

# Dignus Healthcare Limited

# School House

## Inspection report

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Date of inspection visit:  
30 November 2023

Date of publication:  
15 January 2024

## 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

School House is a care home for people who may have a learning disability or autism. The service was registered for up to 3 people; 2 people lived there at the time of our inspection.

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:

People and their relatives told us they felt safe and supported. Risks were assessed and managed to ensure people could safely participate in activities that they enjoyed.

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 able to receive visitors without restrictions in line with best practice guidance.

### Right Care:

People were safeguarded from abuse and avoidable harm. There were sufficient numbers of suitable staff and the provider operated safe recruitment processes. Staff supported people in line with their individual preferences and agreed care plans.

People were supported to receive their medicines safely and were protected from the risk of infection as staff followed safe infection prevention and control practices.

### Right Culture:

There was a positive and open culture at the service and systems were in place to provide person-centred care. People and staff were involved in the running of the service and the provider worked in partnership with others to achieve good outcomes for people.

The quality of care was monitored and lessons were learned when things had gone wrong.

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

The last rating for this service was Good (published 21 December 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We completed a focused inspection to review safe and well-led only.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for School 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# School 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 was conducted by a CQC Operations Manager who visited the service. A Regulatory Coordinator worked remotely to make calls to relatives of people who used the service.

#### Service and service type

School 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. School 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 a registered manager was not in post. However, a new manager had recently started to work at the service and was in the process of registering with us.

#### Notice of inspection

This inspection was unannounced and included inspecting the service out of standard working hours to check how the service operated during this time.

#### What we did before the 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 1 person and 2 relatives about their experience of the care provided. We spoke with 4 staff members, the manager and the deputy manager.

We reviewed a range of records, these included 2 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 4 staff recruitment files.

# 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 as Good. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they or their loved ones felt safe at School House. Comments included, "I like the staff. If I don't like someone or if I'm unhappy I can say" and, "I have no worries about [my relative's] safety, [the staff] have been brilliant".
- Staff completed training that enabled them to identify and report potential abuse.
- Care records showed that staff identified and reported potential safety concerns in line with local and national reporting requirements.

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

- Safety risks were assessed and managed in a way that enabled people to participate in the activities they enjoyed.
- People and their relatives were involved in risk assessment and management and we saw staff worked proactively with people around risk management. One relative told us that their loved one's episodes of distress and agitation had significantly reduced due to staff planning and delivering care in a manner that avoided risk triggers that had been identified and managed.
- The home had systems in place to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how each person should be supported in the event of an evacuation.
- Restrictive interventions were carried out safely and in line with best practice. This included the use of debriefs following the use of restrictive interventions. Restrictive interventions are clinical interventions that restrict or limit what you can do or where you can go. These interventions include physical restraint.
- Environmental and equipment checks were regularly completed to ensure the premises and equipment were safe.
- Staff reported incidents and accidents in line with the provider's policy and procedure. The registered manager investigated incidents and accidents and took appropriate action to prevent further similar incidents from occurring.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal applications and authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- People and their relatives told us and we saw there were enough suitably skilled staff to support people in line with their agreed needs. Feedback from people who used the service included, "I get my staff hours in the day and can ask for help at night if I need it" and, "[My relative] has 1 to 1 staff and they keep a watchful eye".
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were adjusted when required to ensure people's individual needs were met. Staff told us and rotas we viewed confirmed this.

#### Using medicines safely

- We saw that medicines were managed safely. This included the; ordering, storage, administration, recording and disposal of medicines.
- Where people required 'as required' medicines also known as 'PRN' medicines, guidance was in place to support staff to administer these medicines safely. A person we spoke with confirmed they were supported safely to manage their 'as required' medicines. They said, "The staff always give me my PRN's when I ask".

#### Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- Appropriate policies and process were in place and followed to minimise the spread of infection.
- Staff used PPE effectively and safely.

#### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.



# 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 Good. At this inspection the rating has remained 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

- There was a positive and open culture at the service.
- People and their relatives spoke positively about School House and the staff. Comments included, "We feel it is the best place [relative] has been. It's down to the staff, they are brilliant, they really interact with them" and, "The staff have a good bond with [relative]".
- People and their relatives told us they were supported to participate in activities they enjoyed both at the home and within the community.

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

- The provider had created a learning culture at the service which improved the care people received.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Managers and senior staff completed regular checks through audits and care records reviews to monitor the safety and quality of the care and support.
- Where checks identified areas of concern, appropriate action was taken to mitigate risk and drive improvement.
- Staff had access to up to date policies and procedures.
- Staff were kept up to date about people's needs through daily handovers to ensure any changes to people's support was shared.
- The manager was aware of their responsibility to notify CQC of reportable incidents and events and did this as required.

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

- People and staff were involved in the running of the service. For example, we saw that feedback from a person and their relative had resulted in new bathing facilities at the home.
- Staff told us they were supported to suggest and implement new ways of working to improve people's care experiences.
- We saw and care records showed that staff supported people at the service to lead as full and active lives as possible. This included supporting people with complex needs and long term health conditions.

- Systems were in place to gain feedback from people who used the service, their relatives and staff through surveys.

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

- Managers was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, manager had spoken with people and their relatives and explained the action taken to improve the quality of care people received.

Working in partnership with others

- The provider worked in partnership with others.
- We saw when needed referrals to health and social care professionals were made and advice from these professionals was recorded in care plans and followed by staff.