

# Dignus Healthcare Limited

# 39 School Lane

## Inspection report

39 School Lane  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

39 School Lane is a Care home service without nursing providing accommodation and personal to up to 8 people. The service provides support to younger adults some of whom may live with mental health support needs. At the time of our inspection there were 6 people using the service.

### People's experience of the service and what we found:

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People were encouraged to make their own decisions and these were respected by staff. Staff now focused on people's safety and rights, so people would be less anxious and enjoy the best well-being possible. 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. Where people wanted some assistance to make key decisions about their care, staff supported them, following best practice in decision-making. People were able to personalise their rooms and received care and support in a safe and clean environment that met their needs. The registered manager and provider planned to introduce more checks on the garden area, so they could be assured the equipment and storage of items met people's needs and mitigated risks to their safety. Staff supported people with their medicines in a way which achieved the best possible health and well-being outcomes.

### Right Care

Staff had training on how to recognise and report abuse and they knew how to apply it. The leadership at the home checked key areas of people's safety and considered if there was any additional action they could take to work with people to mitigate their risks. Staff enabled people to access specialist health and social care support in the community and advocated for them when they wanted this support. People, the registered manager and provider were working together to ensure there continued to be enough appropriately skilled staff to meet people's needs, and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and safety.

### Right Culture

People told us they liked the new staff and management team supporting them and they were treated as equal partners in their care and the development of the home. The leadership at the home recognised some elements of the culture of the home required further development and were supporting this. However, people were achieving good outcomes which had a significant positive impact on their well-being, health

and day to day lives. Staff evaluated the quality of support provided to people, focusing on the person and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 05 August 2023.

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 improvement had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. When we last inspected 39 School Lane on 05 August 2023 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for 39 School Lane 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?**

**Good** ●

The service was safe.

Details are in our safe 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

39 School Lane 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. 39 School Lane 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

The inspection was unannounced.

#### What we did before the inspection

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 asked for and received feedback from the local authority. We used all

this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for by staff and spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 10 staff members including the registered manager, the deputy manager, a provider representative and care staff. We also spoke with a health and social care professional who also works with staff to support people living at the home.

We reviewed a range of records. This included 4 people's care plans and multiple records of medicines administration. We looked at a variety of documents relating to the safety of the home and the management of the service, including quality monitoring checks. We reviewed key policies and procedures. We confirmed the safe recruitment of 4 staff members, and checked how new staff were supported when they first came to work at 39 School Lane.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

At our last inspection the provider did not have systems and processes in place to effectively prevent people being at risk of abuse and investigate evidence of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- People were safeguarded from abuse and avoidable harm.
- People told us they were treated well by staff and were confident if they raised any concerns actions would be taken to support them.
- Instructions in people's care plans reflected a positive approach to guiding staff to care for people appropriately.
- Staff understood how to identify potential abuse and knew what action to take to ensure people were protected. This included how to raise concerns to other health and social care organisations.

Using medicines safely

At our last inspection systems and processes were either not in place or not robust enough to demonstrate safe medicines management. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- People were now supported to receive their medicines safely. More information had been made available to guide staff to do this. For example, when administering "as and when required" medicines, when people were anxious.
- This helped to ensure other types of support were offered to people before such medicines were administered, and the events leading up to the administration of these medicines was recorded. We found these medicines were now only administered occasionally.
- People told us they were supported by staff to have additional medicines safely, when they wanted them.
- Relatives said staff ensured their family members were supported to have the medicines they needed during overnight visits.
- People's Medication Administration Records (MAR) showed people's medicines were administered as prescribed.
- People were administered their medicines by staff who had received training and had their medicine

competency assessed, to ensure they followed correct procedures.

- Staff ensured people's medicines were securely stored and disposed of.

## Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were deployed to meet the needs of people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- The provider ensured there were sufficient numbers of suitable staff.
- People told us they did not have to wait if they wanted support from staff.
- Some staff chose to work longer shifts. Staff told us they were able to vary their overall hours of work but were not put under pressure to work when they did not want to. Staff understood the maximum amount they were permitted to work in any week was 60 hours.
- The provider's representative told us, "The rota [software programme] won't let us go over 60 hour shifts in a week."
- The leadership at the home were being supported by the provider to progress recent staff vacancies and new staff were due to commence employment.
- The provider operated safe recruitment processes.
- The registered manager undertook checks on potential staff before they were allowed to work with people. These included taking up references and obtaining Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they were supported to care for people well by completing an induction programme and working alongside more experienced colleagues.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

At our last inspection, the provider failed to ensure they assessed people's capacity to make decisions. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- The provider was working in line with the Mental Capacity Act.
- People's mental capacity assessments now reflected why and when they did not have capacity to make all of their own decisions. This supported staff to make decisions in a person's best interest and promoted people's rights.
- Staff told us they were encouraged to work with other health and social care professionals so that people's best interests would be accurately established.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- One person told us staff worked with them to manage their independence, whilst maintaining their safety. The person said, "The sense of freedom is the best thing. This is the most stable I have been. I now have less hospital admissions. It's given me freedom and security I want."
- Checks had been completed on the environment and equipment used to help people to stay safe. There was no evidence of harm to people, but we found some risks could be further reduced. This included in relation to the equipment and storage of items in the garden area. The registered manager assured us this would be addressed without delay.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff were supported to provide good infection prevention control through training and supplies of appropriate personal protective clothing and equipment.

### Visiting in Care Homes

- Most people were able to receive visitors without restrictions in line with best practice guidance.
- Where people required support to manage their safety around visits assistance was provided by staff, so people would remain safe.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff gave us examples of how learning was taken from incidents, such as when people had been anxious, and communicated to the staff team. This helped reduce the likelihood of people experiencing repeated anxiety.
- A health and social care professional we spoke with told us staff reflected in the care they provided to people. They gave us an example showing how this had increased the person's and others safety.

# 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 has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At the last inspection the provider failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- The provider now had a clear management structure that monitored the quality of care to drive improvements in service delivery. Checks on key areas of the quality and safety of people's care were now regularly undertaken by the leadership team and the provider, action plans developed and implemented.
- This helped to drive improvements in the way the home was managed and how people were involved in developing the home and their own care further. One person told us, "It's brilliant here because I am so involved in all of this. I am definitely getting what I need now."
- One relative told us, "It was hard decision for [person to move to 39 School Lane] but it was the best decision for them. They have flourished. [Person's name] likes the new manager and staff and they do sort things out."
- Staff told us there were clear expectations about how they were to care for people. One staff member said, "The managers are focused on [people] and what they need long term."
- Systems had been further developed to ensure that instructions from the provider regarding overall working hours were consistently implemented.
- The provider had created a learning culture at the service which improved the care people received.
- Systems to ensure oversight of any incidents and concerns were now working more effectively. The provider's representative, leadership at the home and staff identified and communicated when incidents had occurred. These were reflected on and it was considered if any patterns were emerging. This helped to make sure any learning would be taken from them.
- Staff told us they were encouraged to reflect on how the staff teams provided care to people and to raise any concerns about the culture of the service and quality of care provided.

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

- There was a positive and open culture at the service. This encouraged people and staff to work together and to develop the home further, so people's aspirations would be realised.
- One person told us, "We get asked individually about running of the home. I have done interviews with some [potential] care staff. I get to ask them questions they probably would not be asked in an interview. I give them a scenario and they have to think on their feet. They need to do this in this job."
- Staff felt supported to provide good care through the culture that was being developed at the home. One staff member told us, "[Staff members names] are amazing. [Staff member's name] has been brilliant, you know you can talk to them about anything." The staff member told us they had been well supported during a time of personal difficulties. The staff member said, "[Staff member's name] was so supportive, checked I was ok and that I felt I was still able to do the job. They told me they were there, if I needed anything." Another staff member said, "I can't fault the support we get from [registered manager and senior staff member's name]."
- Staff gave us examples showing how they were encouraged to identify areas for improvement across teams. Staff said their feedback was listened to. This included in relation to people's meal planning arrangements, activities and safety. Another staff member told us they had raised concerns about staff safety. The leadership team had investigated and responded to this.
- The provider's representative told us, "Staffing [recruitment and culture] is the biggest challenge, but we have made huge improvements and feedback from people is really positive." This included people becoming more confident to do things independently. The provider representative said, "It's calm here, it's a happier environment. It is about the service users."
- The provider had systems to provide person-centred care that achieved good outcomes for people. People told us because of the way the home was now led, they were less anxious and needed less medicine. One person told us because of this, they had achieved more of their personal goals and increased their mental and physical well-being.
- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics. For example, people were encouraged to write their own "Getting to know me" plans, so staff would be guided to meet their preferences, which enhanced people's well-being. One person said, "Staff want my care plan to be in my words, because it is about my point of view. That's the way I get the best care, and it is like this now. Everything is better, it is more open and better." The person said staff had worked with them so their diverse needs were supported.
- The leadership team at the home communicated their vision and values through newsletters, review and staff team meetings.

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 provider understood their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked in partnership with others. A health and social care professional who worked with the staff at the home told us there was good communication with staff. This had led to improved outcomes for people and others. The health and social care professional told us the leadership at the home was, "Excellent and monitor people's health conditions well."
- People told us staff worked with other health and social care professionals so they would receive the care they wanted. One person told us, "There is frequent contact with [staff member's names] and with my psychiatrist and social worker. I am updating my safety plans. If I make suggestions everyone listens to me and takes it on board. So, if I am in crisis they will have my up to date plan. I go with staff to my hospital appointments, and I am well supported at this time. They will explain my choices."

- Staff gave us examples showing how they advocated for people with other health and social care professionals, so people would receive the support they wanted. For example, in relation to medication, so people's well-being needs would be met.