

The David Lewis Centre Westbury Drive - Macclesfield

Inspection report

19 Westbury Drive
Macclesfield
Cheshire
SK11 8LR

Tel: 01564640109
Website: www.davidlewis.org.uk

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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

Westbury Drive - Macclesfield is part of the David Lewis organisation and is registered to provide accommodation for four people who require support and care with their daily lives. The two-storey domestic type property is close to shops, public transport and other local amenities.

The home is a detached house in the area of Macclesfield, Cheshire. At the time of our inspection there were three people living there.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

We spoke with two of the three people who lived in the home and two relatives who all gave positive feedback about the home and the staff who worked in it. We saw that people were living busy, independent lives, supported by a willing staff team who were encouraging, supportive and respectful. People were leading busy lives with work placements, college courses and various daily activities of their choice. Care plans were person centred and driven by the people who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care. There was a happy, warm atmosphere in the home. We saw that people communicated in specific ways and the staff were confident and competent at successfully communicating in the person's preferred method of communication.

The residential manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected and at all times the least restrictive option was taken. Assistive technology was in place to maximise people's independence and ensure that their privacy and dignity was

respected.

The residential manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The residential manager worked closely with the other two residential managers to support all of the community houses and provide quality support to staff to enable them to provide proactive, individualised care to the people living in the homes.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.□

Westbury Drive - Macclesfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 March 2018 and was unannounced. It was carried out by an Adult Social Care Inspection manager.

Before the inspection we contacted Cheshire East Council Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with a residential manager, a visiting residential manager and a team leader. We met with two of the three people who lived at the home, and we spoke with two relatives on the telephone. We observed staff interacting with people in the home. We looked at staff rotas and training records. We looked at health and safety and building maintenance records. We looked at care records for two of the three people who lived at the home.

Is the service safe?

Our findings

We asked one relative if they felt that their family member was safe. They told us "He is happy and safe. If I say something then they take note. The staff respond to people's individual needs."

We looked at medicines management in the home and saw that it was good. The medicines were regularly audited. We saw that medication protocols were in place for as and when required medicines. These medicines were carried by staff when needed outside of the home and safety procedures were in place and clearly recorded.

We saw that the home was clean and well maintained. The staff worked with the people who lived in the home to keep it clean and there was a cleaning schedule to ensure that everywhere got cleaned regularly. We checked the premises safety certificates and saw that they were up to date.

We looked at risk assessments and saw that they were managed well. The risk assessments were stored electronically on an "icare" system. This meant that all updates were electronically dated. We also saw that accidents and incidents were closely managed and near misses were recorded and shared so that future incidences could be reduced or avoided. We saw that risk assessments relating to staff were also in place. We viewed one risk assessment in relation to a physical condition of a staff member. We saw that all areas were explored to ensure that the staff member was able to carry out their duties safely.

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. The provider had a system where any safeguarding concerns were sent directly to the providers own social work department where concerns were triaged. We saw that all staff had received training in the new system. Safeguarding concerns were rare at Westbury Drive and there had been none since the last inspection. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection.

We saw that the service was staffed by a consistent staff team who had mostly worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. There had been one new staff member recruited since our last inspection. The provider was able to demonstrate that they had been recruited robustly following the recruitment policy in place. The other staff that were new to the home had transferred from other parts of the provider organisation.

Is the service effective?

Our findings

One relative told us "There really isn't anything negative at all. We couldn't find anywhere else as good as the Davis Lewis. It's also local to us and we know all the staff now."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the residential manager and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that DoLS applications had been made for people living in the home for whom it was thought necessary in order to protect their human rights. There was assistive technology in the home in place for one person. The "Alert it guardian" was designed to detect the symptoms associated with seizures. The introduction of its use had enabled the person to have privacy and independence whilst in bed. This meant that the least restrictive form of monitoring was in place to maximise the privacy that they could have.

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers. We saw that this was recorded electronically and supervision sessions were scheduled in to show when they were due and then recorded when they took place. We could see that all staff were offered regular and on-going support to enable them to do their jobs safely.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the staff knew the people well. People had differing and complex health conditions and staff demonstrated that they were knowledgeable about these. We saw that one person had used a 'social story' to help to prepare them for a medical procedure. This helped them to understand what would happen at the appointment and prepare for the procedure. The staff helped the person to understand what was going to happen and this reduced their anxieties.

We saw that there was a weekly menu and people supported the staff to cook. One person has special dietary needs and the staff were all aware of how this person needed to be supported so they could eat safely.

Is the service caring?

Our findings

A relative told us "He has a lovely life over there. We go and visit as often as we can. The support from staff is excellent. They work with us."

Another relative said "It's hard to imagine that we could get anywhere better. The staff are extremely open with us and we work together."

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly.

We saw that staff were mindful and supportive of people's preferred method of communication. People living in the home communicated in different ways and the staff were all conversant in these various forms of communication. The staff supported us to communicate with one person. They did this in an unobtrusive way, encouraging the person to take the lead and only intervening when absolutely necessary. We also saw that friendly banter was taking place between staff and people who lived in the home. There were obvious 'in jokes' that people enjoyed.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs. We saw a sign on the wall in the office that said "Our residents do not live in our workplace, we work in their home." The residential manager told us that they used it as a reminder for everyone.

The home had a cat that was adored by all of the people who lived in the home. One person introduced us to the cat. The staff told us that one person in particular loved the cat as they had cats at their family home and their well-being was enhanced by spending time with the cat.

The residential manager told us that no one in the home was currently supported by an advocate to help them with decision making but that they knew where to access this support should it be required.

Is the service responsive?

Our findings

We spoke with one relative who told us "His work placement is very good in many ways. It is helping him to develop his skills as well as offering stimulation."

Another relative told us "There is nothing negative to say. Concerns are dealt with before they could ever become a complaint."

We saw that the people led busy, varied lives. Activities included paid employment and college placements. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly. We heard how one person carried out job roles that were within their ability as their mobility sometimes affected what they could do. The focus was on their ability rather than any disability.

We saw that there was a complaints procedure in place. The procedure was available in pictorial form to make it accessible for people who may struggle to read. We looked at the complaints management and saw that there had been no formal complaints since the last inspection.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. The care plans were stored electronically on the "icare" system. We saw clear records of how to support people with individualised care. For example one person's file described how they had 'social stories' to help them manage their behaviour. We saw that the person was reminded by staff how to greet people, particularly strangers in public places. This was to protect the person from potential harm and ensure that their dignity was also protected.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager who had been in post for a number of years. The registered manager was responsible for a number of community houses. This service also had a residential manager who was supported by five team leaders. The residential manager had commenced in post in August 2017. They had been promoted internally from another part of the organisation.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed. The residential managers worked a shift a month in each of the community houses to ensure that they knew people well and worked alongside the staff they were responsible for.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. The minutes of the resident's meetings were in an easy access format and stored in the communal areas of the home so they could be accessed at any time by the people who lived there.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

There was a positive person centred culture apparent in the home and obvious respect between the residential manager, staff and people who lived in the home. The residential manager told us that they were in constant contact with the registered manager and the other residential managers to ensure that the homes in the community were properly managed.