The David Lewis Centre

Elm Cottage - Middlewich

Inspection report

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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

Elm Cottage, Middlewich is part of the David Lewis organisation and is registered to provide accommodation for four people who require support and care with their daily lives. The home is approximately one mile from the centre of Middlewich. The two-storey domestic type property is close to shops, public transport and other local amenities.

The home is a detached house in the area of Middlewich in East Cheshire. At the time of our inspection there were four people living there.

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

We spoke with the people who lived in the home and two relatives who all gave positive feedback about the home and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required.

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

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The residential manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people living in the home.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Elm Cottage - Middlewich

Detailed findings

Background to this inspection

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

The inspection took place on 13 November 2017 and was announced. It was carried out by an Adult Social Care Inspection manager. The manager was given 48 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

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

During the inspection we looked at all parts of the premises. We spoke with the residential manager, and two other members of staff. We met with the people who lived at the home, and following the inspection we contacted two relatives by telephone. We observed staff interacting with people in the home. We looked at medication records. We looked at staff rotas and training records. We looked at maintenance records. We looked at care records for two of the four people who lived at the home.

Good

Is the service safe?

Our findings

We asked one relative if they felt that their family member was safe living at the home. They told us "He is safe there. He is well looked after and is very happy."

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

We saw that the service was staffed by a consistent staff team who had all worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. We saw that one new staff member had been recruited since the last inspection and information was provided that demonstrated that this had been done safely with all the required checks carried out prior to them commencing work. We were told that it was very unusual for any other staff to work at the service as the team covered each other's holidays and absences and this maintained consistency for the people living in the home.

We looked at medicines management in the home and saw that it was good. The medicines were audited weekly. We saw that the home was clean and well maintained. We checked the premises safety certificates and saw that they were up to date.

We looked at risk assessments and saw that they were managed well. We saw that one person was prone to accidents and their risk assessments were regulated revisited and updated and advice sought from outside professionals as to how to keep them as safe and protected as possible whilst still maintaining their independence. The risk assessments were stored electronically on an 'icare' system. This meant that all updates were electronically dated.

Good

Is the service effective?

Our findings

One relative told us that the staff worked hard to keep their family member safe. They told us about their family member's health condition that they had managed for ten years at home prior to the person moving into the service. They said "They look after him even better than I did. It's complicated and a lot of work to get it right but they manage to do it really well."

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

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers. The staff member we spoke with told us that "The training is excellent. We are trained in everything we need to be."

We saw that the people chose what they wanted to eat, did the food shopping and were involved in cooking the food supported by the staff if they chose to do so. There were people in the home who had very specific dietary needs and the home managed this extremely well.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the staff knew the people well.

The home was on a pleasant street in a small neighbourhood. The provider was in discussion with the landlord with regards to adaptations in the future that the property will need to meet the changing needs of the people who lived there.

Good

Is the service caring?

Our findings

A relative told us that they thought that the staff were very caring. They said "He gets happier and happier, it's lovely to see."

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

We saw that staff were mindful and supportive of people's preferred method of communication. We saw that staff were exploring different methods to try and improve this for one person living in the home. There was a key worker system in operation and we could see that this was working well. We spoke with one staff member who was a key worker to one person and they told us that this person had been having a difficult time lately and they were looking for ways to support them and to keep their spirits up.

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

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs. We saw one staff member supporting a person to use their computer and then stepping back to enable the person to watch what they had chosen but staying nearby in case they were needed.

The registered manager told us that no one in the home was using any advocacy services at that time but they had links with local advocates should they be required and that other people in different parts of the service were in contact with advocates.

The service had a Safeguarding sub-committee group that was made up of service users and staff from the provider organisation. At the group's request, colour coded lanyards for ID badges had been introduced so that people using the service would know if people were safe to approach. There was a traffic light system in place. Staff wore green lanyards, people who used the service wore amber lanyards (when they were working in the provider's businesses) and visitors were given red lanyards. This was a helpful, supportive system that was working well.

Good

Is the service responsive?

Our findings

We spoke with the people who lived in the home. One person was on their way out to go shopping and they told us that they were excited to be buying things for Christmas. We spoke with a relative who told us "He has a little diary that they update. They fill it in and we fill in it and it makes it easier for us all to keep in touch and be able to talk to him about where he has been and what he has been doing."

Another relative told us "We are very involved. There have been peaks and troughs but more peaks. They give us feedback and keep us up to date."

We saw that the people led busy, varied lives. Activities included paid employment, college placements, going to do various physical activities such as hydrotherapy and cycling. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to day lives. There was clear person centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. The care plans were stored electronically on the 'icare' system. We saw that when people had behaviour that could be challenging, options were explored to reduce their stress and maintain their well-being. For example, one person had a device that they could hold in the car and press which indicated to the driver that they wanted the car to stop. This has enabled the person to communicate safely with the driver without them needing to get upset.

We saw that there was a complaints procedure in place. The procedure was available in pictorial form to make it accessible for people who may struggle to read. We looked at the complaints management and saw that there had been one formal complaint since the last inspection. The staff had dealt with the issue promptly.

Good

Is the service well-led?

Our findings

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

A staff member told us that the residential manager was very supportive. They told us that the team worked closely together and supported each other to provide the best possible service for the people who lived in the home. They told us that it was the best job that they had ever had.

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

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. The minutes of the resident's meetings were in an easy access format.

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