

## Elysium Care Partnerships No 2 Limited

# Dane House

### Inspection report

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Date of inspection visit:  
13 October 2022

Date of publication:  
06 January 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dane House is a residential care home providing accommodation and personal care to 6 people at the time of the inspection. The service can support up to 6 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** Some risks to people were not documented and assessed to ensure staff had all the information they needed. People were supported by staff who knew them well and maximised their opportunities for independence. A relative said, "We are very lucky to have found this place," a person told us, "I'm happy here." 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. Staff supported people to make decisions themselves and communicated with people in ways that met their needs. People were supported to maintain contact with people who were important to them. They used local community services and were supported to access health care services.

**Right Care:** People were receiving person centred care from staff who were kind and caring. People and their relatives spoke positively about the staff. One person told us the staff were kind and said, "They are all my favourites." The staff respected and promoted people's dignity, privacy and human rights. People were able to access their bedrooms independently which promoted their privacy and dignity. Staff were appropriately trained and had the skills to support people's individual needs, to communicate effectively and to support their safety.

**Right Culture:** The culture of the service was positive and open, staff described being well supported in their roles. Staff understood people's sensory needs and used positive behaviour support techniques effectively to support people when they experienced episodes of distress. The registered manager and provider recognised where practice needed to improve and took immediate actions to address shortfalls in risk assessments, care plans and systems for monitoring quality.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 July 2021) and there was a breach 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.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 June 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent. 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, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as 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 Dane House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Dane House

## 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 Health and Social Care Act 2008.

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 team consisted of 2 inspectors and an Expert by Experience. 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

Dane House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dane House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because

the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people during the inspection, some people were able to speak with us, others used different ways of communicating, including signs, body language and noises. We spoke with 5 relatives by telephone. We spent time observing the support and communication between people and staff in shared areas of the house. We spoke with 8 members of staff including the registered manager, the regional manager, 2 team leaders, 3 support workers and 1 agency worker. We looked at records relating to people's care and support including risk assessments, care plans and medicine administration records. We looked at a variety of records relating to the management of the service, including staff rotas, training plans, audits and other documents.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. 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

- Risks to people were not consistently assessed and staff did not always have all the guidance they needed about how to manage risks.
- One person's care plan referred to them having a risk of choking. There was a care plan in place and we observed staff knew the person well and were following the guidance in their care plan for support at meal times. However there was no risk assessment to identify the level of risk and the provider had not sought advice from a Speech and Language Therapist (SaLT) to ensure that all risks associated with eating and drinking had been considered. There had been no incidents of choking and staff had received first aid training including what to do if someone was to choke. The registered manager agreed that a SaLT assessment could provide additional advice about keeping the person safe and took immediate action to request a referral.
- Some people had risks associated with their physical and mental health. Risk assessments and care plans were not in place to provide clear guidance for staff about how to recognise any changes or deterioration associated with these conditions.
- Staff knew people well and we observed they were supporting people appropriately. However the lack of documented risk assessments and care plans meant that staff might not have all the information they needed and there was an increased risk that people could come to harm.
- We spoke with the registered manager about these concerns and they took immediate action to address the shortfalls. Following the inspection, they confirmed a SaLT referral had been made and appropriate risk assessments and care plans were now in place to support people's risks of choking and their physical and mental health needs.
- We identified this as an area of practice that needed to improve to ensure that risks to people are always assessed, to include the level of risk and appropriate guidance for staff.
- Other risks to people had been assessed with clear guidance for staff in how best to support them. People had Positive Behavioural Support plans (PBS) which guided staff in how to support people with incidents when they became distressed. One staff member told us, "We all use the PBS plans and have had training in the techniques. If something isn't working well, it is reviewed and we try a different approach."
- People were supported to take positive risks. For example, one person had been supported to go out in the community more frequently and had been able to enjoy a bike ride. Staff spoke proudly of how this had taken a lot of planning to achieve and was a huge achievement for the person. A relative told us how staff supported their relation to be more active. They told us, "They (staff) take them to some amazing places. The staff are more confident now and I know they go bowling every week."

### Staffing and recruitment

- People were supported by staff who had been recruited and inducted safely.
- The provider had a system to ensure there were enough suitable staff to care for people safely. Records showed the staffing level was consistently maintained at the level the provider had assessed as safe. There were contingency plans in place to support the service in the event of unexpected staff absence.
- The registered manager described how recruitment and retention had been challenging but new staff were currently being recruited and some agency staff had moved into permanent positions. Agency staff had received a thorough induction and were working at the service regularly. One agency staff member told us, "The induction was very thorough, I am accepted as part of the team here."
- Staff we spoke with confirmed that staffing levels were safe but sometimes minimum staffing levels meant people's quality of life was affected. One staff member said, "Sometimes it's difficult for people to just go out, we have to plan in advance and make sure there are enough staff on duty because some people need two staff to go out."
- A relative told us, "The only problem is there is not always a driver on duty, that means people can't always go out if they want to." The registered manager said that usually there were enough staff on duty to ensure that people could go out but recognised that this was sometimes not possible. They told us, "We do need to plan outings with some people and if we have staff absence for any reason that can impact on people's choice of activity." This had been recognised as an area that needed to improve and the provider had recruitment plans in progress to increase staffing and address this issue.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were knowledgeable about how to identify and report signs of abuse or inappropriate treatment.
- People and their relatives told us they felt safe living at Dane House. One person said, "It is a good place here, all the staff are kind." A relative told us, "I have had no concerns ever, and there has never been any reason to suspect anything." Another relative told us they were confident their relation was safe and well cared for, they said, "I know she is happy there, when I take her out she is always really happy to go back to Dane House."
- People had complex needs and some people could become distressed and frustrated at times. Some incidents required staff to support people with physical interventions to prevent harm to themselves or others.
- Staff had received training in how to support people appropriately and were knowledgeable about how to reduce risks and triggers to reduce or avoid altercations. Where altercations had occurred, the provider had followed their safeguarding policy and reported incidents appropriately.
- Incidents and accidents were recorded. Staff described how they discussed incidents to identify learning and improve strategies for supporting people. For example, one staff member said, "We discuss together what works well and what isn't working, it helps us to identify triggers that we had not noticed before. Sometimes it's about trying something new with someone and seeing how it goes."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff had received training and were assessed to be competent before administering medicines to people.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating. We observed staff supporting people to take their medicine. One person told us they knew what they were taking their medicine for.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by



prescribers in line with these principles. Staff were knowledgeable about people's needs and the medicines they were prescribed.

- Safe systems were in place to manage administration of PRN (as required) medicines, for example, some people were prescribed medicines to support their emotional well-being. There were clear guidelines in place identifying the circumstances when the medicine should be administered. Staff were aware and able to describe the process of decision making to ensure restrictive interventions were minimised.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The service supported visits for people in line with current guidance. Some relatives told us that they now preferred to take their relation out with them when they visited and rarely came into Dane House. The registered manager explained that some people preferred to meet their relative outside the building but there were no restrictions for visitors to the home.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection on 4 June 2021 there was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had failed to ensure consent had always been considered in line with best practice guidance. At this inspection the provider had addressed the issue of consent and there was no longer a breach of regulation.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated a clear understanding of their responsibility for gaining consent from people. We observed staff offering choices and supporting people to make day to day decisions.
- Where people lacked capacity to make a specific decision staff had acted in the person's best interest. For example, a best interest decision had been made for one person who lacked capacity to consent to dental treatment. Records of best interest decisions were clearly documented and showed how relevant people had been consulted to make the decision.
- Appropriate applications had been made to the local authority for DoLS and staff demonstrated a clear understanding of when DoLS would apply. One staff member said, "We do have DoLS in place for people, for example because we have some locked doors and this restricts their movement around the home."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs included comprehensive behaviour support plans that were detailed and provided clear guidance for staff. Staff described strategies and techniques they used to support people's individual needs. These were consistent with people's behaviour support plans.
- Staff knew people well and were skilled at recognising signs of distress or escalating frustration. We

observed how staff used behaviour support plans to reduce distress and to support people to manage their behaviour before it escalated. For example, holding an object was important to one person and this was detailed within their care plan. When the person mislaid the object a staff member was quick to distract them whilst another staff member found the item. This supported the person to remain calm and not become distressed.

- Some people needed a clear structure for their day and routine was important. A relative told us, "They stick to the routine, it's his choice, he has to do things in a certain way and the staff understand." This was consistent with the person's care plan.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in use of communication tools, positive behaviour support, human rights and restrictive interventions. Following the inspection, the registered manager confirmed that specific mental health training had been arranged for staff to further improve their skills and knowledge.
- Staff described receiving support, including regular supervision meetings with a manager. This gave staff opportunities to reflect on practice and identify any training needs. One staff member told us, "I have been well supported and encouraged to progress with opportunities for study and further training."
- New staff were supported with a comprehensive induction, this included agency staff who were new to Dane House. One staff member said, "It is a good induction, there was a lot of shadowing as well as training to begin with. You are not pushed to do anything until you feel confident."
- We observed that staff appeared relaxed and confident in their roles. Relatives we spoke with described having confidence in the skills and knowledge of the staff. One relative told us, "The staff are amazing," another relative said, "I have no concerns about the staff, they are all great."

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

- People were receiving support to have enough to eat and drink.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff supported people to plan their menu in advance. A person told us they could change their minds if they wanted something different and said they enjoyed having a takeaway meal once a week.
- We observed staff supporting a person who was cooking food. It was evident from their body language and smiles that they were enjoying the task. People were able to choose when and where they ate their meals.

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

- People had health actions plans and care passports which were used by health and social care professionals to support them in the way they needed.
- Staff demonstrated an awareness of people's individual health needs and regular appointments with health care services were detailed in care records.

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

- The building was purpose built and spacious to support people's complex needs.
- An electronic fingerprint system had been introduced to enable people to unlock their own bedroom door independently. This supported people's privacy and enabled them to have more autonomy and control in their lives. We observed how people were able to choose to spend time in their rooms when they wanted to.
- People's rooms were well personalised according to their needs and preferences. For example, one

person was sensitive to light, dimmer switches had been fitted to support this need. People's individual interests and preferences were evident in the decoration of their rooms, including colours and pictures they had chosen and items that were important to them.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- The provider's systems for monitoring quality and risks were not consistent in identifying shortfalls. There were missed opportunities for learning and improving care.
- Systems for the monitoring and oversight of incidents were not robust. The registered manager had oversight of each incident individually but did not have a system in place for identifying patterns and trends. This was important because opportunities for improving care may have been missed. Following the inspection, the provider confirmed that adjustments had been made to their systems to ensure this information was captured and monitored in future.
- The registered manager and provider undertook regular audits to check standards and quality. However, systems for auditing care plans and assessments had not identified omissions that we noted. The registered manager took immediate action to address these shortfalls. Monitoring quality and continuous learning are areas of practice that need to improve.

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

- Staff described a positive culture where reflection was welcomed and encouraged. One staff member told us, "We are always looking to make a difference and reflecting on how we could do things differently."
- People's care plans were person centred and included goals and outcomes that they wanted to achieve. Staff described being focussed on supporting people to achieve their aspirations. One staff member said, "When someone achieves something that we have been working towards, it is such a good feeling, that's what I love about working here."
- Relatives spoke positively about the service and the management at Dane House. One relative said, "We are very lucky, there is a new manager and she is doing very well. I have no concerns at all about how the service is run."
- Records showed how people were achieving good outcomes. For example, one person was supported consistently by staff, over a number of months, to increase their confidence to leave the house. Staff spoke proudly about how this was making a difference to the person's quality of life.
- The service apologised to people, and those important to them, when things went wrong. The registered manager understood their responsibility to act on the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had developed positive working relationships with health and social care partners and other community services. A staff member described good communication systems with a local college saying, "It helps us all to know what is happening with the college, then we can talk to the person about their day."
- A relative described how staff had supported a person with dental surgery, saying, "Two staff spent the whole day at the hospital with him, they were amazing." The registered manager described how staff had worked with other agencies to plan for the procedure and ensure the person was well supported throughout.
- People were supported to be engaged and involved as much as possible with their home life. One person had a regular daily meeting with the registered manager to talk about anything that was worrying them. Another person, for whom routine was important, had a white board so they could see what was planned. Staff used different styles, techniques and tools to communicate with people, depending on their different needs, to support them to be involved.