

Relativeto Limited

Dove Valley Mews

Inspection report

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30 July 2020
03 August 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dove Valley Mews is a residential care home providing accommodation and personal care across three adapted buildings to six people. Each building has separate adapted facilities.

The service is registered to provide support to up to six people living with a learning disability and associated complex needs. There were five people using the service at the time of our inspection.

The service has been designed/developed taking into account best practice guidance and the principles and values underpinning Registering the Right Support. Each person's living area was based on the individual's needs and was designed in line with the person-centred care and support plan. Where people needed bespoke adaptations such as walls to be padded to protect them from self-harm this was done in a way which maintained a homely feel.

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

People told us they felt safe. Medicines were managed safely. Staff were recruited safely, and there were enough staff to take care of people. Support plans and risk assessments detailed what care and support people needed to reduce risk to them.

People spoke highly of the management team, commenting they were approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well-led.

People were supported to have maximum 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on September 2019 and this was the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to Covid-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas safe and well-led. We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe 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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Dove Valley Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

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 activities started on 30 July 2020 and ended on 5 August 2020. We visited the care home on 30 July 2020.

What we did before the inspection

We reviewed the information we had received about the service since its registration with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three staff members. This included the deputy operations manager, deputy manager, and team leader.

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

After the inspection

We spoke with one person who used the service, two relatives and one person's representative about their experience of the care provided.

We spoke with the registered manager, team leader and a support worker to obtain feedback about the management of the home.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for 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

- The provider had appropriate systems in place to safeguard people from abuse.
- People told us the service was safe. Comments included, "I do feel safe, sometimes the other residents don't make it safe, the staff help though and then I feel safe."
- Relatives told us, "(Relative) is absolutely safe, we would know if they weren't because of behaviours" and "(Relative) is very safe, the staff have got to them really well."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. Staff received appropriate training.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed.
- One relative told us, "(Relative) has some incidents, but the staff manage this really well." Another relative told us, "They manage (Relative's) anxieties swiftly. Staff are good at deescalating things. New staff have all the information they need so they know what they should and shouldn't be doing. This means they are all in tune."
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- There were enough staff to ensure people received safe care.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- Medicines were managed safely.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training.
- Staff told us, "I have received medication training. I was then observed before being signed off as competent. Managers do spot checks when we administer medication to ensure this is completed correctly."

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- One person told us, "It's lovely and clean. Sometimes I help clean but quite a lot is done by other service users. Cleaning should be done by us and staff help us."
- We observed staff supporting people with cleaning tasks during the inspection.
- Staff were observed to use personal protective equipment (PPE) appropriately throughout the home. Staff confirmed they had access to suitable PPE.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future re-occurrences.
- Risk assessments and support plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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.

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

- People and staff were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the team managers on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in. One person told us, "I find it good here. Staff are helping me find things to do during the day and I go out with them during the day. We also have meetings to discuss things, but sometimes I can't speak in front of others, so I speak to staff on my own."
- Staff and people who used the service had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The management team made themselves easily available to people using the service, relatives and staff.

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

- There was an open and honest culture in the service. People were complimentary about the registered manager.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. Staff were able to explain how they supported people which reflected information recorded in people's support plans.
- The registered manager had a clear understanding of their role and the organisation, and the lines of managerial support available.

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

- The provider had implemented quality assurance systems to monitor the service. These had been effective in identifying areas for improvement. When issues had been identified, these were added to an action plan and action had been taken to make improvements.
- There was a registered manager in post who provided leadership and support. We found the management team were committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person-centred care. Details of key life events were documented in people's support plans. Records demonstrated an emphasis on safe care that respected a

person's right to undertake activities they enjoy which may include risks.

- The registered manager understood which incidents and events must be reported to CQC. We were satisfied they had notified CQC of all relevant incidents prior to this inspection.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements to the service were made following changes in policy and procedure, to ensure regulatory requirements were met.

- Information from the quality assurance systems, care plan reviews and analysis of incidents was used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with clinical commissioning groups, social workers, mental health services and Barnsley local authority.