

Relativeto Limited

Dove Valley Mews

Inspection report

75 Park Street
Wombwell
Barnsley
S73 0HL

Tel: 01226448770

Date of inspection visit:
24 January 2023

Date of publication:
03 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dove Valley Mews is registered to provide accommodation and personal care for up to 6 people with a learning disability and associated complex needs. The location offers individual and shared accommodation across 3 areas, each of which has separate adapted facilities. At the time of the inspection there were 6 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This provider was able to demonstrate they were meeting the underpinning principles of Right support, right care, right culture.

Overall, people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Support:

The provider had processes to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. People and their relatives told us they felt safe. One relative commented, "Absolutely yes, the care is safe. Not needed at all to raise any concerns."

There was a recruitment system to ensure appropriate staff were employed and there were enough staff to support people.

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring. The provider adopted least restrictive practices underpinned by a positive behaviour approach.

The building was well maintained and adapted to meet the individual needs of people living there. However, the timescale for external contractors to address some issues was not always timely. We recommend the provider review their arrangements and contingency plans for works that require more immediate attention.

Right Care:

People received care and support from staff who knew them well and understood their needs and considered their preferences. Staff interacted positively with people and had a caring and respectful approach.

Staff worked in partnership with health professionals to ensure people received the right care and support. One professional commented, "We have regular meetings as professionals and with families/carer's, they attend our meetings, provide updates and take our advice and recommendations on board."

Staff understood people's individual ways of communicating and information was provided in a variety of formats to enable people to be involved in making decisions about their care and support.

Right Culture

The registered manager was keen to continually improve and develop the service. Effective audits and regular monitoring of the quality of support delivered was evidenced at all levels.

Staff told us should they have any concerns about poor practice they would feel confident to raise them and their concerns be acted upon. A staff member told us, "The management team are so approachable. We have a proper team that works well together." Relatives spoke positively of the staff team and registered manager. One commented, "Absolutely yes, I can talk to the manager/staff about my relative's care."

Staff supported people to explore and embrace their identity and provided care that was sensitive to equality and diversity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with CQC on 06 September 2019. We inspected the service in July 2020 and looked at the key questions safe and well-led but we did not award a rating at this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation about the completion of repairs.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dove Valley Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an assistant inspector.

Service and service type

Dove Valley Mews is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dove Valley Mews is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 January 2023 and ended on 6 February 2023. We visited the service on 24 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We contacted social care commissioners who help arrange and monitor the care of people living at Dove Valley Mews. We also contacted Healthwatch Barnsley. 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 of this information to plan our inspection.

During the inspection

We visited all areas of the home and spoke with 3 people using the service. We spoke with 9 members of staff which included, the deputy operations director, the registered manager, the deputy home manager, an acting team leader, an administrator and 4 care staff.

We spoke with 1 visiting professional who was present at the time of inspection.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We looked at further records and continued to seek clarification from the registered manager to validate evidence found. We spoke with 2 relatives.

We emailed several healthcare professionals and commissioners about their experience of the care provided and received 4 responses.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm and told us they felt safe living at Dove Valley Mews. Comments included, "Yes I feel safe living here. I would tell [registered manager] about it," and "Yes, alright here."
- The provider had appropriate systems to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse.
- Actions were taken by the provider to keep people safe and to share any lessons learned to help prevent recurrences.

Assessing risk, safety monitoring and management

- Regular checks were made on the premises to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.
- Managers identified risks to people's safety and implemented procedures to manage them.
- Staff were trained to meet people's needs and to promote their safety.
- Relatives felt people were supported to stay safe. One relative told us, "I know [relative] is being cared for really well and there's no issues."

Staffing and recruitment

- There were enough staff to ensure people were appropriately supported. Relatives did not raise any issues about staffing levels at the service. One relative commented, "I believe there is enough staff to support my relative."
- The provider had a recruitment system in place which enabled them to recruit staff safely. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medications safely.
- Staff were trained in medication administration and their competency had been assessed.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE and visiting risk assessments.

Learning lessons when things go wrong

- Systems were in place to support staff reporting and recording any accidents and incidents.
- Complaints, concerns and incidents were recorded and followed up.
- The registered manager ensured lessons were learned and practice changed if any trends were identified.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an assessment of people's needs and choices before they started using the service. This information was used to develop written care plans and risk assessments.
- The registered manager maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's health and support needs were clearly recorded within their support files by staff.
- Relatives made positive comments about the quality of care provided. Comments included, "Absolutely yes, I can talk to the manager/staff about my relative's care; I have seen my relative's care plan and I know they are kept up to date."

Staff support: induction, training, skills and experience

- Staff underwent an induction and shadowing period prior to commencing work. They had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.
- Staff had undertaken specialist training to meet the individual needs of people using the service. For example, autism awareness, managing challenging behaviour and epilepsy awareness.
- Staff told us they completed shifts with existing staff as part of their induction. Staff comments included, "New staff felt they were asking too many questions, but we worked really hard to ensure people [staff] knew no question was a silly question," and "We have enough training to feel safe, even with the people who can be challenging."

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

- People were supported to choose, plan and prepare their meals.
- Staff encouraged people to eat a healthy and varied diet and involved health professionals where required.
- The registered manager recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend medical appointments and access a range of health care professionals to improve their health and well-being.
- The service had effective processes for referring people to other agencies where needed.
- Staff worked well with other organisations to ensure people's needs were met and feedback from external professionals was positive. One commented, "The staff team are very confident and competent in supporting some of the most complex individuals. They have a wealth of experience, but the staff team are always willing to listen to advice."

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

- The accommodation was spacious and well laid out, with space for people to spend time together or apart, each person had access to individual lounges. However, although the building was well maintained overall, it was noted that the time for some repairs to be completed by external contractors resulted in alternative arrangements needing to be in place for extended periods of time.

We recommend that the provider review their arrangements with external contractors to ensure repair times in future are more responsive to minimise the impact on people living at Dove Valley Mews.

- People had access to a large garden which had a cabin, and an adapted area for one individual which provided a safe space when they were anxious.
- People had personalised their rooms and were included in decisions relating to the interior decoration of the home. One person was in the process of supporting with the decoration of their own room and the communal entrance area which was work in progress at the time of inspection.
- Relatives made positive comments about the accommodation provided. One commented, "[Relative] has got a lovely room; they've done it all" and "The home is clean and well maintained."

Supporting people to live healthier lives, access healthcare services and support

- Records included information about each person's health needs and guidance was in place for staff to show how these needs should be met.
- Each person had a hospital passport which detailed their health needs and the support they required. A hospital passport provides a summary of all the information hospital staff may need to support a person during their stay.
- People had good access to physical and mental healthcare and were referred to other professionals where appropriate.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.
- Staff received training and understood the principles of the MCA and how they applied this to their day to day work
- The registered provider, the registered manager and staff supported people in the least restrictive way and always considered and acted in people's best interests. Staff commented, "They all have a DoLS in place which restricts them from going out, but they all have a key which they can access the garden with, so it feels less restrictive."
- Where people were subject to a DoLS authorisation, these had been applied for appropriately and a record was maintained to show when the authorisation needed reviewing. One professional commented, "I know they are meeting DoLS, they know residents very well."



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff showed kindness, respect and warmth to people living at the home.
- People spoke positively about living at Dove Valley Mews. One person said, "Yes, like staff, yes, happy living here," and another signed to say they were happy when asked.
- The provider had equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- Professionals were positive about the support provided. One commented, "The staff appear caring and seek to improve the quality of life of their client. They always attend multi-disciplinary meetings and participate well offering solutions to problems and accepting advice and information from other professionals."

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

- Staff supported people to express their views and be involved in making decisions about their care by using a range of communication aids including easy read, pictures, social stories and translation of key words.
- Staff respected people's choices and wherever possible accommodated their wishes, including those relevant to protected characteristics. For example, around their cultural or religious choices.
- The service welcomed the involvement of advocates. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. One professional commented, "They are very receptive to my queries. They understand advocacy."

Respecting and promoting people's privacy, dignity and independence

- Staff were not rushed in their interactions with people. We observed people were involved and engaged in their care and support.
- People were supported to maintain their independence and learn new skills, and this was detailed in their support plans.

- Relatives were positive about the care provided. One commented, "The staff are excellent. Yes, I believe the staff know my relative well. The level of care provided is more than adequate, my relative always looked well cared for."



Our findings

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

This was our first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were detailed, reviewed regularly, and were person-centred, containing people's likes, dislikes and preferences.
- The registered manager empowered staff to have a good understanding of people's needs and kept them informed of any changes to people's support.
- We observed staff supporting people and found they were caring and considerate and assisted people to make their own choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans provided detailed information to inform staff how a person communicated.
- Staff understood and interpreted people's nonverbal communication, which enabled people to engage more with those around them.
- There was a range of accessible documentation to help people understand information as well as support to access advocacy services.

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

- People had access to a range of activities both inside the home and in the community that were based on individual needs and preferences. People's views about activities were gathered through reviews and regular discussions. One person commented, "I like to play golf and I'm learning at the minute. I do weights at the gym and swimming."

- Consistent support and detailed risk assessments had resulted in positive outcomes for people. One professional commented, "Service users appeared happy and there were plenty of activities for them to undertake both within the home and out in the community."

Improving care quality in response to complaints or concerns

- The provider kept a record of any concerns or complaints. The registered manager was proactive about learning from complaints and improving the service and outcomes for people.
- Staff told us managers were responsive to their concerns. One staff member said, "The management team are so approachable. We have a proper team that works well together."
- Relatives said they knew how to contact managers if they had concerns. One relative told us, "If we ask anything regarding [relative] we get a response. Never had to make a complaint."



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.

This is our first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood the importance of developing a person centred culture.
- The management team made themselves easily available to people using the service, relatives and staff. One staff commented, "It's nice to have a team and I can go in the office if there's any problems. It's very rare that the office door is closed, if it's closed you know it's because there is a meeting."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding the duty of candour and had transparent processes for investigating concerns. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and responsibilities. Staff told us they enjoyed working at the service and made positive comments about the management of the service. Comments included, "Absolutely love it here, everybody is extremely supportive. They have never pushed me, they have allowed me to do and learn things at my own pace," and "The members of staff especially managers go above and beyond."
- The registered manager and senior staff monitored the quality of the service and acted when issues were identified. This ensured the home was safe and well managed.
- The registered manager was aware of their responsibility to inform CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008 and this was evidenced by notifications submitted.

- People felt comfortable raising concerns with managers and were confident they would be listened to.

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

- People were involved in the service and had regular meetings and reviews to discuss their support, with information provided in a range of accessible formats.
- The registered manager, senior team and staff worked hard to ensure people were able to participate fully in their care by providing support with communication and working in partnership with others to maximise involvement through advocacy and other services.

Continuous learning and improving care

- Systems were in place to monitor the quality of the service. Audits took place on a regular basis.
- Action plans were used to address issues and make improvements to the service where needed. For example, during our inspection, the registered manager immediately actioned an issue we identified and continued to provide follow up information after the inspection was completed.

Working in partnership with others

- The registered manager had ensured positive relationships had been made with other healthcare agencies involved with people's care.
- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from a variety of other agencies
- Healthcare professionals told us that the registered manager and staff were responsive to people's needs. One healthcare professional said, "The staff are very proactive and readily contact the service to discuss any concerns they have with regard to their client. They also liaise well with other Health Care Professionals when this is required. They act on advice given to them in a timely manner."