

Dignus Healthcare Limited

Elm Road

Inspection report

18 Elm Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elm Road is a residential care home that accommodates up to two people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were two people living at the home.

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

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do to if they suspected wrong doing.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by staff members who had been trained and assessed as competent. If errors were made the provider had systems in place to ensure the person was safe and lessons were learnt to minimise the risk of reoccurrence.

Staff members followed effective infection prevention and control procedures when supporting people.

The provider had systems in place to encourage and respond to feedback from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care.

The provider had kept the CQC informed about significant events at Elm Road.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

This service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture. People were supported in a small home based in a residential area with access to community facilities. 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.

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

Rating at last inspection

The last rating for this service was good (published 20 July 2019).

Why we inspected

We received concerns in relation to management of incidents and medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, good. This is based on the findings at this inspection.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm Road on our website at www.cqc.org.uk.

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.

Elm Road

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 Care Act 2014.

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

This inspection was completed by one inspector.

Service and service type

Elm Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

At the time of this inspection the service did not have a registered manager in post. However, the day to day management of the location was being provided by a newly appointed manager who was in the process of registering with the CQC. This means they will be, along with the provider, 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 it is a small service and we needed to be sure that the provider or manager would be available to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. Additionally, we reviewed information and feedback from the local authority.

During the inspection

We spoke with two people who used the service about their experience of the care provided and two relatives. We spoke with four staff members including two support workers, manager and area manager. We looked at the care and support plans for two people and looked at several documents relating to the monitoring of the home, training, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Elm Road and with the support they received.
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's home environment and going out in their local community.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing assistance.
- The physical environment where people lived was assessed by staff members to ensure it was safe for people to receive support.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. All those we spoke with told us they were supported when they wanted and needed.

- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Using medicines safely

- People's medicines continued to be managed safely. People told us they received their medicines when they needed them. The provider had systems in place to effectively and safely respond if an error occurred.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

Learning lessons when things go wrong

- The provider looked at incidents which had affected the safety of people. For example, if an error occurred with a person's medicines the provider had systems in place to identify what went wrong and what could be done to minimise the risk of re-occurrence. This included retraining or disciplinary action if required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The previous registered manager had recently left Elm Road. However, the day to day management was provided by a newly appointed manager who was going through the registration process with the CQC.
- The manager and provider had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider and management team had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular meetings with other managers, the area manager and updates from health and social care professional organisations.
- We saw the last rated inspection was displayed in accordance with the law at Elm Road and on the provider's website.

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

- People, relatives and staff members said the management team was approachable and they felt supported by them.
- One relative told us they could approach the management team, with confidence, and any concerns or opinions expressed were welcomed and respected.

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 under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

characteristics

- People told us they felt involved in decisions about where they lived including what to do and what to eat.
- One person told us they made decisions about how to personalise their living space in a way they wanted and enjoyed.
- Staff members found the management team approachable and supportive.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP practices and social work teams.