

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

The inspection was unannounced and took place on 16 February 2016. At the last inspection in June 2014 the provider was meeting the requirements of the regulations we inspected.

School House is registered to provide accommodation and personal care for up to three people who may have a learning disability. There was one person living in the home on the day of the inspection and had lived there for three weeks prior to our inspection. The home had been vacant for more than 12 months prior to the inspection.

There was no registered manager in post at the time of this 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. A new manager had been appointed and the provider informed us they would be registering with the Commission in the near future. Since our inspection the new manager has registered with the Care Quality Commission so there is now a registered manager in post.

The person told us they felt safe. Staff knew how to protect the person from the risk of abuse. Risks to the person's safety were managed. There were sufficient numbers of staff to meet the person's needs. There was a system in place to manage the person's medicines safely.

When a person's liberty had been deprived the provider had sought authorisation to do so. When a person lacked capacity decisions about their care were made in their best interests in line with the Mental Capacity Act 2005. The person told us staff supported them well. The person told us they had choices about their food and nutrition. If the person required further support with their health needs a system was in place to allow this.

The person told us and we saw staff were kind and caring. Good relationships had developed between staff and the person living in the home. Staff supported the person to remain as independent as possible and the person was encouraged to maintain relationships that were important to them. The person was supported by staff who respected their privacy and dignity.

Staff knew the care needs of the person. The person felt involved in their care and was able to make choices which staff respected. The person was able to spend time doing leisure activities of their choice which they enjoyed. The person was comfortable in reporting any concerns to staff should they need to.

Staff told us they were involved in the running of the home and they felt supported by the provider. A quality assurance system was in place.

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.

The person told us they felt safe and was supported by staff who knew how to keep them safe. There were enough staff to meet the person's needs. Safe systems were in place to ensure the person got their medicine when they needed it.

Is the service effective?

Good ●

The service was effective.

The person told us they were supported by staff. The person's rights were protected because the provider had followed the principles of the Mental Capacity Act. The person was able to make choices about their food and dietary requirements. If needed a system was in place to support the person should their health needs change.

Is the service caring?

Good ●

The service was caring.

The person was supported by kind and considerate staff. Staff supported the person to remain independent whilst respecting their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The person was supported to make choices and receive their care in the way they wanted. The person had access to leisure activities of their choice and was supported to maintain relationships that were important to them.

The person told us they felt comfortable approaching any staff should they have a concern or a complaint.

Is the service well-led?

Good ●

The service was well led.

There was no registered manager in post at the time of our inspection. However following our inspection there is now a registered manager in post. Staff were supported in their roles. A quality assurance system was in place.□

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 16 February 2016 and was unannounced. The inspection team consisted of one inspector. As part of the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection. We asked the local authority for any information they held about the provider to help us plan our inspection.

During the inspection we spoke with one person, three members of staff, the new manager and the provider. We looked at one person's care plan and the quality assurance system the provider had in place.

Is the service safe?

Our findings

The person living at the service told us they felt safe because they always had a member of staff with them due to the fact they did not know the local area. Staff were able to tell us how they protected people from the risk of harm. Staff knew how to recognise abuse and what to do if they suspected abuse.

Staff told us how they managed the risks to the person's safety. They explained staffing levels were always on a one to one basis to ensure the person was safe. Staff gave us examples of how they supported the person to keep them safe and meet their needs. We saw where risks to the person's safety had been identified, risk assessments were in place to enable staff to provide care which supported the person and helped reduce risks.

Staffing levels reflected the person's needs. The manager had assessed staffing levels according to the assessed needs of the person and we saw sufficient staff were available to meet this person's individual support needs. Extra staff were available when the person accessed activities in the community and when travelling by car.

We looked at how the provider was managing the storage of medicines and found they were stored securely. The person living at the service said they understood when they needed their medicine. They told us staff supported them by prompting them when their medicines were due to ensure their medicine was taken on time. They told us the staff helped them with their medicine in the mornings and at night and staff signed a book when the person had taken their medicine.

Records we looked at showed medicines were administered when prescribed and there had been no missed medicine during the time the person had lived at the home. We saw the medicine records for the person gave staff specific guidance for any side effects which may occur. The person told us their medicine was looked after by the staff and only staff had a key to the cabinet. No records of the temperature of the room were kept to ensure medicines were stored at appropriate temperatures. However, the manager told us they would ensure they introduced a system to monitor temperatures in the future.

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.

We looked to see if staff were following the principles of the MCA and found they were. We saw where the person lacked capacity to make decisions for themselves a capacity assessment had been completed and decisions had been made in their best interest. Staff were knowledgeable about how the principles of the MCA affected people's care when they lacked capacity to make certain decisions for themselves.

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs).

The Act requires providers to submit applications for DoLs to a 'Supervisory Body' for authority to do so. We saw restrictions were in place for the person that may have amounted to the person being deprived of their liberty. We found the provider had not ensured they had submitted the required application to the supervisory body to deprive the person of their liberty. The provider told us they would do this immediately following the inspection.

The person living in the home did not comment if the training staff had received was suitable to look after them but thought staff supported them well. Staff told us they had received training such as caring for people with learning disabilities to enable them to care for the person. Staff told us they had received a good induction which meant they got to know people before they started work.

Food was bought and prepared by the person who was able to make choices about what and where to eat. They told us, "I am following a nutritional diet to help me lose weight". They explained they could choose what they wanted to eat and went to the shops to buy it. They told us they chose not to eat much chocolate or biscuits as they wanted to remain healthy and staff supported them to achieve this.

The person was supported to maintain good health. As the person had only lived in the home for a period of four weeks prior to the inspection, no health professionals had been needed. However the manager told us they had registered the person at the local doctor's surgery in case medical intervention was needed.

Is the service caring?

Our findings

The person told us they had good relationships with the staff in the home. They told us they liked the staff and the staff were kind to them. We saw they enjoyed friendly chatter with the staff and they were at ease talking and expressing their views with staff in the home. Staff told us about the person's preferences and family history and how this affected their care.

They told us they had "chats" with staff about how they wanted their care to be delivered and how they were involved in making choices about what they wanted to do on a daily basis. They told us they went to bed at a time of their choice. They continued by telling us they chose what they wanted to do on a daily basis, where to visit and what they wanted to achieve that day.

The person told us they were encouraged to be as independent as possible. They told us they were able to complete all their own personal care and staff only provided support whilst they were out in the community. They cooked their own food and had household chores to do to keep their home clean. They explained one of their goals was to live independently and to help them to achieve their goal they did as much for themselves as possible do this they wanted to demonstrate they had the skills to do this. We saw staff encouraged the person to achieve their goals which included providing prompts when they needed to. This enabled the person to gain valuable skills for living more independently in the future.

The person was supported by staff who were respectful and understood their needs. Whilst the support provided was on a one to one basis, we were told by the person, "I prefer to be by myself sometimes." Their privacy was respected by staff. For example, they told us they liked to spend time alone in their bedroom and staff respected their choice. They also told us they only had male care staff as this was their preferred choice.

Family members were encouraged to visit which we were told by the person they enjoyed. The person told us, "I have regular visits from some family but not all". Family connections were important to them and they told us they were happy when family visited.

Is the service responsive?

Our findings

The person told us they were able to choose what they did and how staff supported them to achieve their personal goals. For example, they told us they had goals which they wished to achieve when they left the home. One of these was to get a job. They said, "I get up at 8am. If I want a job I need to get up". They explained staff had helped them to get into a morning routine of getting up earlier than they used to so they would be in a good routine to get a job in the future. Staff understood the person's needs well. Examples were given about how they had changed since living at the home and what staff support they needed to encourage more change in line with the person's aspirations.

The care record we looked at reflected the person's choices and preferences. It included a section "This is me" which gave details of the person's family background and any other personal relevant information. Staff were knowledgeable about the person's choices and preferences and how they would like staff to support them.

They told us their leisure time was spent playing games, watching television, visiting the cinema and listening to music which they liked to do. They told us staff discussed with them and gave them ideas of local places to visit as they were new to the area. Staff then supported them in going out to visit the leisure activities of their choice

The person told us they would tell any of the staff if they were unhappy about something. So far they had not had a reason to do this but they felt comfortable in speaking with staff, the manager or the provider who they saw on a regular basis. No recent complaints had been documented. There was a complaints policy in place which staff were aware of should they need to use it.

Is the service well-led?

Our findings

The service had a registered manager; however, the provider informed us they had not been working at the home for over 12 months. The provider explained they had attempted to contact them to de-register but they had been unsuccessful. The provider had recruited a new manager but they had not yet registered with the Commission. Since our inspection they have now registered with the Commission and so there is now a registered manager in post.

Staff told us they were supported by the manager and the provider and they could approach them with any concerns. Staff told us they received supervisions and they felt able to discuss any problems as there was an open and positive atmosphere in the home. Staff told us the manager visited on a daily basis because they were managing two homes currently and the provider also visited regularly. One member of staff said, "As a staff team we have come together very well".

Although there were systems in place to involve people in how the service was run these had not been used recently because the service had been vacant for over a year. The person who lived there was involved in the day to day running of the service as they had conversations with the staff and made choices which they were happy with.

A system to monitor the quality of care in the home was in place. We saw the quality audit had been completed prior to our inspection which had highlighted no concerns in the areas it covered. We spoke with the new manager and the provider who told us the home was due to have more people moving into it in the near future and plans were underway for this.