

The David Lewis Centre

Adult Pathways 1

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Adult Pathways 1 is a residential care home providing personal and accommodation for 83 people at the time of the inspection. The service can support up to 126 people. Adult Pathways 1 provides care and support in eight 'houses' of varying size and occupancy situated within the main David Lewis Centre site located in rural Cheshire.

People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice, however had not always been followed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The service had developed over a period of time. Adult Pathways 1 comprised of eight 'houses' of different size within a large campus which included a further eight 'houses' under a different registration. In total, the main campus facility provided regulated activity for a maximum of 172 people with a learning disability and/or autism, along with day services and medical facilities.

The fact that the accommodations varied considerably in size resulted in a differing experience for people living there, whilst we saw in smaller accommodations a more homely atmosphere, the larger properties evidenced a somewhat institutionalised approach. The registered manager provided details of refurbishment plans and we have made a recommendation that Right support, right care, right culture guidance is used to inform improvements and future plans.

Regular fire drills had not been carried out and risk assessments were not always up to date. Staff received training and were aware of the procedures to follow to protect people from abuse, however, they had not questioned restrictive practice which we observed.

People told us they felt safe and relatives also felt their family member was safe. Medicines were administered by trained and competent staff. We identified some areas for improvement which were discussed with the registered manager and have made a recommendation that the registered provider carries out a review of medicines practice to ensure compliance with best practice guidance. Staff were using personal protective equipment effectively and safely to prevent and control the spread of infection.

People were supported by trained and skilled staff. Safe recruitment procedures were followed to ensure only suitable staff were employed. People's dietary needs were assessed by the provider's multi-disciplinary team. One person told us the food was "good." People were generally supported with their meals in a caring and dignified manner. People felt well supported to maintain their health and well-being. We received positive feedback about this from people using the service, relatives and visiting professionals.

The COVID-19 pandemic had impacted upon quality assurance processes and we found they had not always been effective. Staff and people using the service told us the registered manager was fair and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was Good (published 02/11/2018).

Why we inspected

We received concerns in relation to culture, staff practice and safety of people within the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adult Pathways 1 on our website at www.cqc.org.uk.

During this inspection we did not see people were at risk of harm directly related to the concerns received. However, we have found evidence that the provider needs to make some improvements. Please see the Safe, Effective and Well-led sections of this report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Adult Pathways 1

Detailed findings

Background to this inspection

The inspection

We carried out this focussed inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors, a specialist advisor and two Experts by Experience who contacted people's relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Service and service type

Adult Pathways 1 is a 'care home', comprising of eight separate accommodations. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. Due to the impact of the COVID-19 pandemic we were mindful of the amount of time inspectors were on site. Therefore, records and documentation were requested before the site visit and reviewed remotely.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 4 people who used the service. We contacted 20 relatives by telephone about their experience of the care provided and spoke with 18 staff including the registered manager, a residential manager, a team leader and care officers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included multiple care and medication records, two recruitment records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records and contacted 11 professionals who regularly work with service. We spoke with two professionals directly and received six written responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Regular fire drills had not been carried out as required by fire risk assessments.
- Not all staff had attended a fire drill and some spoken with were unclear about evacuation procedures.
- Simulated drills were not carried out; therefore, it was unclear how the provider had ensured procedures would be effective.
- Risk assessments were not always kept up to date or reflective of current risks/measure implemented.

This was a breach of Regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not done all that was reasonably practicable to mitigate risk.

- Routine equipment maintenance checks, including fire safety equipment, and annual review of fire risk assessments had been suspended due in response to the COVID-19 pandemic. The registered manager confirmed the programme of review and certification was to recommence.

Using medicines safely; Learning lessons when things go wrong

- Medicines were administered by staff who had received training and their competency to do so checked, including medicines prescribed to manage specific health needs. One person told us "I get my medicines when I need them, and the 'nurse' never misses me out."
- We reviewed records relating to management of medicines at one of the houses. Although we found no evidence of harm, we identified areas for review and improvement which we discussed with the registered manager who confirmed measures would be implemented to address.

We recommend that the registered provider undertakes a review of medicines practice to ensure compliance with best practice guidance.

- Medicines requiring enhanced storage and recording, known as 'Controlled' drugs, were managed appropriately.
- Staff demonstrated a good level of knowledge about people's medicines, dose and route.

Staffing and recruitment

- During the inspection we visited four houses within Adult Pathways 1 and observed there were sufficient staff to meet people's needs.
- On the whole staff we spoke with indicated staffing levels were sufficient, however some felt this was not

always the case and that they worked short of the required numbers which rotas provided confirmed. Staff's comments included "It is a problem and it needs addressing" and "Everything gets done but staff are run ragged."

- We discussed this feedback with the registered manager who confirmed recruitment was ongoing and sometimes, sickness absence had impacted upon staffing levels. The registered manager confirmed he would follow up in relation these comments.
- Safe recruitment procedures were followed to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and told us they felt able to report any concerns and they would be listened to. However, we identified restrictive practice taking place which had not been questioned by staff. We have reported on this further in the Effective section of this report.
- Relatives felt their family member was safe living at the service. Their comments included, "What they do is over and above safe"; "Staff are well trained and ensure my son's safety" and "He's absolutely 100% safe. There's not a better place in the country" and "He's safe, couldn't be a better place."
- People felt safe living at Adult Pathways 1. They said, "I do feel safe here and think it is the right place for me to live"; "I like it here" and "Yes, I do feel safe living here."

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service. The provider had refurbished properties within the main site so people were able to isolate safely on return/admission and for visits to family. Visiting arrangements were reviewed in consideration of local and national circumstances.
- Relatives' comments on the impact of isolation on return to Adult Pathways 1 varied. Some were positive telling us, "I am so grateful to the David Lewis Centre for looking after [Name] so well during COVID and I hope they can continue to love and look after her in the future"; "They have introduced extraordinary measures to keep clients safe through COVID, possibly a little extreme, but I have no issues with that" and "They have done everything they possibly can." However, one relative felt the restrictions were too severe and another said, "I feel this contravenes our human rights."
- The registered manager explained people were not prevented from staying with family however, a date for return to the service needed to be planned to ensure there were appropriate facilities and staff trained in the person's specific needs available to support isolation on return.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We identified restrictive practice taking place in respect of one person's care and support and the principles of the MCA had not been followed. We referred this matter to the local authority under safeguarding procedures.
- We could not see this practice had been questioned by staff which demonstrated a lack of understanding of the principles of the MCA in terms of consent, decision making and least restrictive options.

This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

- There was a procedure in place to manage Deprivation of Liberty applications and authorisations. A professional who works with the service commented the service was "Very effective in the way they manage DoLS" and that they had been consulted for their views.

Staff support: induction, training, skills and experience

- Formal supervision and appraisal sessions had been suspended during the COVID-19 pandemic, however were due to recommence. Staff told us they were able to speak with the management team at any time and continued to feel supported.
- One staff member commented "It is fair to say they have an open door policy and if I have needed support I have gone to them and always received whatever support I needed."
- There was a detailed induction programme for new staff to prepare them for their roles. This, in line with many other procedures, had been adapted to continue in line with COVID-19 safety measures.
- Staff received training in a wide range of health and social care topics. Prior to the pandemic, training was provided on a face to face basis. To ensure training continued to be effectively managed, the provider had recently introduced an on-line training programme.
- Relatives felt staff were well-trained and, as a result, were able to support their family member and meet their needs effectively. We were told "I feel the staff are well trained around epilepsy care and have a good understanding of [Name's] medical needs"; "Care staff are well trained and take pride in their job" and "Everyone I have met is well-trained."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People's dietary needs were assessed by the provider's multi-disciplinary team who also supported care planning. Information about healthy eating and menu cards was available in accessible format.
- Meals were prepared in a main kitchen on site during the pandemic, delivered to the houses for serving by staff reducing the prospect of people being involved in preparation of meals. However, there were opportunities to be involved in preparing alternatives to the main menu and snacks in addition to baking. One person told us the food was "good."
- We observed the mealtime experience in two of the houses during the inspection. People were generally supported in a caring and dignified manner. However, we observed elements of institutional practice and less dignified staff approach, including calling people to a serving hatch by table number and a staff member supporting two people at the same time by standing between them.
- Houses within Adult Pathways 1 varied in size, thus providing a differing experience for people.
- One of the houses required refurbishment and the registered manager shared plans for this which had been placed on hold due to COVID-19.
- People's private rooms were personalised, and one person told us "I like my bedroom."
- Staff desks/computer stations had been placed within communal areas, creating a less homely atmosphere.

We recommend that the provider refers to Right Support, Right Care, Right Culture guidance to inform improvements and future plans.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and wellbeing with access to the provider's extensive multi-disciplinary team resources. A local GP surgery provided a dedicated GP service.
- People felt well supported, one person told us "Staff know how to help me when I get down and they are very good" and another commented "I have regular medical appointments with the physios and doctor."
- We received positive feedback from a range of professionals who worked with the service supporting people's health, care and support needs and rights. Feedback included, "They always keep me updated regarding my client. I have no concerns whatsoever"; "I have always found the service to be responsive to my enquiries" and "I can highly recommend how they work with me as an external professional."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. However, we feel it is proportionate and fair to note the significant impact of the COVID-19 pandemic.

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

- Systems to assess, monitor and improve the service had not always been effective and had not identified the issues highlighted during our inspection.
- The redeployment of the quality assurance manager in response to the pandemic resulted in a gap in quality assurance systems although a new process was due to commence.
- Audits carried out by the quality assurance manager were detailed, providing guidance about actions to be taken to address issues identified. However, the system was not effective as actions required had not always been carried out. Therefore, opportunities for continuous learning were missed as audit systems had not always been effective.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as systems to assess, monitor and improve the service were not operated effectively.

- The CQC had been notified about events which had occurred within the service and the rating from the last inspection was displayed as legally required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager told us "I am proud of the extra resilience of staff. It's been remarkable."
- External professionals spoke positively about the provider, staff and experience of the people they supported. Comments included, "All of my clients' needs are, as individuals catered for in an excellent manner"; "David Lewis get in touch if there are any incidents and get back to me with any information I required"; "The parents of [person supported] reported that the care provided by David Lewis staff had been exceptional" and "The service is one of the best on offer across the UK. I have no concerns about the superior provision my clients receive."
- Our observations and feedback received evidenced people were supported by staff who knew them well. One person told us "Staff help me, and they listen to me."
- Relatives said, "I can't fault the care, it's been incredible, they've gone above and beyond" and "They've listened to us and really got to grips with her unique communication system."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Where concerns had been raised, most relatives said they were happy with the outcome, felt they were treated with respect, listened to and actions had been taken to resolve.
- Where relatives told us they did not feel satisfied with the outcome, their concerns related to restrictions implemented in response to the pandemic.

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

- It was evident from our observations that people using the service knew the registered manager well and were happy and comfortable in approaching him. One person told us "I know the manager [Name], he comes around and has a chat."
- Staff felt supported and told us the registered manager was approachable and fair. We were told, "Darren is very approachable, I could speak to him about anything" and "There is always someone you can talk to, so I have no concerns. Also, we have a wellbeing person we can talk to."
- In response to the COVID-19 pandemic the process for meetings with staff, relatives and people using the service had changed. Zoom meetings and telephone calls took place and there was regular communication to families and people using the service, including in accessible formats. Service User Council meetings were due to recommence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not done all that was reasonably practicable to mitigate risk.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to establish and operate effectively, systems to assess, monitor and improve the service.