

Dignus Healthcare Limited

Chance Drive

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

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 two 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives.

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

People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. Care plan and risk assessments were up to date and reviewed regularly. People received their medicines as expected.

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.

People were treated with kindness and compassion. People's privacy and dignity was maintained. People were involved in their care planning.

People were encouraged and supported to access the community. People's personal preferences were identified in their care plans. People were supported to maintain relationships.

Systems were effective for monitoring the quality and safety of the services provided. There was good involvement with community professionals. Staff knew how to raise concerns.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 14 March 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about ligature risks and insufficient staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

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.

Inspection team

The inspection was carried out 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it opened. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. 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.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with seven members of staff including the director, registered manager, training manager and support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 spoke with three professionals who were involved with the service.

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.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce risks such as self-harm and ligature risks. Care plans and risk assessments contained explanations of the control measures for staff to follow to keep people safe. A staff member said, "We always try and use calming measures, we remove any dangers, reassure people and use a calm voice. Physical intervention is always done appropriately and used as a last resort."
- Staff and the registered manager were proactive when people's needs changed. We saw care plans and risk assessments were updated following incidents and saw professionals had been involved in these changes. A professional told us, "We work together to ensure things are reviewed and updated." This enabled staff to support people safely on a day to day basis and have a good understanding of people's needs and associated risks.
- Emergency plans were in place for people and accessible to staff. They outlined the support people would need to evacuate the building in an emergency.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- We saw rotas reflected appropriate staffing levels. Staff told us there were always enough people on duty, comments included, "We always have at least the minimum staff, I have never seen less than safe staffing levels", another staff member said, "We always have the right staffing levels, I have never worked with less than we need", and another staff member said, "People have the right levels [of staff], rotas are done in advance ... I have never worked under the safe levels".
- Staff had been recruited safely. All pre-employment checks had been carried out to ensure staff were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff supported people to stay safe in the home. A person said, "I feel safe here."
- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Safeguarding is about ensuring people are safe. We do dynamic risk assessments to make sure the environment is safe, and people are safe from themselves and others. We report concerns to the manager or someone above."

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Regular medicine audits took place to ensure any errors would be identified. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
- We observed good practice when staff gave people their medicines. For example, staff washed their hands before dispensing medicines, asked people if they were ready for their medicines and made sure people had a drink to take their tablets.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them and we saw adequate stock was in the home. This prevented infections from spreading.

Learning lessons when things go wrong

- The registered manager discussed how lessons had been learned in relation to previous incidents that had occurred. For example, some equipment was not easily accessible to staff when they needed it in an emergency. In response to this, the items were moved which reduced the risk of this incident occurring again and learning had been shared with all staff.
- The registered manager shared information monthly with the director. This information was in relation to audits, staff supervisions, incidents and other relevant areas. This allowed the registered manager and director to look for any trends or patterns and identify any shortfalls.

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.

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.

- The registered manager had undertaken mental capacity assessments and in-turn best interest decisions where needed. Staff were trained in MCA and DoLS and supported people to have maximum choice and control of their lives. Staff were observed to involve people in choices, for example, what they ate, what activities they did and whether they spent time in the communal areas or their bedrooms.
- Staff had a good knowledge and understanding of the MCA and understood what DoLS were in place for people. There was information in people's care plans around likes, dislikes and choices. A staff member told us, "Mental capacity is about people being able to make certain decisions and choices. People who live here do make choices like what they eat, activities they do and what time they go to bed."

Staff support: induction, training, skills and experience

- People were supported by competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff told us the training was relevant and useful, comments included, "I didn't know anything about Autism, then I had the training and it was really good", and, "The medicines training was really interesting and very informative."
- Staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff understood their responsibilities and what was expected of them. They told us they received supervision. This enabled them to receive feedback and the opportunity for development.

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

- Staff told us one person had expressed an interest to lose weight. They had supported them to eat a healthy balanced diet and exercise. We saw the person had lost weight since being in the service, a staff member told us, "[Person] does weekly weight management and they write in their plan [after being weighed], they are really proud and get really excited."
- Referrals were made to teams such as speech and language and ongoing support was offered from community and social work teams. This showed staff were actively working in partnership with other organisations to ensure people had consistent and effective care.

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

- The service had been purpose built to meet the needs of the people who lived there. The home had safety systems installed to keep people and staff safe. Peoples bedrooms were personalised with their own items.

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

- Staff supported people to have health balanced diets. Staff encouraged people to complete menu planning, shopping and meal preparation.
- Staff were able to demonstrate how they supported people to develop their skills to become more independent and confident. A person told us, "I don't eat junk [anymore], I eat fruit, salads and wraps and different things."

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

- People's needs were assessed prior to moving into the home. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. A professional told us, "They [staff] have a good knowledge of the person who has moved in so clearly they have read the support plans."

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 felt well supported and listened to by the staff team, a person said, "I do enjoy it here and I'm going to try my dam hardest to make it work", a staff member said, "We listen to people, if they change their mind on something or don't want to do something, that's ok."
- Staff treated people with kindness and compassion and we observed positive interactions between staff and people throughout the day. We observed staff supporting a person to do arts and crafts and saw staff singing with the person. The person's care plan said they liked to sing, this showed staff knew people well and treated them with respect.
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. One person had set a goal to cook more. Staff told us the person had never really cooked before, so they had supported them to gain skills in the kitchen, we observed staff supporting the person to make lunch. A professional told us, "Very quickly after moving into Chance Drive [person] is doing things for themselves, their independent living skills have increased, they [staff] have done very positive work", and "They [staff] have given people tools to have a great quality of life, that's what we all want for the people."
- People's records were stored in a locked cabinet and staff ensured information relating to people was communicated in a private setting, this ensured confidentiality was maintained.
- Staff treated people with dignity and respect. We observed staff knocking on people's bedroom doors and asking if it was ok to enter.

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

- People were involved in their care planning. A staff member said, "People like to be involved in their care planning. [Person] knows where their care plan is and what it looks like". Another staff member told us, "We read the care plan together [staff and person] and we update things where needed. If [person] tells me something new, I suggest we update the care plan, so all the staff know."
- The service provided person centred care. A professional told us, "Staff are supporting people to achieve their milestones and what's in their support plan."
- People were encouraged to make day to day decisions, for example, what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.

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

- Staff could tell us how they ensured people had choice and control. A person identified in their care plan they wanted to develop life skills. A person said, "I feel really happy and I feel like I've settled in. I like cleaning my flat, it makes me feel better in myself." A professional told us, "[Person's] ability to cook for themselves has really come on, they have never had that before", another professional said, "[Person] has been supported to do their own washing up and use crockery plate, with proper cutlery, it means a lot to them."
- Peoples care plans detailed information about how they liked to be supported. They included how a person may feel and what support they may need on a good day and on a more difficult day. This enabled staff to tailor the support they offered to people on a day to day basis.
- Peoples care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.
- People accessed the community when they wanted too. A staff member said, "We support people with what they want to do, we talk to them. [Person] has an activity plan and we sit down together weekly and then each day, we decide what activities they want to do. [Person] enjoys things like the gym, swimming and shopping."

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 supported to maintain relationships with families and develop friendships with each other where appropriate. One person had set a goal in their care plan to build a friendship with a person who had recently moved in to the home.
- We observed staff encouraging people to access the community and staff told us people had built the confidence to go out more. A person said, "I'm doing really well here, I'm out all the time and they [staff] are getting me in to a gym." A staff member told us, "[Person] can struggle to go out so when they do we praise them and give them a high five."

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.

- Staff told us they used various communication methods to support people. A staff member told us, "[Person] uses laminated pictures to reinforce what they are saying for example if they are sad, happy or feeling unwell."
- We saw information was available to people in different formats. This enabled people to access and understand information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and staff could tell us the signs to look out for to identify if people were happy or not. There had been no formal complaints since the service opened.

End of life care and support

- No one was receiving end of life care at the time of inspection. The registered manager had not documented end of life preferences for people but did have documentation available. The registered manager said because of people's complex needs, they had to be sensitive and they considered this on an individual basis.

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.

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

- The registered manager and staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care.
- Staff were able to tell us about training courses they had attended and what they had learnt from these sessions. They were able to tell us how they used this learning in their day to day practice to support people to achieve positive outcomes.
- Staff said they felt supported by the registered manager and could raise concerns if needed. Comments included, "I always feel I can ask question and I am well supported". Another staff member said, "If I've got a problem I can talk to them [managers], especially [registered manager], I can talk to her." and, "[Registered managers] door is always open, and she encourages people to take 5 minutes to have a chat."
- Staff practice, culture and attitudes were monitored. This enabled positive working relationships between the team and in turn good delivery of care. Comments from staff included, "It's a good staff team and good managers", and, "I like the atmosphere ... we all work together to build a good team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us, and records confirmed, audits were completed on a wide range of areas including care plans, health and safety, medicines and infection control. Action plans were in place following audits, to ensure the management team were working towards the same goals. Information gathered from audits was used to develop the service.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision and appraisal and we saw schedules reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- Staff communicated with the GP, speech and language, social workers and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- Peoples care plans contained information about how they liked to be supported and what they wanted to

achieve. They contained details about peoples religious and cultural needs so staff knew what peoples support preferences were.

- Staff had a good understanding of whistleblowing. They said they would feel confident to raise concerns and knew how to access policies relating to this.

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; Continuous learning and improving care

- The registered manager understood her responsibilities in relation to duty of candour. Where there had been concerns, we saw these had been dealt with appropriately and notified to the relevant people. We saw follow up actions had been recorded and the registered manager had been transparent.

- The registered manager was able to show discussions had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred. This showed the registered manager was open and honest and shared information to aid development and improvement.