

Dignus Healthcare Limited

Chance Drive

Inspection report

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Date of inspection visit:
14 October 2021

Date of publication:
16 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chance Drive is a residential care home providing care and support to younger adults, people with a diagnosis of learning disabilities or autistic spectrum disorder and people with a mental health diagnosis. At the time of the inspection seven people were receiving support. The service can support up to eight people.

Chance Drive accommodates people across two independent flats and a communal home with six bedrooms, each of which has adapted facilities.

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

People told us they felt safe and were now involved in their care. Improvement had been made to assess or mitigate ongoing risks to people. Staff practices had improved to be more person centred. Record keeping around management of incidents had improved though required further improvement. Care plan and risk assessments were updated though the new digital system which was still being developed.

Medicine open dates were not consistently recorded however medicines were administered safely. Infection control practices in relation to COVID-19 were in line with current government guidance.

New systems and processes had been introduced and continued to be developed. Communication with relatives had improved and staff received better support in their roles.

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.

This service was not always able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture however care was more person centred to promote dignity and human rights. The behaviours of leaders and care staff ensured people using services lead more confident, inclusive and empowered lives than we found during our last inspection.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 August 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

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

Why we inspected

We received concerns in relation to safeguarding, incident management and the management of the home. 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 requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Chance Drive

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

The inspection was completed by one inspector.

Service and service type

Chance Drive 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 did not have a manager registered with the Care Quality Commission. The manager had applied for registration however left the home after the inspection had taken place. A new manager was promptly recruited.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the providers action plan. We sought feedback from the local authority and professionals who work with the service. 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 met with four people who used the service. We received feedback either verbally or in written format from six people. We spoke to four relatives about their experience of the care provided. We spoke with five members of staff including the operations manager, manager, senior care worker and care workers.

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



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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

Our last inspection found failure to ensure care and treatment is provided in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Our last inspection found there was no incident analysis to identify patterns, trends or themes. This inspection found a new digital recording system had been introduced which aided the recording of incidents and provide analysis of the recorded incidents. This system had recently been introduced and was still being developed and embedded.
- A newly introduced digital recording system had prompted regular reviews of care plans and risk assessments which had improved information about people's current needs and risks. Continued improvement was needed to fully update people's records and fully embed the new system to ensure records continued to reflect people's current needs and risks.
- Our last inspection found care plans and risk assessments did not consider the impact of one person's behaviour on another person or ways to reduce the risks. At this inspection we found the resultant impact from one person's behaviour on another had been considered and actions had been taken to minimise the risk of this. For example, a partition door had been installed and new entrances designated for people to use when entering their flats.
- Since our last inspection staff were now supported when they sustained injuries at work and were provided with time and support if they were not able to safely remain at work following an injury. One staff member told us, "The support staff receive after incidents has improved, there is follow up contact to ask how we are doing and there is now support for staff."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found a failure to ensure people were safeguarded from risk. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 13.

- Our last inspection found allegations of abuse had not consistently been reported to local authority safeguarding teams and investigated. This inspection found all reportable incidents had been reported to the appropriate body.
- Record keeping around management of incidents, use of chemical and physical restraint and language used in records had improved since our last inspection however, we found further improvement was needed. The manager was continuing to support staff with further training and discussion during supervision meetings.
- People and their relatives told us they felt safe in the home. A person told us, "Yes, I feel safe because of the staff's efforts, however it does not feel like home." A relative told us, "Yes I do believe [person] is safe. [Person] loves it there and has been fine, everything is working well there."
- Staff had received training on identifying signs of abuse and staff knew how to respond to and report safeguarding concerns. A staff member said, "Yes I have completed safeguarding awareness every year." Another staff member said, "If I had concerns the first point of call is our manager. I feel that service users are very safe here. At the previous inspection we were having some issues and now things are better."

Using medicines safely

- Medicines were not consistently labelled with their open dates which meant it could not easily be identified how long the medicines had been open. The manager had identified this concern in their audit one week before our inspection and taken action to prevent a reoccurrence. We found all medicine had been opened at the beginning of the current medicine cycle and safe to use.
- Where people required medicines on an 'as and when required' (PRN) basis, there were protocols in place to guide staff as to when they needed to be administered.
- People told us they were administered their medicines on time. One person said, "I know what's in my medication pot, I would know if something was missing or extra. I know my PRN, the names and when I should have them."

Staffing and recruitment

- Our last inspection identified the providers recruitment process needed to become more robust and there was a review of staff files underway. This inspection found the process had been improved and the home had explored gaps in employment.
- We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- People told us there were enough staff to meet their needs. One person told us, "There is always enough 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.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

Our last inspection found a lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Our last inspection found the Care Quality Commission had not been notified of events that had occurred in the service in line with legal requirements. This was a breach of a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18.

Enough improvement had been made at this inspection and the provider was no longer in breach of registration regulation 18.

- Our last inspection found a failure to consistently update care plans and risk assessments. This inspection found the provider had introduced a new digital system to support the recording and updating of people's records. This system was still being introduced and while most people's records had been updated others were still being updated and reviewed.
- Our last inspection found a lack of incident analysis. At this inspection we found the provider had introduced a new system for the recording and analysing of incidents to identify patterns and trends with a view to minimising incidents and their associated risks. This system was still being developed and embedded into the service. For example, the digital record system had a technical issue which meant staff were required to tick that physical restraint had taken place (even when it had not) for the incident record to be saved. Therefore, the number of incidents where restraint was used was much less than that recorded. The manager took action to address this issue.
- The provider had improved their procedures for reporting and the Care Quality Commission had been notified of events in line with legal requirements.
- The manager had improved systems for recording and managing complaints. We found concerns that had been raised had been acted on. A relative said, "I have raised complaints and have communicated closely

with [manager]."

- Staff understood whistleblowing and told us they knew how to access policies relating to this. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal or unethical.

Working in partnership with others

- The registered manager and staff communicated with external health professionals such as psychology and psychiatry teams. We saw contact with professionals was for some weekly and fortnightly. A professional told us, "Since [manager] has been in post they will take on board our suggestions and work effectively with us and other professionals. Though some staff are not as proactive as [manager]. We will be going into the home to work with staff, we feel this will be positive."

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

- The manager had worked closely with staff to improve their person-centred practice. A professional involved regularly with people said, "I have seen improvement since [manager] managed the unit and there is more consistency."
- We found improvements in the language staff used when they were recording incidents which promoted a positive culture. The manager told us staff had completed further training on their record keeping and the use of terminology. A relative said, "They [staff] look after [person] well and tolerate a lot of verbally aggressive behaviour from [person] and are still professional. [staff] do a marvellous job in meeting [person's] needs."
- We found key workers had been allocated and key worker checklists had been introduced along with the development of a new schedule and activity planning system where the service user takes a lead role.

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 manager understood their duty of candour. The Duty of Candour is a regulation that requires persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager was working in accordance with this regulation within their practice.

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

- Our last inspection found there had been no formal feedback requested from people or relatives. This inspection found questionnaires had been given to service users and the responses were very positive with actions being identified where needed.
- Monthly keyworker meetings had been introduced which involved people in their care. One person said, "Staff do help me and discuss my issues."
- Relatives told us they were involved in people's care. A relative told us, "I am involved the manager and some staff are great." Another relative said, "I am and have to be involved with all reviews and they keep me informed regularly about the care."