

Dignus Healthcare Limited

School House

Inspection report

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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

This inspection took place on 22 November 2018 and was announced. At our last inspection completed in February 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

School House is a 'care home'. People in care homes receive accommodation and 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. The care home is registered to accommodate up to three people with learning disabilities and autism. At the time of the inspection there were two people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. 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.

The registered manager and staff team strived to ensure people could play an active role in the community and to lead full and active lives. People were fully involved in the design and review of their care.

People were supported by a staff team who understood how to protect them from abuse. Care staff managed risks to people in a positive way. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected from harm while their independence was maximised. People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines safely and as prescribed. People were protected by effective infection control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to eat more healthily. People were encouraged to be involved in monitoring and maintaining their day to day health.

Staff supported people in a way that was kind and caring. People's privacy was respected and their dignity

was promoted and upheld. People were encouraged to be as independent as possible and were supported to maintain important relationships.

Care staff had been equipped with the skills they required to support people effectively. Processes were in place to respond to any issues or complaints. The registered manager had developed an open and transparent culture within the service where people were respected and everyone was free to share their views. People were fully involved in the development of the service.

A range of quality assurance and governance systems were in place and these were being developed to make further improvements. The provider engaged with the wider community and other organisations in order to drive improvements to the lives of those being supported.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

School House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for people with a learning disability who were often out during the day. We needed to be sure that they would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. They can advise us of areas of good practice and outline improvements needed within their service. We used information the provider sent us in the Provider Information Return. This 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 sought information and views from the local authority. We used this information to help us plan our inspection.

During the inspection we spoke with one person who used the service. We spoke with the registered manager, operations manager, team leader and two care staff. We carried out observations regarding the quality of care people received. We reviewed records relating to people's medicines, two people's care records and records relating to the management of the service. After our visit we also spoke on the telephone with two people's relatives.

Is the service safe?

Our findings

People told us they felt safe with care staff and protected from abuse and mistreatment. One person told us, "I feel safe. I am not scared of anything here." Two relatives confirmed the service was safe for their family member.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The provider and registered manager had systems in place to ensure any safeguarding concerns would be reported and investigated in order to ensure people were protected.

Care staff we spoke with understood the risks to each person living at the service and how to support them safely. Staff knew people's needs well including issues that could increase people's anxiety and the strategies for managing any behaviours. We saw risk assessments were in place identifying the potential risks to people and how staff should provide support to help keep people safe. We identified the risk assessment for one particular area of risk needed improvement but this had not had a negative impact on the person as staff were aware how the risk was managed. A range of checks were also completed within the premises and environment to ensure risks were minimised to people.

One person told us and we could see that there was enough staff available to meet people's needs and to keep them safe. The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

We looked at how the registered manager ensured medicines were managed safely. One person told us they received their medicine when they needed it. We saw medicines were stored securely. We saw medicines administration charts (MARs) were completed and medicines were administered safely and as prescribed. We brought to the attention of the registered manager that creams should be dated on opening to ensure they were discarded and replaced with new stock when needed.

People were protected by effective infection control measures. Good standards of hygiene were in place; including within the kitchen areas. Staff had access to personal protection equipment (PPE) as required.

Improvements were made when incidents had occurred or things had gone wrong. Accidents and incidents were being recorded accurately, and actions were created for staff to learn from any incidents to improve the care people received.

Is the service effective?

Our findings

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 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager and care staff had a good understanding of these pieces of legislation and when they should be applied.

People's needs were fully assessed before moving in to the service to ensure the placement was right for them and for others living there. An induction training package was provided to all new staff which ensured that all basic training was undertaken before any care was delivered. Care staff told us they felt the training available to them was good. Care staff told us they received good support from the registered manager and were able to have regular one to one meetings and were given any support they needed.

One person told us they were happy with the food they received at the service and that there was sufficient choice. Opportunities were available for people to contribute towards the menu or to shop for their own food. Some people liked to get involved in preparing their own meals.

People were supported to monitor their own health needs and to take choice and control around decisions about their health. Staff were knowledgeable about people's healthcare needs. People had been involved in their own 'health action plan' which clearly stated how they wished to be supported with their health needs. One person told us they were currently on a healthy eating plan and attending classes in the community regarding menu planning as they were actively trying to lose weight. They were very proud of their progress in this area. We saw people were supported to regularly access healthcare professionals such as doctors and dentists.

The environment was suitable to people's needs. Refurbishment of the service had been undertaken since our last inspection so that people now had their own individual flat that included a lounge and kitchen area.

Is the service caring?

Our findings

One person told us they were happy living at the service and that staff treated them well. They told us, "The staff are nice and caring. They are always there for a chat and listen. I cannot fault them." Relatives of people using the service gave us positive feedback about the care being delivered, and the positive and caring approach of the staff.

Staff spoke passionately about their job and demonstrated an understanding of people's needs and preferences along with a desire to improve people's quality of life. We saw positive interactions between people living at the service and care staff that demonstrated a mutual trust and respect.

People were supported to be involved in all aspects of daily living both within the service and out in the community. This included personal care, household tasks, shopping, community activities and leisure opportunities.

People's privacy was respected and their dignity was upheld and promoted. They were not interrupted when they went to quiet areas or to their rooms. People spent their time where they wanted to. We saw care staff were respectful in their communication with people and respected their space, for example by knocking before entering their room. Staff were respectful of people's cultural and spiritual needs and respected people's individuality and diversity. Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

People were supported to maintain relationships with those who were important to them. Visitors were able to visit the service without any unnecessary restrictions. Relatives confirmed they were made welcome by staff when they visited. Staff held regular 'family forums' which were used to invite family members to discuss and update the service, as well as any expectations for people moving forward.

Is the service responsive?

Our findings

People were supported to be fully involved in decisions about their care and developing their care plan. We saw care plans contained detailed information about people's likes, dislikes, their care needs and how care staff should support them effectively. This included what a 'good day, and a 'bad day' would look like to each person. We saw people were fully involved in reviews of their care.

People had a weekly meetings with staff where they planned their menu and activities for the week and also talked about things that were important to them. The registered manager knew about the Accessible Information Standard and information was available in suitable formats. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People were supported to access a range of opportunities that enabled them to live as full and active a life as they wished and to engage with the wider community. One person told us that since moving to the home they had daily opportunities to go out and do the things they enjoyed. The registered manager told us that both people had increased their participation and community engagement since moving to the service. For example, one person had now started to attend school regularly and also use public transport with the support of staff and this was something they had previously not been doing. Relatives confirmed that people were being well supported by staff to participate in a wide range of activities.

People were encouraged to give their views and raise concerns or complaints. However, none of the people or relatives spoken with had had cause to raise concerns and were happy with the service. The registered manager confirmed any concerns or complaints would be taken seriously, explored and responded to. We brought to the attention of the registered manager that the complaints procedure available in the home was not up to date. They assured us they would ensure this was rectified.

At the time of this inspection, the provider was not supporting people with end of life care. We saw that people had the option of recording decisions about future care and preferences for any end of life arrangements.

Is the service well-led?

Our findings

The service had a registered manager. 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. The operational manager and registered manager told us that the ethos of the service was about being able to change people's lives for the better and was not about filling beds.

People knew who the registered manager was and appeared relaxed and comfortable in their presence. One person told us, "If I had any complaints I would tell the manager." We saw people were fully involved in the development of the service. They were spoken to regularly both informally and through meetings about their care.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Care staff gave positive feedback about the registered manager. Staff told us they worked together effectively as a team and we saw this during the inspection and reflected in the care people received. Staff felt comfortable raising issues and concerns and were confident they would always be listened to and concerns acted upon. One member of staff told us, "It's a very supportive place to work."

A range of audits and quality checks were in place to ensure the quality of care and support provided to people was good. We saw where issues had been identified these had been addressed immediately. Whilst the window restrictors we viewed were in good order we identified a lack of documentation regarding window safety audits. The registered manager and operations manager told us they would take action to improve the recording systems in place.

The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved.

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. The registered manager was aware of this requirement. We also found that the registered manager had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.