

Dignus Healthcare Limited

39 School Lane

Inspection report

39 School Lane
Exhall
Coventry
CV7 9XA

Tel: 02476644518

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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

About the service

39 School Lane is a residential care home providing personal and nursing care to eight people with mental health conditions under the age of 65. The home provides individual apartments within one building for people who have come from long stays in hospital or other services who need time and space for rehabilitation before moving into the community.

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

Staff understood how to keep people safe. Risk relating to both people and the environment had been assessed and well managed. Medicines were administered safely with people supported to do this independently where appropriate. There were enough staff who knew people well to provide support. Staff wore appropriate personal protective equipment in line with government guidance.

Managers ensured staff were suitably trained and supported so they could do their roles well. 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.

Care plans were developed in partnership with people and their relatives to ensure they were in line with people's preferences, religious and cultural beliefs and values. Staff respected people's preferred way of communication and referred to people by their chosen names. The home received very few complaints and many compliments which the registered manager had processes in place to manage and share with people and the staff team.

The registered manager had policies and processes in place to review and learn from incidents and events at the home. These were used to make improvements within the home. The home had a contingency plan in place which covered emergencies and management of Covid-19. Staff loved working in the home and felt well supported by managers who worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 05/08/2020 and this is the first inspection.

Why we inspected. This was a planned inspection because the service had not been previously rated.

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.

39 School Lane

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

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

39 School Lane 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.

The service had a manager registered with the Care Quality Commission. This means 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 it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed compliments from a range of professionals who work with people including specialist nurses and social workers.

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

- People felt safe in the home and could raise concerns with staff or managers when they needed to. One person said, "School Lane is a place of safety for me." Relatives confirmed this with one telling us, "I haven't any concerns regarding my family members safety at School Lane."
- Staff understood the whistle blowing process and information about speaking up was displayed in the home for both staff and residents. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The provider had effective safeguarding systems in place. Managers ensured staff received training and understood what to do to keep people safe from harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People's safety and ongoing risk was managed well. Staff continually assessed and identified risks, and these were recorded on a range of risk assessments which were up to date and shared with people and their relatives where appropriate.
- Staff had a good understanding of how to manage and reduce risk including environmental risk. For example, the home had risk assessed possible ligature points and ensured people had individual risk assessments in place to mitigate the potential risks of harm. A ligature is when someone ties something tightly to cause themselves harm.
- The registered manager had a system linked to handheld devices which all staff could use for recording of incidents and accidents as soon as they happened. The registered manager used this to produce audits, put plans in place to reduce the likelihood of incidents happening again and share learning with staff.

Staffing and recruitment

- People said there were enough staff available when needed. However, one person told us that sometimes if staff were busy with other people this could delay them going out for shopping or visits in the community. The manager confirmed that sometimes trips out were delayed by a few hours due to unplanned for events but always happened on the day they had been planned for.
- Staff said they were happy to cover gaps in the rota because they knew recruitment was a priority as some people had left for career progression and other roles. We reviewed the rota's which showed there was enough staff cover to keep people safe from harm.
- The registered manager ensured staff were recruited safely in line with the providers policies and procedures.

Using medicines safely

- People, where appropriate, were supported to take responsibility for the ordering, collection and administration of their medicine as they worked towards living independently.
- People's prescribed medicines were securely stored. Medicine administration records were fully completed and up to date.
- The registered manager ensured staff received training in the safe administration of medicines and completed regular competency checks. Medicines errors were recorded, and the records were audited so learning and actions could be shared with staff.

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.

Is the service effective?

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 for 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

- People's needs were assessed before they moved to the home to ensure these could be met.
- Staff wrote care plans with people and their relatives to ensure they were relevant and personalised. The plans included information about a person's communication needs, health, wellbeing, religious and cultural needs and reflected how the person wanted to be supported.
- The registered manager ensured staff received training in the Equality Act 2010 and this was used to promote inclusion and diversity which was reflected in people's care plans which identified people's preferred names and gender pronouns such as 'she, they or he.

Staff support: induction, training, skills and experience

- One relative told us "I think the staff are well trained. They have been on specific training courses to help them understand and deal with (person's name). They are very proactive."
- Staff training was up to date. Staff said training was good and easy to access. All staff had also received training which was specific to the needs of people they cared for. This included mental health, Autism awareness and positive behavioural support training.
- Managers carried out spot checks of staff practice to ensure staff were competent and had the skills necessary to support people.
- The registered manager ensured new staff received an induction, training and worked with experienced staff for as much time as they needed before being included on the rota.

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

- People, where appropriate, took responsibility for their food shopping and preparing of meals which gave them choice and control over this.
- Staff told us they gave advice and guidance on food and support to prepare meals which were nutritious and met the cultural and medical needs of people.
- The registered manager ensured staff completed training in nutrition and hydration and food hygiene so they had the knowledge and skill to support people in this area of their lives.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals including dentists, specialist nurses and a local GP. Each person had a hospital passport which gave their details and preferences if they became unwell.
- Staff followed care plans which contained guidance from professionals. This included guidance on

epilepsy and diabetes.

- The registered manager ensured all information from professionals was updated and stored in the electronic recording system for staff to access. The system flagged up to each staff member as they logged in when a new update was available.

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

- People had their own apartment which included a bedroom, bathroom, lounge and kitchen. People told us they could personalise their space in their own way. This included handmade cushions in one apartment and a large train set in another.
- Staff said adaptations were made for new people before admission depending on their needs, for example, having access to a ground floor apartment or having the way a door opened altered.
- The registered manager had risk assessments, policies and procedures in place relating to the building. This included fire safety, water temperatures and the general maintenance and cleanliness of the building, communal areas and the gardens.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives were included in all decisions about their care and this was evidenced in the records. People's individual choices and preferences were written down for staff to follow.
- Staff received training in the Mental Capacity Act (2005). They understood the guiding principles and how they should be applied. Capacity assessments were individualised and decision specific. Where applicable staff ensured decisions were made in people's best interests taking into account people's wishes and in discussion with relatives and other professionals.
- The registered manager understood the requirements of the Deprivation of Liberty Safeguards and how to apply for these. Two people had Deprivation of Liberty Safeguards in place. These had been applied for appropriately and staff understood how this was used to keep people safe.

Is the service caring?

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 for 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

- People said staff were caring and knew them well. One person told us, "Staff listen, and they are there. They know when something isn't right."
- Staff understood their roles through training and support from managers. Staff worked alongside people in partnership and empowered people to build the skills, confidence and self-belief to move towards independent living.
- The registered manager supported people through team meetings, one to one support and being available on site. One staff member said, "They look forward to coming to work to see what's happening. There is always something to enjoy."

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

- People were encouraged to give feedback both individually on feedback sheets and at the regular residents' meetings such as making improvements to the garden area and having pet rabbits to care for which had been implemented.
- Relatives said they were able to speak to staff regularly but were not formally asked for feedback. This was raised with the registered manager who said it was in their plans to do this to support quality improvement.
- The registered manager was available to speak to residents and listen to their ideas and concerns. One resident had a regular weekly meeting with the registered manager so they knew they would always have time to discuss the things they wanted to.

Respecting and promoting people's privacy, dignity and independence

- People told us the home was a good place to live and staff treated them with dignity and respect. One person said, "Staff trust me." It was clear in the way people spoke, feeling trusted was particularly important to people due to their previous experiences of care often in hospital settings.
- Staff understood people's communication needs and knew people and their previous life histories well. Staff used this information to chat to people and build strong and supportive relationships to support people to build the skills needed to move on to live independently.
- The registered manager and their team promoted a strong culture based on respecting people. This was evidenced in the way care plans were written and observations of the way support was being delivered to people during the inspection.

Is the service responsive?

Our findings

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

This is the first inspection for 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

- People were fully involved in writing and reviewing their care plans. Care plans were personalised, detailed and up to date.
- Staff updated care plans as people's needs and choices changed. Electronic handheld devices linked directly to a central system allowed changes to be made instantly and were available to staff as they came on duty.
- The registered manager audited care plans and the daily records and gave feedback to staff about the quality of these so they were continually being improved and easy to use.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One relative felt the home had positively supported communication saying, "[Person's name] is limited in their communication but they encourage them to speak up for themselves."
- Staff understood how people liked to communicate. This was set out in care plans and staff used these to meet the individual needs of people in their care.
- The management team demonstrated a good understanding of the Accessible Information Standards by ensuring information was available in a range of formats including easy read and pictures.

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 were encouraged to follow and take part in activities which interested them. Some people were volunteering in the community and staff had supported them to learn how to use public transport independently which had been very successful.
- Staff sourced opportunities for people, including online groups to ensure people could continue to participation in activities and interests throughout the Covid -19 pandemic. One person had been supported by a staff member who had a shared interest to engage with a music group.
- The registered manager encouraged people to engage in social activities outside of the home and as part of using the communal spaces within the home such as the development of the garden and the keeping of pet rabbits.

Improving care quality in response to complaints or concerns

- People knew how to make complaints. Information was available in formats they could understand and was displayed within the home. One person said they had made a complaint about staff and felt managers had listened and dealt with this.
- Staff understood their responsibility to support people to raise concerns or complaints.
- The registered manager responded to concerns and complaints in a timely manner and spoke to people involved. Resulting actions and learning was shared with the staff team to help the home continue to improve.

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.

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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 relatives were positive about the registered manager and the culture of the home which they described as 'warm and friendly'. One relative said "They [Registered manager] are very proactive in contacting me. Communication is good."
- People were encouraged to give feedback about the service. This included changes to the environment such as the garden.
- Staff told us the service was well-managed. They used words such as supportive and approachable to describe managers and said they 'loved' their jobs and going to work.
- The registered manager had regular meetings with staff to discuss the delivery of the service. Meetings notes showed areas such as training, staffing and risk were discussed. The registered manager encouraged staff to participate and give presentations on topics such as the value and use of the electronic recording system.

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

- Relatives said the registered manager was easy to contact and the staff informed them when things happened, or something went wrong.
- The registered manager understood their responsibility to inform CQC about events which affected their service such as safeguarding, or absence of the manager for more than 28 days.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had a registered manager who was supported by a deputy and a team leader who covered in

their absence. The registered manager worked onsite, and staff and people knew them well.

- Staff enjoyed working for the service and felt well supported and included through regular individual and team meetings
- The provider supported the manager and ensured they had a range of people they could contact for support and advice. They worked together to ensure quality improvement of the service through regular audits, learning from these and discussing outcomes in governance meetings.
- The registered manager had oversight of the service and used audits of care records and observations of staff practice to ensure care was being provided as it should be.

Working in partnership with others

- People were supported to speak with their support networks when they needed to which included family and professionals.
- The registered manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy. This included mental health professionals, consultants, social workers and nurses.