

The David Lewis Centre

Education & Life Skills - Warford

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

About the service

Education & Life Skills - Warford is a residential care home that was providing personal care and accommodation for 18 people in two adapted 'houses' at the time of the inspection. The service specialises in supporting younger adults who have a learning disability or are autistic. Most of the people using the service were also students at the provider's school and specialist college on the same site.

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'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.

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 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.

People were supported by a team of safely recruited, trained and experienced staff. People's received their medicines when they needed them, and their healthcare needs were met. People also benefitted from having access to support from a range of healthcare professionals and therapists who worked on site.

People were supported to access and participate in a range of activities, sports and pastimes they enjoyed. People were supported to meet people, socialise and try new things.

People were relaxed in the company of staff and each other. Relatives felt staff had a good understanding of

their loved one's needs and how to communicate with them effectively.

People received the support they needed to eat a balanced diet that met their needs and preferences. Mealtimes were flexible and varied according to individual needs and commitments.

People's needs had been assessed and planned for before they moved into the service. This helped to ensure that people received planned and co-ordinated person-centred support.

The registered manager and house managers had a good understanding of their roles and responsibilities and of people's needs. There were systems in place to assess the quality of the service people received and bring about improvements. Relatives and staff felt the service was managed well.

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

Rating at last inspection: Good (published 7 April 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

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.

Education & Life Skills - Warford

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Education & Life Skills - Warford is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at the service to speak with us.

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 commissioners of the service. We used the 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 two people who used the service. The majority of other people could not give us their views so we observed them being supported by staff. We observed staff supporting people to eat and administering medication. We spoke to the registered manager, two house managers, two senior support staff, four support staff and a group of nine support staff before a team meeting. The Expert by Experience also spoke to nine people's relatives over the phone in order to gain their views.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training, audit documentation, meeting minutes, 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff understood their safeguarding responsibilities.
- People's relatives felt their loved ones were safe. One relative commented, "They (staff) are very on board with my relative who is very vulnerable and trusts everyone. My relative has one to one support and sometimes two to one to ensure their safety."
- Individual risks to people had been assessed and provided detailed information for staff to keep people safe.
- Staff knew people's identified risks well and were able to support people safely.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff and experienced staff to meet people's assessed needs.
- Most people had been assessed as needing one to one or two to one staff support. People's relatives and our observations confirmed that this level of staffing was maintained.

Using medicines safely

- People received their medicines on time from appropriately trained staff. People's relatives confirmed staff knew how to recognise when people, who could not communicate verbally, required pain relieving medication.
- Medicines were stored safely and medication administration records (MAR) were fully completed.

Preventing and controlling infection

- All areas of the service were clean and well-maintained.
- Staff received training around preventing and controlling the spread of infection and applied this.

Learning lessons when things go wrong

- A record of any accidents and incidents that occurred was kept and reviewed regularly with the staff team to identify any patterns or trends.
- Where needed, changes were made to the support people received to reduce the risk of re-occurrence.

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 remained the same. 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

- The service applied the principles of Registering the Right Support and other best practice guidance. They ensured that people who used the service live as full a life as possible and achieved the best possible outcomes that included control, choice and independence.
- Assessments of people's care were completed in good detail and provided guidance for staff on how to provide effective support.

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 access healthcare when needed. People were supported with their oral care and to attend routine healthcare appointments. People benefitted from the multi-disciplinary team on site. One relative commented, "They have nursing staff; medical staff on site. They have taken my relative to the hospital on many occasions. Staff supported them while they were in hospital."
- Staff worked well with each other and with staff from the college to ensure support was effective and consistent.

Staff support: induction, training, skills and experience

- Staff received the induction, training and ongoing supervision they needed to support people effectively and meet their individual needs.
- Staff were encouraged and supported to gain nationally recognised qualifications in care.

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

- People received the support they needed to eat a balanced diet and their dietary needs and preferences were met.
- Where possible people were fully involved in the choosing of their meals each day. One relative commented "I think my loved one is shown the dishes. They have no understanding of words; they are very visual."
- Most people's main meals were prepared at the college on site and brought to the service in hot trollies. Staff supplemented and fortified these meals in line with people's needs and preferences. They also supported some people to make meals of their choice.

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

- The service was fully adapted to meet people's needs and was maintained to a good standard.
- People personalised their bedrooms to reflect their personalities and individual tastes.

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 worked within the principles of the MCA; DoLS applications had been completed appropriately and submitted to the relevant authority.
- Staff ensured that as far as possible, people were involved in decisions about their care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care;

- People and their families were fully involved in the planning of and decisions about care.
- People received support from staff who knew them well and had a good understanding of their personalities. Each person had a team of 'key workers' who co-ordinated their care. Everyone received either one to one or two to one support from staff from the same staff all day, this helped to provide continuity of care.
- When asked if their loved one was listened to one relative commented, "Yes definitely, they are very receptive to my loved one's ways and facial expressions."
- People were supported to maintain relationships with their family members. When asked if they could visit their loved one at any time, one relative commented, "Any time yes. They are always very welcoming when we turn up."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and as far as possible and complete daily living tasks such as laundry and cleaning, themselves. People could choose whether to eat with others or on their own and could eat at a time that fitted in with their daily schedule.
- People could spend time how they chose in the communal areas or in their own rooms.
- Staff had received training in the General Data Protection Regulations and confidential records were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were detailed and had been developed with the involvement of the person, their relatives and where appropriate health care professionals involved in their care. Care plans had enough detail about the person and what support they required to meet their individual needs and goals.
- Daily records detailed any concerns and changes in people's physical and emotional well-being, ensuring staff had access to up-to-date information. A verbal and written handover was given to staff coming on duty.

- People's care was monitored and kept under review. Regular multidisciplinary meetings were held to which people and their relatives were invited.

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 had been assessed and planned for. People used a range of communication tools to help them communicate effectively. Information was available in easy read, and large print for those who required it.
- Documentation, such as support plan reviews had been developed into pictorial format for people, so they could be actively involved.

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 their hobbies and interests and to try new things. One relative commented, "I sent in my loved one's favourite books and I know the staff have read some books with them." We observed people engaged in a wide range of activities in the communal areas of the service and accessing the sports and recreational facilities on site.
- People were supported to maintain relationships with people that matter to them and to develop their social circle and access community facilities in the local area. Relatives comments included, "They do lots of social things.", "My loved one has a better social life than me!" and "There's something planned for every evening."

Improving care quality in response to complaints or concerns

- People and their relatives were given information about how to make a complaint and were confident

that any complaints they made would be listened to and acted on in an open and transparent way.

- Complaints that had been made had been investigated and responded to. The registered manager had oversight of the complaints and monitored them for themes and trends.

End of life care and support.

- Nobody using the service at the time of the inspection was receiving end of life care.
- The provider was aware of the healthcare professionals they would need to contact and work alongside should the need to provide a person with care at the end of their life.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was supported by two 'house' managers who took responsibility for the day to day management of the service. They were all clear about their roles and responsibilities. People's relatives had confidence in the leadership of the service, their comments included; "Very well managed." and "Extremely well managed."
- The registered manager had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred.
- Staff were clear about their responsibilities and reported any concerns without delay.

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

- There was a strong emphasis on providing high quality, consistent care that put the needs wishes and preferences of the person first.
- Staff understood the service's vision and felt respected, valued and well supported.
- Reflective practice was embedded. This helped to improve staff skills, knowledge and approaches to achieve the best outcomes for people.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in partnership with people's relatives and external agencies to achieve the best outcomes for people.
- Relative's comments included, "I can email or telephone at any time of the day or night.", "The (house) manager is excellent, very approachable and understanding, lots of empathy.", "They are very professional, approachable and very understanding."

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

- The management team were open and transparent.
- Accidents and incidents were monitored for themes and trends and action was taken to reduce the risk of reoccurrence.
- There were systems in place to monitor and assess the quality of the service people received and drive improvement.

