

Dresden Care Services Limited

# Dresden Care Services Limited

## 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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 10 July 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection team consisted of 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.

Dresden Care Limited is registered to provide the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults. There were 35 people using this service at the time of our inspection.

Not everyone using Dresden Care Limited receives the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection in April 2017, we judged the service as requires improvement in the key questions of safe and well-led and we rated the service Requires Improvement overall. We were concerned because the provider had failed to assess all risks to health and safety and failed to manage medicines. We also had concerns that the provider's governance system of checks and audits continued to require further improvement.

At this inspection in July 2018 we found some improvements had been made in some of these areas however we still had concerns about the provider's system of checks and audits and also, we had additional concerns. As a result, the service has continued to be rated as Requires Improvement. Despite previous inspections identifying shortfalls in governance systems, we found that insufficient progress or improvement had not been made to the systems and processes to audit and monitor the quality of care provided at Dresden Care Services Limited and to meet the Regulations. We are considering what further action to take.

There was a registered manager in post at the time of 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.

People were not consistently protected from potential harm due to the provider failing to recognise, report and notify the appropriate safeguarding authorities of potential safeguarding concerns. Risks to people's health and safety were not sufficiently identified and robust risk management plans were not consistently in place. Incidents had not been analysed to identify trends to help prevent the risk of similar occurrences in future. Systems were in place to ensure staff were suitable to work with people in their own homes. People told us there were enough staff available to meet their individual needs. People received their medicines as

prescribed.

Staff had not consistently received observational competency assessments to monitor their practice. For example, moving and handling. People told us that staff sought their permission before providing care and support. However, we identified that the registered provider had not consistently understood their obligations under the Mental Capacity Act (2005). People told us they enjoyed the food prepared for them and they chose what they preferred. People were supported to meet their health care needs, when necessary.

People told us that staff who regularly supported them were kind, polite and respected their privacy. People told us they made decisions about how they wanted their care provided. Staff described people's likes and dislikes and preferred routines.

Staff were responsive to people's needs and wishes. Most people received care and support that was flexible and felt their needs were met in the way they preferred. Development was in progress to enable people access to their care plans and to ensure people had the opportunity to receive information in alternative formats.

People and their relatives were satisfied with the service they received however we found that the service was not consistently well led. The systems in place to assure the safety, quality and consistency of the service were not consistently effective. Checks and audits had not been effective at identifying matters that needed to improve. Despite this being brought to the attention of the registered provider at our last inspection; they had not taken timely or sufficient action to improve this aspect of the service. The provider had failed to recognise, report and notify the appropriate safeguarding authorities of potential safeguarding concerns. Staff felt well supported in their roles and a valued member of staff.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 consistently safe.

The registered provider had failed to escalate and report potential safeguarding concerns.

Risks to people's health and safety were not sufficiently identified and robust risk management plans were not consistently in place.

Incidents and accidents were not appropriately assessed to prevent similar occurrences.

People told us they received reliable care from staff who supported them on a regular basis.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The service was not always following the principles of the Mental Capacity Act (2005).

Staff had not consistently received observational competency assessments to monitor their practice. For example, moving and handling.

People were encouraged to drink and eat sufficient amounts to meet their nutritional needs. People were supported to maintain their health and wellbeing and had access to health professionals when required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring.

People were supported to express their views and to be involved in planning their care.

People were treated with dignity and respect.

**Good** ●

## Is the service responsive?

The service was responsive.

People told us staff knew their likes and dislikes and staff knew how to support with their individual needs.

People were involved in assessing and planning their care, but did not always have access to their care plans.

Staff were able to tell us how they supported people to ensure they were not discriminated in any way.

People told us they knew how to complain.

Good 

## Is the service well-led?

The service was not consistently well-led.

The provider did not have robust processes and systems for monitoring and improving the quality of the care people received. Audits completed monthly did not illustrate areas of development or improvement.

The registered provider failed to notify us of incidents as required by the law.

People and staff told us the registered provider was always available to support them and listen to concerns if they had any.

Requires Improvement 

# 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.

This unannounced comprehensive inspection took place on the 10 July 2018. The inspection team consisted of 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.

We had already asked the provider to complete a Provider Information Return (PIR) earlier in 2017, so we did not ask them to complete this again. A PIR 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 took this information into account when we made the judgements in this report. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners, Healthwatch and the statutory notifications the manager had sent us. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. 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 visit, we spoke with eight people who use the services of Dresden Care limited and seven relatives and / or friends. During our visit to the office we spoke with the provider's representative, one care coordinator and six care staff.

We reviewed five people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record

(MAR) charts for three people. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

# Is the service safe?

## Our findings

At our last inspection in April 2017 we rated the registered provider as 'Requires Improvement' in this key question. This was because the provider had failed to assess all risks to health and safety and failed to manage medicines. Whilst some improvements in these areas had been made we now had additional concerns about the failure to escalate potential safeguarding concerns.

Care staff we spoke with had completed some training on how to safeguard people from harm and poor care and they understood their responsibility to protect people. They told us they would report any concerns both internally to management and to external agencies, in line with the service's processes. Staff were also aware of how to whistle-blow. This is a process where staff are provided a safe arena to report any poor standards of care. However, the registered provider's systems and processes had failed to consistently protect people from potential abuse and recognise when safeguarding referrals needed to be made. The provider's lack of knowledge around safeguarding people meant that they had not consistently recognised or responded appropriately to potential allegations of abuse. As part of our inspection we reviewed incident records and found two incidents of potential abuse. There had been no investigations into the incidents and no safeguarding referrals had been made to protect people who used the service from the risk of further abuse. In addition, we were notified by the Local Authority of three alleged safeguarding concerns prior to our inspection. The registered provider had not notified The Care Quality Commission (CQC) as required by law. In response to our concerns the incidents were retrospectively reported to the appropriate safeguarding agencies.

People had individual risk assessments specific to them, for example, personal care, moving and handling and the environment. However, we found risks to people's health, mobility and care needs were not always identified and mitigated. Some care plans we looked at did not have appropriate information in place instructing care staff on how to mitigate risks to people. For example, one person's care file stated the person had to be supervised in the event of them having an epileptic seizure. There were no risk assessments, guidance or details about what was meant by 'supervised' relating to their health condition. One person's care plan contained a 'Manual Handling Assessment' and stated that the person needed equipment for transfer, for example a slide sheet and a special adapted molded wheelchair. Although staff we spoke with were aware of how to use the equipment, records did not contain sufficient, accurate and up-to-date information on risks to people and how to provide care safe. This put people and staff at potential risk of harm.

The service recorded incidents and accidents however failed to analyse these. This meant that the service were unable to note trends that may be present in order to prevent comparable occurrences in the future. The service failed to investigate all incidents to try to establish what had caused them in order to consider if action could be taken to minimise these incidents. This meant that the service had not taken the necessary precautions to ensure that all appropriate action was being taken to prevent and mitigate risks and did not learn lessons where incidents occurred.

People were kept safe by a safe recruitment process. This included obtaining references for staff in relation



to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. Gaps in employment were explained and photographic identification verification were contained within care staff files. A member of the care staff told us, "I had all my police checks and references done before I could start to work."

People felt they were safe and looked after well by the staff that supported them. One person told us, "I do feel safe; I have a press button alarm." Family members told us that staff spent sufficient time with their relatives and that people did not feel rushed. One relative told us, "She's [person receiving service] safe with carers from Dresden." Most people and their relatives told us that staff were flexible when they needed to change their visiting time and that staff came for their shifts on time as planned. One person said, "They [care staff] can get a bit delayed sometimes but it's okay, I am never left waiting for long." One relative told us, "They [the care staff] arrive on time more or less, they stick to the times I would say." The provider's representative told us there was adequate care staff to cover the daily calls. They told us they supported calls to cover for any care staff absence. Care staff all felt there were enough staff to meet the needs of the people they supported. A member of the care staff said, "There's enough staff and I have enough time to support people."

At our last inspection in April 2017 we identified that the management of medicines required improvement in relation to the administration of PRN (as required medicines) and care staff had not received observational medicine competency checks. At this inspection in July 2018 we found some improvements had been made but further action was still required. We looked at how medicines were managed by the service. People who had medicines administered told us they had their medicines at the times they expected. One person told us, "They [care staff] do it [administer medicines], they're here to give it to me, I couldn't do it myself so I rely on them." People and relatives told us medicines were administered as prescribed. Care staff recorded in people's electronic records when medicines had been given. However, they had not signed a medicine administration record (MAR) to confirm this. The provider's representative advised us that they were in the process of implementing new paper MARs and topical cream forms for staff to sign when medicines and creams were administered. One person we spoke with advised us that care staff were administering medicines from a dosette box that relatives had administered. This does not follow good practice guidelines. We brought this to the attention of the provider's representative who advised us they would address this following our inspection. Care staff told us they could only administer medicines once they had been trained and assessed as competent to do this safely.

People were protected from the risk of infection. People told us the care staff wore gloves and aprons whilst providing care. Care staff told us they were given sufficient gloves and aprons, and were available in the office when they ran out of the stock. Care staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included gloves, aprons and hand sanitising gel.

# Is the service effective?

## Our findings

At our last inspection in April 2017 we rated the registered provider as 'Good' in this key question. We found at this inspection in July 2018 they had not sustained this rating and we now had concerns about compliance with The Mental Capacity Act 2005 (MCA) and staff training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for 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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During this inspection we looked to see if the service was working within the legal framework of the MCA. All the care staff we spoke with understood the basic principles of the MCA; this was even though not all care staff had received training in this area. Care staff told us they always provided people with choices around their care and support and respected people's wishes. One member of the care staff told us, "If people refuse, we can't force them. I ask people's consent by asking them what they want, explaining and talking to them."

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw two people's care plans where potential restrictions had been placed upon them, for example, the use of bed-rails, these areas had not been considered or assessed under the MCA. We identified on two occasions that relatives had given consent on their relations behalf to use bed-rails. Whilst it was good practice that the provider had consulted with people's relatives, records did not demonstrate why people had not given consent themselves. MCA assessments and best interest meetings had not been undertaken where required to comply with MCA guidelines. In addition, the registered provider representative was not aware if the relatives had the relevant powers to make these types of decisions on behalf of their relations. Whilst the people in question had not experienced direct harm the registered provider had not ensured they were following the MCA and meeting their legal responsibilities and had not fully understood the legislation.

People told us they thought staff were well trained and had the skills they needed to support them. We asked one person if the care staff team were adequately trained to meet their needs and they said, "Yes definitely, they [care staff] know what to look out for with me." A relative told us, "They [care staff] hoist [name of person] into the chair, there's always two girls [care staff] every time for hoisting and they're very good, yes I would say they're well trained."

Care staff we spoke with told us they had the required skills, knowledge and experience to deliver effective care and support. We looked at the staff training matrix and saw that the training considered mandatory for care staff included a range of subject areas such as food safety, equality and diversity, health and safety, moving and handling, infection control and fire safety. However, care staff completed all the training in one day's awareness session and had to undergo the one day's refresher training on an annual basis. We saw only two of the 14 care staff employed had undertaken practical first aid training. The provider's representative advised us they were in currently reviewing the training provided to care staff.

Care staff told us they received regular supervision and felt confident in their role. We looked at care staff supervision records and found they received one to one supervision and in between they attended team meetings. A member of the care staff said, "I feel well supported and have regular supervision."

Care staff told us and records showed that new care staff had a period of shadowing more experienced staff before they carried out tasks on their own. Newly recruited staff undertook induction training when they first started to work for the service and completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.

The provider's representative told us they arranged an initial needs assessment soon after a referral was made to provide care and support to a new service user. They met with the person, their representatives and relatives and any healthcare professionals involved in the person's care where required, to understand their likes, dislikes, medical history, mobility, medication and nutritional needs, equipment used/needed such as a hoist, including the time they would like their care. One person told us about the care they were receiving and said, "I'm happy with the level of care I'm receiving from Dresden." We saw that information obtained from the initial assessment was used to develop people's care plans.

Some people required the support of staff to assist with their nutrition and hydration. Where this was the case, people told us they were happy with the support from staff. One person told us, "I like to watch the telly at dinner time and they [staff] get me something for dinner, sometimes I have sandwiches, I have one carer [name of staff] whose brilliant, I see her once a day and she cooks me something, I might peel the potatoes but she puts it all together." A relative told us that staff prepared his relation [person receiving service] a meal and said, "The carer cooks mum a fresh meal when I go to work, otherwise I cook the meals; they always make sure she's got some sandwiches and something to drink." Where people required support with their meals and diet this was documented in their care plan and contained guidance for staff to follow.

People received support to attend to their health needs as necessary. People told us they had assistance from their relatives and staff to contact healthcare professionals and attend their medical appointments when required. One person told us they felt the care team were adequately trained to meet their health needs and said, "They've [the care staff] had to call an ambulance in the past." A relative told us that their relation did not have any pressure sores or broken skin and said this was down to good care and that the carers were using creams and emollients.

## Is the service caring?

### Our findings

At our last inspection in April 2017 we rated the registered provider as 'Good' in this key question. At this inspection we found that the service had sustained this rating.

People were positive about the caring attitude of the staff. One person told us, "They're [care staff] good carers." Another person told us, "I know all the carers and they're ever so good." A relative told us, "Dresden are being very supportive, they're absolutely brilliant." Some people told us that when they had care staff they did not like they contacted the service and this was rectified. Care staff knew about people's individual preferences and needs and spoke about people in a caring manner. A member of staff was able to describe one person's favourite food and drinks and said, "It's important I know." Another member of staff told us about one person's career and said how much they respected them.

People were mainly supported by the same staff team and staff told us this enabled them to create positive relationships. One person told us they had received regular carers and told us, "It's going very well indeed, we've had the same girls [staff] from day one." Another person told us they had a good relationship with their care team and said, "I can talk to them [staff] and we have a laugh that's very important to me, the two carers I am seeing at the moment are regulars and I am very fond of them and that's also important to me." A relative we spoke with told us, "They [the staff] always give her a kiss when they're leaving." We looked at staff rotas that demonstrated people usually received the same staff team across the week and from week to week. A care co-ordinator told us that they matched staff to people based on staff's skills including language, expertise area and experience. This meant that people received continuity of care and their preferences were met such as language and staff gender preferences.

People told us that staff encouraged them to express their views and to be involved in making decisions about their care and support. One person told us, "I've only got to ask for something and they get it for me, tomorrow is shower day, sometimes it's a wash but it's whatever I choose." Another person told us, "I choose on the day if I want a wash or a shower." We saw the registered provider took action when necessary to ensure people's views were acted upon such as ensuring people were supported at their preferred times. This helped people to feel valued and included.

People and their families told us staff respected their privacy and dignity when they attended. One person said, "Staff are respectful." Another person said, "She's [member of staff] very patient, she's very good and gives me a shower and helps with dressing me, she's got a good attitude and always asks if I need anything else doing." A relative we spoke with said, "Staff are always respectful towards my grandmother." Staff were able to describe how they promoted people's dignity and privacy. One member of staff told us, "I make sure door and curtains are closed when I'm supporting someone to get washed and dressed." Another staff member said, "I always encourage people to wash themselves." Staff told us they addressed people how they wished and always took note of what people wanted. We saw evidence of this within people's care plans. People's full names were recorded as well as their preferred name. People's right to confidentiality was respected and protected appropriately in accordance with data protection guidelines. A member of staff said, "I never leave personal information in my car and never share people's information with other

people, that's not right."

## Is the service responsive?

### Our findings

At our last inspection in April 2017 we rated the registered provider as 'Good' in this key question. Whilst at this inspection we found that the service had sustained this rating; there were further improvements planned.

People received personalised care that was responsive to their needs. People and their relatives felt that the staff team responded to their individual needs as necessary. One person told us, "it's been good since we've had the regular carers; [name of staff] is exceptionally good." Another person said, "[name of provider's representative] even came out to see me last week and stopped for a chat, sat here with me and we had a cup of tea and watched the football." A family member told us, "The ladies [staff] go the extra mile and they're very good with her, she's got her favourites and they have a laugh." One relative told us that two care staff from their previous care agency had left the service to work for Dresden and said, "The manager immediately put both staff onto my relations team so he could have them again for his care." Most people and their relatives told us the service was flexible and they could change their care visit times when required. One person told us they had been with Dresden Care Services for a year and said, "There are no problems with the timings; they're very flexible, they're very good."

Staff described their understanding of person centred care and were able to describe people's likes, dislikes and interests and how people liked care to be delivered. One staff member said, "[name of person] is unable to talk, we use body language to communicate, she just loves music."

We looked at people's needs assessments and care plans and found most were individualised and informed staff of people's likes, dislikes, background history, care visit times and how people like to be supported. People's cultural needs were captured in their care plans and staff were able to say how these were met. For example, one staff member described how they supported a person with their personal care needs in line with their religious preferences and told us, "We also respect their prayer times."

The registered provider's representative told us staff had training around equality, diversity and human rights and it was expected that staff would not discriminate against anyone. Through our discussions with staff it was clear they were non-discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. One member of staff told us, "We treat all people with respect and equally, no discrimination, respect differentiation around cultural backgrounds."

We received mixed comments about people's contributions to their care planning. One person told us, "Yes they came out and put it all down and then came back a month later; he's very nice [name of staff] he put it all down and now it's in my book." However, another person told us, "It's the one thing I am not happy about, that I don't have access to my care plan." One relative expressed their concerns around the recording of medications and notes and said, "Dresden don't write anything down, it's all on their phones, I would like access to my relations care plan records, so I could keep an eye that medicines were being given on time and regularly." We explored this with the providers representative. They told us that care plans were

electronic and were looking at ways for people and their relatives, if necessary to access them. They advised that they would ensure paper documents were available for all people to access immediately after our inspection. We saw that the service carried out regular meetings and telephone calls to discuss changes to people's support needs.

There was a complaints procedure in place and this was included as part of the service users guide. People knew how to complain about the service if they were dissatisfied. One person told us, "If I had a complaint I would tell the staff myself." Another person told us that they had previously been unhappy and had called the office and said, "I complained but it got sorted out." Family members told us they were happy with the service provision and felt able to raise concerns. The registered provider's representative told us that people were provided with information on how to raise a complaint. This procedure had also included contact details for social services and the Care Quality Commission should people require it. Staff we spoke with demonstrated an interest in empowering and supporting people to make a complaint or share a concern.

Although no one was in receipt of end of life care, we found that people had been asked limited questions about their wishes at the end of their life. Whilst there was no impact for people records showed that end of life care plans required some more development to ensure people were supported to be comfortable, pain free and dignified at the end of their life and that people's religious and personal wishes were respected and taken into consideration.

# Is the service well-led?

## Our findings

At our last inspection in April 2017 we rated the registered provider as 'Requires Improvement' in this key question. We found that the service's quality assurance systems had not all been effective at identifying issues relating to governance. At this inspection in July 2018 we found the service's quality assurance systems to monitor the delivery of the service continued to be ineffective. We found that further improvements were needed and we have judged the registered provider to be in breach of the Regulations.

The registered provider did not consistently recognise or report safeguarding incidents and had failed to notify the appropriate safeguarding agencies of six potential safeguarding incidents that had occurred. Systems and processes were not established to ensure compliance with safeguarding procedures. As a result, potential safeguarding concerns had not been reported or investigated in a timely manner.

There were some systems in place to monitor the quality of the service provided. The provider carried out regular internal audits and checks to identify gaps and areas of concerns but they were not effective as they did not identify the gaps in the records that were picked up during our inspection. For example, we found risks to people's health, mobility and care needs were not always identified and mitigated. Some people's care plans we sampled did not have appropriate information in place instructing staff on how to mitigate risks to people. The provider's systems and processes failed to identify and assess risks to the health, safety and welfare of people who use the service.

We asked to see how the provider monitored the service for patterns and trends in the event of complaints. Although information in relation to complaints were recorded, it was not consistent and there were no robust and effective systems in place. We reviewed the complaint record dated 07 March 2018. The record identified a number of concerns had been raised related to a member of staff. Whilst the nature of the complaint was recorded, this had not been investigated or responded to. There were no systems in place to identify if there were any changes in people's needs and there was no oversight to look at ways to reduce the likelihood of re-occurrence. Without a system to monitor trends and patterns, the provider would not be able to maintain oversight of such incidents.

We found Governance systems did not ensure care records provided up-to-date and accurate information for staff about service users' conditions and how they were to be supported. This meant staff were not always provided with sufficient, accurate and up-to-date information on risks to people and how to provide safe care. This put people and staff at potential risk of harm. Although staff we spoke with demonstrated they were knowledgeable about people's needs and routines, some care plans lacked detail about how to meet people's diverse needs, such as spiritual, gender and sexual orientation. This meant staff would not be able to respond to people's individual wishes and choices.

There were no systems in place to monitor duration of calls. The provider did not monitor or keep records of all late visit calls and if staff stayed for their allocated times. This meant the provider did not maintain complete records relating to care delivery and had not considered that some people may be unable to raise concerns if staff did not stay for their allocated times.



There were no systems, processes or records in place of all decisions taken in relation to care and treatment for people who used the service and those lawfully acting on their behalf. Governance and oversight systems had failed to ensure the registered provider was working effectively in line with the principles of the Mental Capacity Act (2005). Records showed that people's capacity to make decisions about the care and support they received had not been assessed when appropriate. When restrictions had been placed upon people, for example, the use of bed-rails, these areas had not been considered or assessed under the MCA.

The registered provider conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the service. The results of the surveys had not been analysed and it was not clear from records what actions, if any, the registered provider had taken as a result of the survey.

We explored with the registered providers representative how they assured themselves that care staff had the right knowledge and skills to undertake their role. Staff told us and we saw that the registered provider carried out regular spot checks, this included checks that staff had arrived on time, they were wearing suitable attire for work and had the right personal protective equipment and Identification badges. However, the provider could not demonstrate that they had systems in place to assess that care staff were competent to carry out specific tasks, such as moving and handling safely. These can be used to continually evaluate staff practice and seek methods of improvement.

Systems and processes had not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. However, the registered provider did not consistently recognise or report safeguarding incidents and had failed to notify the appropriate safeguarding agencies of six potential safeguarding incidents that had occurred. Systems and processes were not established to ensure compliance with safeguarding procedures. As a result, potential safeguarding concerns had not been reported or investigated as required by law.

Failure to notify us of incidents as required was a breach of Regulation 18 Care Quality Commission (Registration) 2009 Notification of other incidents.

Our inspection visit and discussions with the registered provider's representative identified that they had not kept up-to-date with some key developments and requirements in the care sector. For example, the registered provider's representative was unaware of responsibilities that had been introduced relating to the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans we reviewed contained some information about how to support people, for example, ensuring they were wearing their glasses or hearing aids. However, the registered provider had not explored ways to make sure people had access to the information they needed in a way they could understand it and comply with the AIS. The registered provider had not fully offered people the opportunity to receive information in alternative formats such as an alternative language, large print or pictorial format to meet individual communication needs.

We looked at how the registered provider gathered people's views and how they promoted a positive and open culture. One person told us, "You can speak to [provider's representative name] about anything, I've only got to phone and he will come out to see me." We saw quarterly telephone monitoring forms that showed people were contacted to find out if they had any concerns regarding staff and if their needs were

met. The records showed people were happy with the service. In addition, we saw that the service had on display in the services' office and their website their latest CQC rating where people could see it.

People, relatives and staff told us that the registered provider was approachable, supportive and readily available. One person told us, "The company takes things on-board very quickly and they come out to see me if I need, he's [The provider's representative] is a decent man and he comes out if I phone. They make sure the staff are good, and the staff I know tell me they like him." Another person said, "I've no concerns with Dresden and the manager came out to see us and discussed it all, they asked what I needed doing and what I wanted; everything's very good, I would absolutely recommend them to someone else, they're fantastic."

Staff told us they felt informed on areas related to care delivery and attended team meetings whenever they could. We looked at some staff team meeting minutes and found they covered a variety of topics including updates of the new electronic systems, pensions, confidentiality, incident forms, body maps and hydration. Staff told us they found meetings useful and felt they worked well as a team. One member of staff told us, "We are a strong and committed team." Another member of staff said, "We feel valued members of staff and wouldn't change anything, it's a good company."

The service worked in partnership with other agencies to support care provision and development. The registered provider's representative told us how they shared appropriate information with other health professionals for the benefit of people who use the service. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection and following our inspection provided information in a timely manner.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify us of incidents as required.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to monitor the quality of the service.</p> <p>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.</p> <p>Regulation 17 (1) (2)(a)(b)</p>

### **The enforcement action we took:**

We have taken enforcement action to impose conditions on the registered provider's registration.