

# The David Lewis Centre

# 121 Hassall Road

## Inspection report

121 Hassall Road  
Alsager  
Stoke-on-trent  
ST7 2SL

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07 October 2019  
09 October 2019

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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

### About the service

121 Hassall Road is a residential care home providing personal care and accommodation for up to four people in a single storey adapted building. The home is situated in a residential area with access to local amenities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected from harm by staff who understood how to keep them safe with risks appropriately assessed and managed. People's medicines were managed safely and administered as prescribed. Staff were recruited following safe recruitment procedures. Safety checks were carried out to ensure the environment was a safe place for people to live and staff were aware of the steps to take to prevent and control the spread of infection.

People were supported to have maximum choice and control of their lives. Procedures ensured people's

needs were assessed and regularly reviewed to ensure the care they received continued to meet their needs and promote good outcomes. Staff supported people to maintain a nutritious diet in line with their preferences and specific dietary needs. People's received care that was effective. Their health and well-being were well managed with access to an extensive range of the provider's in-house facilities in addition to external agencies.

People were cared for by staff who knew them well. Staff had developed caring relationships with people and respected their privacy and dignity. People's independence was promoted. Staff supported people to maintain relationships with their friends and family.

People's care was based on detailed assessments and person-centred care plans. People were able to participate in an extensive range of activities. There was a procedure in place to ensure complaints were dealt with effectively which was also available in pictorial format. People's future wishes had been discussed and planned for.

Systems were in place to assess and monitor the quality of the service with an emphasis on continued learning. Management and staff were clear about their roles and responsibilities.

Relatives we spoke felt that the service was well-led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This service was registered with us on 24 October 2018 and this is the first inspection.

Why we inspected: This was a planned inspection.

We will continue to monitor the information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# 121 Hassall Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

121 Hassall Road is a 'care home'. 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 the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection and that people would be at home to speak with us.

#### What we did before the inspection

We reviewed information we held about the service and sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people using the service and contacted three relatives by telephone about their experience of the care provided. We spoke with five members of staff including a residential manager.

We reviewed a range of records including two people's care records and records relating to the administration and management of medicines. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who were trained in recognising signs of abuse and felt able to speak up if concerned. Staff were aware of safeguarding policies and procedures in place and actions to take should the need arise.
- People indicated that they were safe living at 121 Hassall Road.
- Relatives we spoke with told us they felt their relative was safe and well looked after.

Assessing risk, safety monitoring and management

- Detailed risk assessments were carried out for each person. This meant that staff understood what was required to keep people safe.
- Accidents and incidents were recorded and regularly reviewed by the management team to ensure measures to prevent recurrence were identified.
- Health and Safety within the service was appropriately managed. Checks of equipment and installations including electrical, gas and portable appliances were up to date.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staffing levels were adjusted when people's needs changed and individual's 1:1 support was incorporated flexibly in line with their activity programmes.
- Safe recruitment procedures were followed and managed by the provider's Human Resource Department.

Using medicines safely; Learning lessons when things go wrong

- People received their medicines safely and as prescribed. Medicines were securely stored and safely managed, including when people accessed the community or were away from home.
- Medicines were administered by staff who were appropriately trained and their competency to do so checked.
- Medicine stock and records were regularly audited by the management team. We saw evidence of learning taken from analysis of these audits.

Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy in all areas.
- Staff had received training in controlling and preventing the spread of infection.
- There was an adequate supply of personal protective equipment (gloves and aprons).

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they began using the service and were regularly reviewed and updated to ensure their needs continued to be met.
- Care was planned and delivered in an holistic, person-centred way reflecting people's individual choices and in line with best practice guidance.
- People's moves to 121 Hassall Road were well managed. A relative told us "We can't fault how they moved [Name], the transition went well throughout".

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff who had received appropriate training. Training completion was monitored by the management team via a matrix which identified when refresher training was becoming due.
- Staff had opportunity to discuss their skills and development needs during regular supervision and annual appraisal sessions. All staff spoken with felt these sessions were beneficial.
- New staff received an extensive and robust induction which included both classroom and practical on-site training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a nutritious diet with consideration to personal choice and specific dietary requirements.
- Pictorial aids were used to support people to make menu choices and assist with shopping trips.

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

- The service had immediate access to an extensive range of facilities and health care professionals within the David Lewis Centre's in-house resources. These included, speech and language therapists, occupational therapy, hydro pool and physiotherapy. A relative described the access to healthcare services as "Totally amazing, fantastic".
- In addition, the service linked with external professionals to support people's health and well-being as and when required including: neurologist, GP, district nurses, dentist and optician.

Adapting service, design, decoration to meet people's needs

- The accommodation was spacious, bright and modern having been completely re-modelled and fully adapted to meet the needs of the people living there.



- People had been involved in choice of decoration and rooms were personalised to each individual's needs and tastes.
- The adaptations made supported people to be as independent as they could be.

#### Ensuring consent to care and treatment in line with law and guidance

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.

- The service was working within the principles of the MCA. People's capacity to make decisions had been assessed as required and, where appropriate, decisions made on their behalf had been made in their best interests.
- The residential manager and staff demonstrated a good understanding of the need to obtain consent and of their responsibilities with regard to the principles of the MCA.
- DoLS applications had been made as required. When authorised, a system was in place to monitor and review. We saw that where conditions of authorisation were in place these were being met

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed warm, kind and friendly relationships had been developed. People were clearly at ease in staff's company. Staff expressed pride and told us they felt the building of these relationships was one of their main priorities. A family member told us this was a very positive element of the care their relative received.
- People were treated fairly and without discrimination. Staff knew people and their needs extremely well. A family member told us that staff "Know about his care plan throughout".
- When we asked family members about the care and support their family member received comments included "Fantastic", "Staff are brilliant. Not got a single complaint about any of them. They are very kind" and "Polite and caring".

Supporting people to express their views and be involved in making decisions about their care

- A family member told us staff took into account their relative's likes and dislikes when decisions were made about their care and accommodation. For example, their choice of bedroom. Another told us their relative was supported to be involved in their care, "They ask him questions".
- Regular meetings took place with agenda and minutes produced in clear and detailed pictorial format.
- Where people needed more support with decision making, family members, or other representatives were involved. Where appropriate, people had access to advocacy services. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves to ensure their rights are protected.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care plans included aspects of care people could manage independently. We saw that people were supported to assist with tasks as far as they were able. The adaptations to the premises also supported people's independence. For example, consideration to the level of furniture and facilities.
- Care records were securely stored, maintaining confidentiality and people's privacy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had an individualised plan of care. People's care plans were person-centred, reflected their choices, needs and preferences clearly and in detail. Care plans were kept under regular review and updated as and when people's needs changed.
- People and/or their family or representatives were involved in decisions about their support giving them control over the care they received. Staff undertaking care tasks demonstrated that they gave people choice and control in their day to day activities.
- Relatives spoke positively about the care their relative received. We were told "[Name] gets a lot of attention"; "They understand the needs of everyone here" and "Very happy with the care".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, recorded and highlighted in their care plans; staff understood how best to communicate with each person.
- People had access to information in a format they could understand, and which supported them to make choices. For example, information was regularly presented in pictorial format including, meeting agenda and minutes, menu choices, shopping lists and complaints.
- People had access to electronic aids to support their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in an extensive range of activities. Staff obtained leaflets detailing facilities and events which helped people to choose what they would like to do.
- People were able to access the community, were supported to keep in touch with friends and family and enjoy a good quality of life..

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to handle and respond to complaints. We reviewed the complaint file and found that there had been no complaints or concerns raised. Family members told us they were aware of who to speak to if they had any concerns, they said "Definitely, would not hesitate" and "We know all the staff and have a really good relationship, we wouldn't be scared of raising concerns".

- A pictorial complaints poster was readily available within the home.

#### End of life care and support

- The service was not supporting anyone with end of life care. However, people's future wishes had been discussed, planned for and recorded, including cultural and spiritual needs.
- The service had access to specialist support from the registered provider and district nurses to support people requiring end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a skilled staff team dedicated to achieving positive outcomes for people.
- Staff spoke positively about the support they received both from the management team and registered provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There is a registered manager in post, supported with day to day management of the service by residential managers, one of whom we met during the inspection. They were knowledgeable about the responsibilities of their role.
- The management team were meeting their regulatory requirements. All notifiable incidents had been submitted to CQC as required. Staff were clear about their roles and responsibilities.
- Family members told us they felt the management team were "Really professional" and that the service was well-led.

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; Continuous learning and improving care

- Information was shared with the relevant people and organisations when things went wrong.
- The management team were open and transparent with an emphasis on taking learning from any areas for improvement.
- Audits and checks were carried out to assess and monitor the quality of the service. For example, accidents and incidents were reviewed for consideration of what lessons could be learnt to reduce the risk of recurrence.

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

- Service user/relative and staff meetings were held on a regular basis. Service user meetings were inclusive with consideration to people's equality characteristics.
- Staff told us that the management team were approachable and fair and that they were listened to.
- A family member commented "We have a really good relationship, I can ring any time".

Working in partnership with others

- The service worked in partnership with other services both within the registered provider's wider resources and external agencies.