

David Lewis Centre

Station Road - Holmes Chapel

Inspection report

5 Station Road
Holmes Chapel
Cheshire
CW4 7AU

Tel: 01565 640109

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 

Overall summary

The inspection was unannounced and took place on the 6 and 12 November 2014.

The last inspection took place on the 30 December 2013 when it was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

Station Road, Holmes Chapel is required to have 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 day to day management of the home was carried out by a home manager.

Summary of findings

Station Road, Holmes Chapel is a small care home registered to provide personal care and accommodation to up to four people. The home is situated in a residential area close to shops, public transport and other local amenities. The home was purpose built and only opened in 2009.

All the people we spoke to told us that they liked living in the home. We did not receive any specific comment regarding their safety but we did observe relaxed and friendly relationships between the people living in Station Road and the staff members working there.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves.

All of the staff members that we spoke with said that they felt that their training needs were more than met by the

management. The training manager told us that additional training would be provided if it was necessary. This meant that the staff were well trained and were competent to do their jobs properly.

The relationships we saw were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff.

The common care files were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the care being provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

All the people we spoke to told us that they liked living in the home.

The home was purpose built and only opened in 2009. Our observations during the inspection were of a clean, homely environment which was safe and comfortable.

Staff members confirmed that they had received training in protecting vulnerable adults and that they had a good understanding of the process they would follow if a safeguarding incident occurred. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Good



Is the service effective?

The service was effective.

We found that the staff members knew the people they were supporting well and we had no concerns regarding their suitability to work at the home. The staff members we spoke with were very positive about the home and the standard of support that was being provided.

All of the staff members that we spoke with said that they felt that their training needs were more than met by the management. The training manager told us that additional training would be provided if it was necessary.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves.

Good



Is the service caring?

The service was caring.

We asked people about the home and the staff members working there. Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that staff members always treated them with dignity and respect.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff.

Good



Is the service responsive?

The service was responsive.

The common care files were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them.

Good



Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Is the service well-led?

The service was well- led

There was a registered manager in place.

The registered and home managers spoke with the people living in the home on a very regular basis. In addition to this there were regular 'house' meetings to discuss anything that the people living there wanted to and an easy read version of the minutes was produced. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback.

Good



Station Road - Holmes Chapel

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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We carried out an unannounced inspection on the 6 and 12 November 2014. The first day was spent in the home and the second day was at the David Lewis Centre when we were able to look at staff recruitment, induction and training records.

The inspection was carried out by an adult social care inspector.

Before our inspection the home provided us with a provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the

provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we hold prior to visiting.

Station Road – Holmes Chapel is an ordinary domestic property so we were conscious of being intrusive. With the consent of the people living there we spent time in all areas of the home, including the lounge and the lounge/dining areas; this enabled us to observe how people's care and support was provided. In addition and with the consent and accompaniment of the person whose room it was we were also able to look at two of the bedrooms within the house.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with all four people living there and three staff members including the home manager.

We looked around the home as well as checking records. We looked at a total of two care plans; the provider calls these common care files for the people living in the home and used these to track the way that these plans were put into practice. We looked at other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

All the people we spoke to told us that they liked living in the home. We did not receive any specific comment regarding their safety but we did observe relaxed and friendly relationships between the people living in Station Road and the staff members working there.

The home was purpose built and only opened in 2009. Our observations during the inspection were of a clean, homely environment which was safe and comfortable.

We saw that the service had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The home manager was aware of the relevant process to follow. She would report any concerns to the social workers employed by the David Lewis Centre who in turn would report them to the local authority and to the Care Quality Commission. Homes such as Station Road – Holmes Chapel are required to notify the Care Quality Commission and the local authority of any safeguarding incidents that arise. There have been no adult protection incidents requiring notification at the home.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with had a good understanding of the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling

lifestyle without unnecessary restriction. Relevant risk assessments, for example leaving the home unaccompanied were kept within the care plan folder that the provider had called the common care file.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection. The rota we looked at confirmed that there were two to three members of staff on duty from 07.30am until 21.30pm. During the night there was one waking night staff member. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. The registered and home managers were in addition to these numbers. We found that the staff members knew the people they were supporting well and we had no concerns regarding their suitability to work at the home. There was an on call system in place in case of emergencies

In order to check that effective recruitment procedures were in place we visited the provider's human resources department on the second day of the inspection. There had been no new staff employed at the home since 2011 so we looked at the file for the most recently appointed staff member plus one more for a staff member who had been employed recently and was working elsewhere for the provider. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed with the Disclosure and Barring Service (DBS). These checks aimed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked.

References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation that the employee had completed a suitable induction programme. In addition and to ensure the system was robust we discussed the procedure for employing new staff members with one of the HR advisors responsible for staff recruitment. They explained the processes used, including the checking of recruitment history and any gaps in employment or convictions. We saw that policies and procedures were in place to help ensure that people's

Is the service safe?

medication was being managed appropriately. We carried out a random check on both the administration records signed by staff members whenever any medicine was given and the storage facilities in the utility room where medication was stored. We found that the records were

being maintained correctly and medication was being stored safely. Staff members received regular medication training which ensured any medication being administered was being given as prescribed.

Is the service effective?

Our findings

The staff members we spoke with were very positive about the home and the standard of support that was being provided.

The home manager explained that any new staff members had to complete a seventeen day induction training programme so they had the skills they needed to do their jobs effectively and competently. This induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised. Shadowing is where a new staff member worked alongside either a senior or experienced staff member.

We asked staff members about training and they all confirmed that they were receiving regular training and that it was up to date. The home manager explained that the provider expected all staff members to undertake a three day mandatory training refresher every year and that as part of the auditing process a training report was completed to ensure this was being done. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, medication, first aid and health and safety. One of the team leaders working in the home had responsibility for booking any staff training that was required. The provider had a dedicated training centre at the David Lewis Centre and the staff working there were responsible for delivering some of the training required. Other courses such as safeguarding were delivered using the provider's 'e' learning training system.

All of the staff members that we spoke with said that they felt that their training needs were more than met by the management. The training manager told us that additional training would be provided if it was necessary.

The staff members we spoke with told us that they received support, supervision and appraisal. We checked records and they confirmed that supervision sessions had been recorded for each member of staff and they were being held on a regular basis. Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves, for example leaving the home unaccompanied.

All of the information we looked at in the common care file was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw recorded evidence of the person's consent to the decisions that had been agreed around their care. The people we spoke with who were using the service confirmed that they had been involved in making decisions about their support plan.

Visits to other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act (MCA 2005). This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The home manager explained that training in the MCA and DoLS had been provided previously but this was in the process of being changed in the new year. We clarified this with the training manager and one of the training officers during the second day of the inspection. They told us that a new programme was being drawn up and more in-depth training in these two areas was going to be provided.

The home manager informed us that if a mental capacity assessment was considered necessary the social workers employed by the provider would undertake this and if applicable a DoLS application would then be completed. They explained that there was a DoLS authorisation in place for one person for safety reasons. We looked at this during the second day of the inspection and saw that it had been granted by the relevant placing authority earlier this

Is the service effective?

year. Any authorisations were kept centrally by the provider's social work department and a separate record confirming it was in place was kept in the common care file.

Menus and shopping for food were planned and undertaken with the people who lived in the home. This was done by discussing likes/dislikes and what people felt like eating. This provided a very flexible menu for people.

In practice it meant that at any mealtime it was possible that different meals chosen and prepared by the person would be being eaten. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately. Drinks and snacks were readily available whenever anybody wanted them.

Is the service caring?

Our findings

We asked the people living at Station Road about the home and the staff members working there. Everyone who commented said they liked the staff members supporting them and that they liked living there.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw that the relationships between the people living in the house and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa.

During our inspection we saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. We saw that staff were interacting well with people in order to ensure that they received the care and support they needed. We observed during our visit that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to

do and asked if that was alright rather than assume consent. We observed people being supported with their daily life activities, for example planning for the evening meal.

Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that staff members always treated them properly.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

We were able to see two bedrooms during our visit. These were homely, comfortable and had been furnished and decorated to reflect the preferences of the person whose room it was.

The provider had developed a range of information, including a service user guide, all available in an easy read format for the people living in the home. These gave people detailed information on such topics as daily life and social contact, involvement and information and how to make a complaint.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

After obtaining consent we looked at two common care files to see what support people needed and how this was recorded. These files included people's support plans, risk assessments and information about the service. The support plans we looked at were person centred and included, for example, information on how best to communicate with the person and their likes and dislikes. They also contained evidence to show how the views of the person using the service had been taken into account when planning what they wanted. We saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. The plans were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. This is recognised good practice.

We did not see any pre-admission paperwork for the people living in the home at the time of our visit because they had moved in when it first opened in September 2009. They had each moved in from the main David Lewis site. We are aware that the provider does have an assessment process in place should this be required in the future. This

would include a gradual introduction into the home; by visiting for a meal, spending a few hours there and having an overnight stay so that when the placement became permanent it would be successful for all parties.

Everyone living at Station Road had their own weekly timetable which provided guidance for the mornings, afternoons, evenings and weekends. This had been agreed with each person and included practical tasks such as shopping for food, cooking and housework as well as any social or work activities. We looked at one of the timetables in detail and could see that the person attended activities such as the gym, horse riding, had a part time job at the main David Lewis centre and also had time to simply relax and watch the TV. Whilst areas such as the employment were expected to be carried out we could see that there was flexibility within the timetable to give each person 'free choices'.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us they did not have any concerns. Because of the nature of the service minor issues were dealt with as they occurred.

Is the service well-led?

Our findings

The registered and home managers spoke with the people living in the home on a very regular basis. We observed the home manager talking to people during our visit and could see that the people living in there were comfortable and relaxed with them. In addition to this there were regular 'house' meetings to discuss anything that the people living there wanted to and an easy read version of the minutes was produced. We looked at the last meetings minutes from October and could see that shopping, Halloween and Bonfire night were discussed. This meant that information about the quality of service provided was gathered on a continuous and ongoing basis with direct feedback. As a result the service would be able to react quickly to any issues that arose. These could include support or care needs, concerns or complaints. Direct feedback from the people living at Station Road about the quality of the service being provided was obtained via the review process.

The provider also had a service user council made up of volunteers from the people living in the services they provided. This was a forum that could raise and discuss issues so that the organisation could improve.

Staff members we spoke with were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the care being provided. We asked staff members how they

would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all said they could raise any issues and discuss them openly within the staff team and with the registered or home manager.

The staff members and home manager told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the common care files including risk assessments, medication, individual finances and staff training. The records were of a good standard, they were up to date and they were being maintained properly.

The provider undertook periodic monitoring, for example the completion of a health and safety audit. This helped to ensure any issues in this area were identified and addressed in a timely manner.

Representatives from the organisation visited the service and spoke to the people living there on a regular basis; this also helped to ensure any issues were identified and dealt with.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.