

The David Lewis Centre

Station Road - Holmes Chapel

Inspection report

5 Station Road
Holmes Chapel
Cheshire
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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

5 Station Road provides support for up to four people who had a learning disability and needed support to manage their epilepsy. At the time of our inspection there were four people living at the service. At the last inspection, in November 2014, the service was rated Good in all domains. At this inspection we found that the service remained Good.

There was a registered manager at the service. 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 registered manager was not available at the time of the inspection, however, the residential manager was available.

People continued to receive safe care and we found there were enough staff to provide support to people that met their needs. We found that people were consistently protected from the risk of harm and received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service.

People continued to be supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to health care services and advice sought was followed by staff to ensure people's health and wellbeing was maintained. People were involved in meal planning and preparation. People were able to choose what they wanted to eat and drink. Staff received training to enable them to support people's specific needs effectively.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld, people were able to have time to themselves in their private rooms. Staff encouraged people's independence and respected people's choices. Staff understood people's individual communication needs and relationships with relatives were maintained.

People were supported with interests and hobbies that were important to them. People and their relatives were involved in the planning and review of their care. Staff knew people well, which meant people were supported in line with their preferences. People understood how to complain if they needed to because complaints procedures were in a format that people understood. Complaint that had been received had been acted on.

Effective systems were in place to assess and monitor the quality of the service people received. People and staff were encouraged to provide feedback about the service and how improvements could be made. The

residential manager was approachable to both people and staff and there was a friendly and open culture at 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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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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 was unannounced and took place on 7 July 2017. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns. We also spoke with commissioners and other stakeholders to gain their views of the service provided.

We spoke with three people who used the service. We also spoke with three staff and the residential manager. We observed care and support in communal areas and looked around the service. We viewed two records about people's care and medicine administration. We also looked at records that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff were supporting them. One person said, "I feel safe here, staff are good to me". Staff were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "I would report any concerns to my manager immediately and ensure this was all documented". The records we viewed showed that any concerns had been reported to the local safeguarding authority and an investigation had been carried out. The registered manager had notified us (CQC) of any incidents of alleged abuse that had been reported. This meant people were protected from harm and action was taken regarding any potential abuse.

People were supported with their risks whilst their independence was promoted. One person told us that they understood their risks and how they needed to lower their risks. For example; this person told us that they needed to wear protective headwear to protect them if they had an epileptic seizure. They told us that they wore this every day and it was a routine they followed. They said, "I know I have to wear my helmet so I don't hurt myself. I can go out and do lots of things because if I am unwell and fall I won't hurt myself". Staff told us how they prompted this person to ensure they wore their protective headwear to protect them from possible injury. The records we viewed for this person and other people who used the service showed that people's risks had been assessed and actions were in place to protect people from the risk of harm. This meant people continued to be safe from harm because their risks were managed and mitigated.

People told us that there were enough staff at the service. One person said, "Staff are always here and they take me out to do things I want to". Staff told us that there were enough staff employed to ensure that people were supported safely and were able to access the community when they wanted to. During the inspection we saw that there were enough staff available to provide support when people needed it. Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant that people continued to receive the support they needed from staff that were safe to provide support.

People told us staff supported them with their medicines. One person said, "I have my tablets every day. Staff help me with these". We saw that staff administered medicines in a dignified and caring way. Staff explained to people what medicines were being administered and why these were needed. We saw that where people required 'as required' medicines to control their epileptic seizures these contained detailed guidance for staff to follow. This included the signs and types of seizure and how the staff needed to support people safely. Medicine Administration Records (MARs) we viewed showed the medicines people needed, the frequency and the amount and we saw the MARs had been completed accurately by staff. This meant that medicines continued to be managed safely.

Is the service effective?

Our findings

People that were able consented to their care and were encouraged to make decisions about their daily living routines. One person said, "I choose lots of things I want to do, the staff always listen to me". Staff had a good understanding of how they needed to support people to make decisions and their responsibilities where people had difficulty in making certain decisions. One member of staff said, "I always encourage people to make choices and help people by explaining decisions in a way that they understand. If people need to make important decisions that they don't understand I inform the manager who makes sure the appropriate people are involved. 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). Where people were unable to make certain decisions by themselves, capacity assessments had been completed and they were supported by family and advocates to make decisions that were in their best interests. People continued to be supported to have as much choice and control as they were able to in their daily life. Where restrictions had been identified deprivation of liberty authorisations had been applied for to ensure any restriction was lawful and in people's best interests.

People we spoke with were very happy with the food. People told us that they were able to choose their meals and they discussed the food they wanted as a group at regular meetings. One person said, "I like the food here, it's nice and I have what I like". We saw people were given choices and where people wanted something different the staff ensured people were supported to have the food they wanted. We saw staff sat with people and chatted with them whilst they were eating gave encouragement and asked if they were okay. We saw that people helped themselves to drinks and prepared their own food throughout the day with support from staff if they needed guidance. We saw there were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as soft diets. This included assessments and support provided by Speech and Language Therapists. The care plan was shared in formats for both support staff and people who use the service to access. Staff we spoke with understood people's individual eating requirements and the support they needed. This meant people were supported to meet their dietary needs and preferences.

People were supported to access health professionals when they needed to. One person said, "I see the doctor if I need to and visit the dentist with staff". The provider had their own trained health professionals available to people if needed such as a specialist epilepsy nurse who regularly visited the service to ensure people's needs were being met and any issues could be discussed. We saw a regular multi-disciplinary team meeting was held to discuss and review the needs of people who used the service, which ensured that any changes were made when needed to maintain people's health and wellbeing.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction before I started, which included training. We have regular refreshers to update our training too". Staff told us and we saw that they received specialist training to ensure that they had the knowledge to support people safely and effectively, such as epilepsy training and training in positive

behaviour support. The records we viewed confirmed staff were trained to carry out their role effectively. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I have supervision and this is a chance for me to bring up any issues and discuss my development". This meant staff were supported to carry out their role effectively.

Is the service caring?

Our findings

People told us and we saw that the staff were kind, caring and respectful. One person said, "I like the carers a lot, they are my friends and are nice to me". Another person said, "Carers help me with things and are kind". We observed dignified and caring interactions between people and staff. For example; staff spoke with people in a polite and caring way and showed patience when people asked them for support. We saw staff communicated with people in a way that met their needs. For example; staff told us that one person had their own way of communication by using physical gestures and facial expressions. We saw this person touching their head and staff knew that they were saying that they were going to the hairdressers. We saw that all staff were trained to communicate using Makaton (a recognised communication using signs and symbols). There were also communication aids such as signs of the weeks displayed around the home to promote and aid effective communication.

People who used the service were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with friends and family and this was very important to them. One person said, "I see my mum and sister. I go with staff on a train to see them. I really like going and seeing my family". Another person said, "I go home to visit and I have friends that come here and I go and visit too". The residential manager told us that it was important that people maintained strong links with friends and family and they supported people to visit family who were unable to visit the service. We saw that where circumstances had changed in people's families a life story was made in a format that people understood so that people were aware what the changes meant and how this affected them. This meant that people were supported to maintain relationships.

People told us that their independence was promoted and they were involved in various areas of daily living, such as; cooking and maintaining a clean and tidy home. One person said, "I keep my bedroom tidy and help around the house. I like to cook my own meals too with staff to help if I need it". We saw staff supporting people throughout the day to prepare their own meals and promoted their choice and independence. Staff encouraged people to make choices in the way they received their care and people's choices were respected. For example; people had been involved in the decoration of the service and also they had requested that they went on a different holiday. We saw that this feedback had been listened to and people had enjoyed their holiday in a new area than they had been to before.

We saw that people could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. One person said, "I go to my bedroom if I want some time on my own or I can use the other lounge". People told us that they enjoyed their own time and were able to go and have time alone if they needed it. We saw people accessing all areas of the service and some people sat in the lounge area, some people in the dining area and some people had time to relax in their rooms. We saw this was people's choice and staff respected what people wanted to do throughout the inspection.

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I've been on holiday and really enjoyed it. I go out with staff all the time. I like to go out in the car". Another person said, "I go to work, which I enjoy and I go out and meet friends and have a dance". We saw people smiling and laughing as they reminisced about past holidays and the fun they had with staff. Records we viewed contained details of people's interests and where people had been out such as, a driving experience, a day at the races and a trip to "Emmerdale" and meeting friends and family. People told us that they had chose a different destination for their annual holiday. People told us and we saw that the provider had been responsive to their wishes and they had enjoyed visiting a different holiday destination.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical, sexual and emotional needs, which included their likes and dislikes. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their needs. We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs. This meant people received care that met their individual preferences.

People we spoke with knew how to complain and felt able to approach staff if they were unhappy with the service they received. One person said, "I would speak to the staff if I wasn't happy". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. which was available in an easy to read so that people understood how to raise any concerns. We saw that complaints that had been received had been investigated and action taken to make improvements.

Is the service well-led?

Our findings

People told us that the managers were friendly and approachable. This included the registered manager and the residential manager. People said they were able to go to them if they felt sad or wanted a chat. One person said, "[Registered manager's name] is nice and friendly". Another person said, "I really like [Residential manager's name]. We talk about things". Staff told us that the registered manager and residential manager were approachable and supported them to carry out their role. One member of staff said, "All the managers are very approachable. I could go to any of them if I needed to". Another staff member said, "The residential manager is very good. They are approachable and they will tell me if there is anything I need to improve. I can talk to them confidentially and know they will act on any issues I raise". We observed both people who used the service and staff approached the residential manager during the inspection and they were comfortable asking questions or advice. We saw that the residential manager knew people well and spent time with people. One person enjoyed showing the residential manager pictures of their recent holiday and the person was relaxed and happy.

People were encouraged to give feedback on the way they were supported through monthly meetings and a residents counsel. One person said, "We discuss lots of things, the food and what we want to do". The minutes we viewed were in a pictorial easy read format, which ensured people understood what had been discussed. We saw that one person had showed an interest in visiting the airport and records we viewed showed that this had been arranged and the person had enjoyed themselves. This meant that people's feedback was taken account of to make improvements to the way people received their care.

Staff told us that their opinions were sought on a regular basis. One staff member said, "There are regular team meetings and there are meetings with management so that we can make suggestions on improvements". We saw that there was a staff consultation forum held every 3 months and a representative from each of the provider's homes attended. The representative from 5 Station Road had requested that a community vehicle was purchased as the people who lived at 5 Station Road liked to go out and this would ensure they were able to go out when they wanted to. The provider was in the process of purchasing a community vehicle for people at the service to use. This meant staff feedback was gained and acted on to make improvements to the service provided.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. The audits we viewed such as medicines, environment, care records and safeguarding contained details of the actions taken where issues had been identified. The residential manager told us and we saw that the provider visited the service on a six monthly basis to ensure that the required checks had been carried out and to ensure that the service is meeting the required standards of care. We were also told that the provider also visited the service informally throughout the year. This meant that there were effective systems in place to monitor and manage the service.