The David Lewis Centre

Mill Lane - Macclesfield

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

Mill Lane Macclesfield is a residential care home for eight people with learning disabilities. The building has three self contained flats with one person living in each and five en-suite bedrooms where people use the communal areas.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

Registering the Right Support gives guidance surrounding the maximum amount of people a home providing support to people with learning disabilities should have. Guidance states this should be six however Mill Lane Macclesfield had been registered to provide support to eight people since 2011. We saw that the home itself was situated in a residential area and that people with learning disabilities who were using the service were able to live as ordinary a life as any citizen.

The home has a registered manager who was supported by a residential 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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. Medications were safely managed.

People who lived in the home and relatives we spoke with all gave positive feedback about the home and the staff who worked in it. The service had a relaxed feel and people could move freely around the service as they chose. People were able to have control over their lives and participate in activities they enjoyed.

Care plans and risk assessments were person centred and detailed how people wished and needed to be supported. They were regularly reviewed and updated as required with input from people and their families. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The provider employed their own specialist nurses for epilepsy and behaviour, who were very involved in the support of the people living in the home.

The registered manager and residential manager used different 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 the providers were also heavily involved in the running of the service.

Staff were recruited safely, received a robust induction and suitable training to do their job role effectively. All staff had been supervised in their role.

Further information is in the detailed findings below.

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**

Mill Lane - Macclesfield

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 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.

This inspection took place on 16 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

We looked at all of the information that Care Quality Commission had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

The registered manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with the registered manager, the residential manager two support staff, the providers specialist nurse four people living in the home ad two relatives. We also contacted other professionals from health and social care for feedback about the home including doctors and social workers.

We spent time observing how people were supported and their interactions with staff in order to understand their experience.

We spent time looking at records, including three people's care records, two staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

Good

Is the service safe?

Our findings

We spoke with people who lived at the home and a relative and asked if they felt safe. Each person said yes and the relative said, "I have so much trust, it takes away the worry for me knowing [person] is being looked after 110%." The residential manager maintained clear records and the required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse.

Medications were managed safely in the home, staff had to undertake a rigorous training programme before they were able to administer medication. People we spoke with told us that there had been no problems receiving their medications.

We looked at a variety of risk assessments and saw that risks were clearly identified and monitored including behaviour and epilepsy. We looked at the records for accidents and incidents, we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in case they were required in the event of an emergency.

We looked at staff personnel files and all of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. There was a disciplinary policy in place that had been followed when needed.

There appeared to be enough staff on duty on the day of the inspection and we saw that this had been consistent for the month previous to the inspection.

We saw that staff had received infection control training and we observed that home was clean with no offensive odours.

Good

Is the service effective?

Our findings

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). No one living in the home had been subject to a DoLS at the time of inspection. We saw that people were supported to make their own decisions and their choices were respected. One relative told us, "They let [person] make her own decisions."

Each person chose what they wanted to eat and the staff supported them to buy their food. We saw how person had a turn of cooking a main meal each day. Support plans contained guidance on what encouragement was needed for nutrition and this had been updated regularly. People's weights were also monitored if needed. Records showed that people had been supported to see health care professionals, including the providers own specialist nurses, when needed and that staff had supported people to follow any health care advice they had been given.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. We looked at two staff files and the training records for the whole staff group. These showed each staff member had attended and successfully completed the provider's induction schedule and that the staff were trained. Staff had training in all of the required areas the provider deemed was necessary and in additional areas to meet the needs of the people whom they supported.

The home was bright and cheerful. This created a friendly and homely environment and the décor was all chosen by the people living in the home and the individual flats. This was discussed in meetings with people living in the home and individually.

Good

Is the service caring?

Our findings

We asked the people living in the home and their relatives if the staff were caring in their approach. The people said 'yes' and one relative told us "Yes they are, I have so much trust, they're like good friends."

We observed that people made choices and decisions about their lives and staff encouraged and respected these decisions, for example, people were able to choose what to wear, where to go, what food and drink they wanted, where they wanted to work and if they wanted company or not.

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 respond to people accordingly. Staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed.

Confidential information was kept secure so that people's right to confidentiality was protected. People's dignity was also respected.

Staff engaged with people and visitors in a warm and friendly manner. The relatives told us that there was always good communication between them and the staff and they were updated if necessary. We were told "I get to know about everything that happens" and "Yes the communication's great." We saw that people in the home all communicated in different ways and that the staff were able to explain engage with each person effectively.

We saw that the home held information about advocacy services and that this information was freely available to people.

Good

Is the service responsive?

Our findings

We looked at support files for three people. The files contained assessments that were reviewed regularly to monitor the person's health and welfare. This included assessments of their daily living skills, food preparation and personal hygiene needs. Where an assessment identified the person needed support, a plan was written providing guidance to staff on the support required morning, lunchtime, afternoon, evening and night routines. Regular reviews of support plans had been carried out. One relative told us, "I can see what's in the plan is being carried out." Records showed that staff had worked in partnership with the individual, their relatives and other professionals to develop a support plan outlining how people needed and wanted to be supported.

A copy of the complaints procedure was at the entrance of the home, we saw that this was available in a pictorial version. This gave information on who to contact if people had a complaint. We asked people and relative if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke with had any complaints about the service. Comments included "I've no complaints whatsoever" and "All I can say is it's wonderful."

The people living in the were able to work in services they chose, these included cafes' farms and printing establishments. We also saw how peoples were supported in their faith if it was what they wanted.

No one was receiving end of life care at the time of inspection, however the home had an end of life policy in place and the residential manager told us that they would work with individuals and their families to establish people's wishes on death and dying. They would also ensure relevant health and social care professionals would be involved to ensure they met people's needs and wishes at the end of their life.

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. The registered manager had responsibility for other services and so the provider employed residential managers who supported the registered manager. We met both through the course of the inspection.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager, residential manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff health and safety and support plans were completed regularly. Staff and resident meetings were carried out regularly.

The service worked with other organisations to make sure they were following current practice, providing a quality service and the people in they supported were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians. We saw from the documentation in the support plans and other records that there was good communication with other professionals.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Checks on the safety of the service had been regularly completed and updated.

The service had been developed and designed prior to the development of the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. However, we saw that people with learning disabilities who used the service were able to live as ordinary a life as any citizen.

There was a positive person centred culture apparent in the home and obvious respect between the registered manager, residential manager staff and people who lived in the home. Staff told us that they felt supported in their role and that the registered manager was approachable. This meant the home promoted an open culture.