The David Lewis Centre

Education & Life Skills - Warford

Inspection report

Mill Lane
Warford
Alderley Edge
Cheshire
SK9 7UD

Tel: 01565640109
Website: www.davidlewis.org.uk

Date of inspection visit:
21 October 2016
26 October 2016
27 October 2016
28 October 2016
02 November 2016

Date of publication:
06 April 2017

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

This inspection took place on the 21, 26, 27, 28 October and 2 November 2016. The first day of the inspection was unannounced and we returned on further days to complete the inspection.

The Education & Life Skills service supports young people with complex needs to attain quality of life and to maximise their potential in a safe residential environment. Accommodation is provided in a number of houses, namely Redwood, Limes, Hawthorns, Brambles and Rowans, all based on The David Lewis Centre site in rural Warford. At the time of our inspection there were 28 people using the service. People using the service are referred to as students.

The last inspection took place on the 22 January 2014 and we found at that time that all the legal requirements were met.

The service has 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.

During this inspection we found that the service was well organised and managed, ensuring that risks to people using the service were regularly reported on and analysed.

A number of the students presented with particular risks in respect of their behaviour and staff worked closely as part of a multi disciplinary team to manage incidents safely and learn any lessons arising from them.

Staff feedback throughout the inspection was that at times the service was short staffed. Further information following the inspection has confirmed that more staff have since been recruited and the registered manager had taken steps to address issues around short term absence. Training was seen as being of extreme importance and new staff had access to a comprehensive induction programme.

Staff were very aware of the need to gain consent from people using the service. Staff had developed positive caring relationships with students and as a consequence this fostered a relaxed atmosphere.

Records of all the care and medical interventions people received were held electronically and there were good systems in place for updating them and ensuring they were accurate.

The registered provider had a number of systems in place to ensure the quality of the service.

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.

Recruitment procedures were thorough to ensure new staff were suitable to work with vulnerable people.

Medicines were managed safely.

Fire prevention and precaution systems were robust.

Is the service effective?

Good

The service was effective.

Staff involved students in decision making and sought consent to provide care and support at every juncture.
Students were provided with a nutritious and varied diet.

Staff had access to a range of training and were further supported through supervision and team meetings.

Is the service caring?

Good

The service was caring.

Staff understood and valued the importance of communicating with each other and across the multi disciplinary team to provide the best and most appropriate care for each person.

All the staff were extremely respectful and patient, giving students time to respond and having a laugh and joke with them.

Staff were aware of and sensitive to preserving students' privacy and dignity and looked for ways to ensure these needs were met.

Is the service responsive?

Good

The service was responsive.

There were comprehensive risk assessments, designed to minimise risk, and detailed care plans, including behavioural

support plans, that reflected the needs of each student and detailed strategies to address them.

The registered provider had a complaints policy and from the records we could see that complaints were taken seriously and investigated thoroughly.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and families told us that the organisation was well run and they had confidence in the management team.

The registered provider had developed comprehensive systems to check and review all aspects of service delivery.

Education & Life Skills - Warford

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 was planned to check whether the provider was 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.

This inspection took place on 21, 26, 27, 28 October and 2 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist advisor who had expert knowledge in the use of the Mental Capacity Act and its framework.

Prior to the inspection we reviewed the information we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law.

We contacted the local authority before and during the inspection and they shared their current knowledge about the service.

We spoke with the registered manager, and 37 other members of staff including care officers, team leaders, home managers, the human resources manager, the training and development manager and a member of staff from the psychology and behaviour support service.

We also spoke with or observed staff interaction with 21 students living in the various homes on site and we were able to speak with the family members of five of the students.

As many of the people living in the homes had difficulty communicating with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We inspected documentation related to the day to day management of the service. These records included care records, staff rotas, quality audits, training and induction records, supervision records and maintenance records. We toured the different homes and throughout the inspection we made observations of care and support provided to people in the communal areas.

Good

Is the service safe?

Our findings

Families of students told us they were happy with how their loved ones were cared for. Comments included, "I am confident X (student) is safe. I have no concerns whatsoever."

We saw many examples of good practice and the delivery of safe and effective care and support.

Care plans and risk assessments were kept electronically on a system called ICare. We reviewed the records for several students and saw that documentation included comprehensive risk assessments, designed to minimise risk, and detailed care plans, including behavioural support plans, that reflected the needs of each student and detailed strategies to address them. We could see that risk assessments, person centred plans and behavioural support plans were reviewed and where necessary revised as and when required.

We did note that in some cases the records on ICare were not completely up to date, as hard copies of support plans were held in each of the houses and hadn't always been transferred on to the system. The registered manager explained that the ICare system had only been rolled out across the organisation in the last 12 months and they were still developing operational procedures for entering and updating care plans and therapeutic programmes.

From discussion with the registered manager and the staff we understood that a number of the students displayed challenging behaviour from time to time. The registered provider had developed a Positive Behaviour Support policy to direct and help staff to manage these situations effectively. Part of the policy involved the provision of a dedicated psychology and behaviour support team (PABS) – they were involved from the offset with the development of positive behavioural plans. The model promoted the development and maintenance of positive behaviour thereby reducing the occurrence of challenging behaviour, although it was recognised that not all incidents would be completely stopped. To help specific students the registered provider had commissioned an external Board Certified Behaviour Analyst to work with them and the staff team.

When incidents arose with the students their positive behaviour support plan was reviewed and updated if needed. Incidents were analysed and staff were debriefed to ensure that learning from incidents took place and staff were supported. Levels of support were assessed and adjusted in line with activities that people using the service were doing and the risks that they posed. For example one member of staff explained to us that one of the people living in the house required one member of staff all the time but when they were in the bathroom they needed support from two staff so this was provided.

A number of staff reported over the course of the inspection that at times the houses were short staffed. One member of staff told us that staffing levels were never unsafe but students may not always be able to access activities outside the home.

We looked at staffing levels in detail with the registered manager. She acknowledged that there had been shortages in staff due to a high level of sickness and was able to provide data about the causes. Whilst, in

talking with staff it appeared to be their perception that staff sickness was largely related to stress, the data provided by the registered manager showed that the main cause of staff absence was due to dependents leave (accounting for 22%) whilst stress being cited on as the cause of staff absence accounted for 5%.

In response to the high levels of sickness the registered provider had employed a project manager to address staff sickness and any staff who were off sick with stress were referred to Health Assure (an employee assistance programme) so they could access additional support. The registered manager also temporarily stopped admitting students to the homes until they could be certain they could staff them safely and they had a continuous recruitment campaign. At the time of writing this report the registered manager had updated us to inform that following further staff recruitment the service was now at 104% of it's staffing establishment.

We looked in detail at the personnel files for two members of staff. Recruitment procedures were thorough to ensure new staff were suitable to work with vulnerable people.

Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. We saw that the provider's safeguarding policy and procedure was available to staff. Staff told us and we saw from the records that they had been provided with safeguarding training. Discussions with staff demonstrated their understanding of the process involved. All the different parts of The David Lewis Centre referred, in the first instance any cause for concern or suspicion of abuse to the Centre's own social work and safeguarding lead. In discussion with the lead, it became apparent that an agreement had been made some time previously, with the local authority (Cheshire East Council) that the lead at The David Lewis Centre would assess any allegation of abuse and decide whether or not it should be referred to the local authority.

We found that this arrangement had not been reviewed for some time and did raise some questions about how transparent and robust the scrutiny of any incidents may be. Following our inspection we were informed that the registered manager had met with the local authority and to provide further assurance of oversight of all incidents, they had agreed to submit a weekly log to ensure the local authority received all the information it required.

Medicines were only administered by staff trained to do so and were found to be stored and recorded appropriately and safely.

The premises were clean throughout, well designed and personalised to meet each students personal preferences. Fire prevention and precaution systems were robust.

Good

Is the service effective?

Our findings

We asked the family members of some of the students if they thought the registered manager and staff provided effective care for their loved ones. Comments included, "The level of health care is excellent and of such quality it has minimised the number of stays in hospital", "The service is excellent. X (student) had a conditional offer that if he settled he would be given a permanent place. They worked really hard to develop trust. They have been incredible. They have been excellent in developing strategies. Its been a continuous learning process. It's good that they have the support to help them reflect and learn. It's marvellous."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that assessments had been undertaken of people's capacity to make other decisions. Where people had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. There were 11 students with a current DoLS authorisation in place and a further 5 applications had been made to the supervisory body (local authority). DoLS for a further 11 students had expired but the registered manager had submitted applications for further DoLS in good time. Most staff were aware of students' DoLS, their significance and the Mental Capacity Act and we could see that care officers involved students in decision making and sought consent to provide care and support at every juncture.

From the students' care records we could see that mental capacity assessments had been completed for specific decisions, such as the use of auditory and visual monitoring, and the use of bed sensors to detect when an individual may be experiencing a seizure. Best interest meetings had been held appropriately. Care plans detailing students' wishes, likes and dislikes reflected good practice and were very detailed; this assisted staff in recognising how students may signal that they did not agree to a particular intervention and staff sought consent through compliance.

The registered manager was aware of the Department of Health's "positive and proactive care" initiative and told us that the staff had attended training in line with this. This approach reduced the need for restrictive practice and all the staff were committed to finding the least restrictive solutions in working with the students.

Staff described their 17 day induction training and one member of staff told us it had allowed them to develop their confidence as they shadowed more experienced staff and rehearsed possible scenarios that they may encounter. This member of staff told us that they felt the training had equipped them to carry out their role safely and effectively and they felt well supported. Comments from other staff included "The

managers are easy to talk to", "S is a good manager, approachable, understanding and supportive. She puts the needs of the people first, she explores solutions to problems and makes suggestions", "Training is effective and gives us the confidence to do the job".

A training matrix was maintained electronically that recorded all the training provided to staff and showed when refresher training was due.

We received positive comments about the quality of the meals. We saw that fridges were packed with a range of fresh foods, vegetables, salads, fruits, yoghurts, cheeses and meats and we observed students being directly consulted with about what they wanted to eat and were involved in the food preparation.

Staff ensured students had access to other healthcare professionals and were person centred in their approach to this. For example one person successfully attended the hospital for dental work as a result of collective planning by the staff which had taken the previous month to plan and assess the risk.

Good

Is the service caring?

Our findings

Families of students told us that staff were caring and the service was excellent. One family member commented, "The staff are excellent, they treat me and X (student) with dignity and respect." Students in all the houses looked happy and relaxed throughout our inspection. The family of one student told us their daughter described the house she lived in as "paradise".

We could see that care officers had been able to develop positive caring relationships with students and as a consequence this fostered a relaxed atmosphere which was evident throughout the course of the inspection.

Staff ensured they used students' preferred ways of communicating. New staff met and spent time with the students they were going to support and learned how to communicate using pictorial exchange cards (PEC).

Staff also understood and valued the importance of communicating with each other and across the multi disciplinary team to provide the best and most appropriate care for each person. One member of staff commented "working together and being listened to is the secret of success". One example of the way in which staff worked together was that the speech and language therapist had asked for staff feedback about the best way to communicate with a person on their unit.

During the inspection we spent a significant time observing the day to day routine and staff interaction with students. All the staff were extremely respectful and patient, giving students time to respond and having a laugh and joke with them.

Staff were aware of and sensitive to preserving students' privacy and dignity and looked for ways to ensure these needs were met. For example, one student's behaviour had led to staff working through best interest arrangements and liaising with family members to seek a solution that allowed the student to retain more freedom but limited the effect of their behaviour on other students living in the same house.

Good

Is the service responsive?

Our findings

Family members we spoke with believed the registered manager and staff were responsive to their needs and the needs of their loved ones.

Comments included, "X (student) is thriving. I would describe this place as excellent. Consistency is so important so we are very pleased that Y (staff member) is here. She knows X's needs and knows how to meet them consistently and that is very important. The staff are excellent. I am confident X is safe. I have no concerns whatsoever – I have never needed to make a complaint but am confident any issues would be handled sympathetically, listened to and acted on. Overall I am very happy there is a David Lewis Centre – the care is excellent and most important X is happy." Another relative said staff kept her informed about any incidents and they felt staff had the skills to meet her relative's needs.

Care plans were held electronically on the ICare system and provided comprehensive information in respect of general health care needs. Care records included a profile detailing "what is important to me" and the likes and dislikes of each individual. All activities and basic health and personal needs were linked to a risk assessment document titled "All about me". This included information relating to the communication support each student required, their relationships and their daily and night time routines. Multi disciplinary meetings were held every six weeks for each student, when all care plans and risk assessments would be reviewed and amended if required.

We saw students going out for walks, looking happy and staff encouraging them and asking what they wanted to do, and making suggestions for activities. We saw one member of staff having a game of bowls with a student – she had an excellent way of supporting, encouraging and supporting the student. Staff did tell us that at times because of staffing levels, students could not always access activities external to The David Lewis Centre in the way that they would like.

The registered provider had a complaints policy and from the records we could see that complaints were taken seriously and investigated thoroughly. We looked at an investigation report relating to a recent complaint and could see that the investigation had been carried out openly and honestly taking advantage of opportunities to learn from adverse events and improve service delivery.

Good

Is the service well-led?

Our findings

Families of students living within The David Lewis Centre, told us that the organisation was well run and they had confidence in the management team.

The majority of staff also told us that they found both the registered manager and their own house managers to be supportive and approachable. Comments included, "S and Donna are good leaders, very approachable", and "Donna is fair – approachable and supportive. She is there - my appraisal was really good – I got a development plan to help me move forward."

The registered provider had developed comprehensive systems to check and review all aspects of service delivery. As a result most of the areas that we identified during the inspection, where improvements could be made, had already been identified by the registered manager and steps had been taken to address them, for example, action had been taken in respect of the staffing levels.

During the inspection we raised some concerns with the registered manager about how incidents of challenging behaviour were managed and how lessons learned from these were recorded and cascaded. The registered manager was able to show us that significant incidents were all investigated and staff were debriefed. Findings from investigations sometimes showed that incidents had occurred because staff had not correctly followed the student's positive behavioural support plan. A system called School Pod and another called Behaviour Watch enabled staff to record any challenging behaviour that had taken place and incidents were reviewed by the psychology and behaviour support team (PABS) and discussed at the students' MDT meetings.

The registered manager told us that having identified that staff were not always following students' positive behaviour support plans, further training in physical intervention techniques to manage students challenging behaviour had been provided. Videos on The David Lewis Centre intranet were also available, demonstrating the techniques so staff were able to refresh their knowledge and the registered manager told us they were looking at further ways to use team meetings to ensure staff were reminded of the techniques.

We requested to sample a number of test records and / or service certificates relating to: the fire alarm system; fire extinguishers; portable appliances and gas safety and found all records to be in order.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken. We noted that the registered manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the registered manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.