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found that whilst there were some systems in place to monitor and improve the quality and safety of the service provided, these were not always effective and did not identify if the service was consistently compliant with the regulations. The processes that had been introduced had failed to identify concerns raised at our inspection in February 2017. Records were not always robust to ensure the effective running of the home. Staff felt supported by the registered manager.

We identified that there was a continued breach of the Health and Social Care Act 2008. (Regulated

Activities) Regulations 2014. 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 well-led?

Requires Improvement

The service was not well-led.

The systems and records in place to provide assurance that care was safe and of good quality were ineffective. Records were not always robust.

The action plan submitted by the registered provider had not been met.

People were generally satisfied with the service they received.

Dorcas House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 18 July 2017 and was unannounced. The visit was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. As part of our visit we reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we met all the people who lived at the home and spoke in detail with four people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with two relatives of people during the inspection to get their views. In addition we spoke at length with the registered manager, the registered provider, and three care staff.

We sampled some records including two people's care plans and medication administration records to see if people were receiving their care as planned. We sampled records maintained by the service about training and quality assurance.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in February 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. The registered manager had produced an action plan of how they would respond to concerns raised.

At this inspection in July 2017 we found that the action taken by the registered provider had been insufficient to meet this breach of regulation, and to ensure that people received consistent, good, safe care. The action undertaken had not been effective at identifying issues and had failed to drive the improvements required.

We asked the registered manager how they assessed and monitored the quality of the service provided. Whilst we found there had been some improvements made following our last inspection we found that some of the systems in place were not effective and in some instances had failed to identify issues that we found during the inspection. For example, the medicine audit had not identified that one person's PRN medicines (as required medicines) needed to be reviewed. Some care records lacked any detail of risk assessments that should be in place to minimise the potential of harm to people. There were no effective systems in place to review incidents and accidents. Information they gained failed to analyse trends which could prevent the likelihood of negative experiences for people recurring. We saw that the complaints procedure that was displayed in the home had no reference to the Local Authority or the ombudsman so that people and their relatives had access to contact numbers should they wish to raise a concern or complaint about the provider that they had not addressed to their satisfaction. In addition people's human rights were at risk of being compromised and care was not delivered in accordance with the principles of the Mental Capacity Act (2005).

Whilst the registered manager kept records of when staff had completed training they had not kept an oversight of when they were due for updates in training. Consequently some staff had not received the training they required to ensure they had the knowledge and skills to support people. For example, we found gaps in infection control and safe guarding training. The registered provider had not provided specialist training to provide staff with knowledge and skills related to people's specific conditions. For example mental health and dementia training. While we did not find evidence that this had impacted on people's safety or satisfaction, ensuring that all staff are fully trained and maintaining an accurate record of training would ensure that the needs of people are met consistently by staff who have the right knowledge and skills. The registered manager advised us that they did not have a system in place to check that staff were competent to administer medicines. While our inspection did not identify that people had come to harm these practices did not assure people's safety.

The registered manager advised us and we saw that since our last inspection in February 2017, they had implemented Personal Emergency Evacuation Plans and had begun to revise and update the fire evacuation policies and procedures within the home. This included the homes fire risk assessment and

ensuring the fire safety systems in use (such as the fire panels, fire alarms, fire extinguishers and fire doors) were monitored effectively to ensure they were safe for use. However, some staff we spoke with told us that they had not participated in a fire drill. This put people at potential risk in the event of a fire. We received assurance from the registered manager that all staff had participated in a fire drill following our inspection.

We saw that despite the service encouraging people to express their views and to make complaints and compliments the information and feedback received was not analysed or utilised to drive improvements to the service. The registered provider had not demonstrated an open culture where ideas and views were sought and welcomed as a way of continuously improving the service.

The registered provider and registered manager lacked an oversight of the service. Some records required for the effective running of the service were not organised; whilst this did not have a negative impact on people, an effective audit system would help to ensure that all records required for the effective running of the service were easily available. We found that the registered provider did not have robust systems to audit, monitor and improve the quality of the service within a timely manner.

Failing to establish and operate systems and processes to assess, monitor and improve the quality of the service provided is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 17 Regulations 2014. This is an on-going breach of this regulation and we are considering what further action to take.

The people we spoke with were generally satisfied with the care and support they received. One person told us. "It's alright. The staff are nice. You can talk to anyone….. I can't think of anything to change. It's a very nice place." Another person said, "It's alright. It's not awful but it's not fantastic." One relative we spoke with told us, "I've no concerns. It's nice to know that if you do have a problem you feel at ease to be able to speak to [name of registered manager] or any of the staff." People told us they knew who the registered manager was and saw them on a daily basis. One person told us, "The Manager's nice. She's good at her job and a good cook." A relative we spoke with said, "If you've got a problem or want a quick word she [Registered manager] listens." We saw that people approached the registered manager regularly during our inspection visit.

The registered manager told us that they spoke regularly with people and people's relatives to seek their views on an informal basis. However, we received mixed responses from people who lived at the home. One person told us, "They do have residents meetings. It was quite a long time ago. They wanted to know if we were happy." Another person said, "There's no such thing as residents' meetings." We saw the service also used surveys to find out people's views. One person told us, "There's lots of times I can speak to them [Registered manager]. She knows when I'm not feeling well but doesn't ask if I'm happy….. I think there was a survey but I never done it." None of the relatives we spoke with had been asked for feedback about how the home was run and how it could be improved for their relatives.

The leadership structure was clear within the home and staff knew who to go to with any issues.
Staff expressed confidence in the way the home was managed. One member of staff told us, "[name of registered manager] is caring and understanding." Staff we spoke with told us that they had the opportunity to attend regular staff meetings which enabled them to share their views and share good practice.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. We found the registered provider had met their legal obligations around submitting notifications to CQC and the Local Safeguarding Authority. We also saw that the registered provider had ensured information about their inspection rating was displayed prominently within the home as required by the

law.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	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 enforcement action we took:

We served a Warning Notice requiring the provider to become compliant with this regulation by a set date.