

The David Lewis Centre Westbury Drive - Macclesfield

Inspection report

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22 January 2016
26 January 2016

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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

The inspection was unannounced and took place on the 20 January 2016. Following this an announced visit to the head office of the David Lewis Centre to look at recruitment and training records and phone calls to the family members of the people living in the home took place on the 22 and 26 January respectively.

Westbury Drive is part of the David Lewis Centre's 'Community Programme' and is registered to provide accommodation for four people who require support and care with their daily living. The home is located in a residential area in Macclesfield. The two storey domestic property is close to local amenities. Staff members are available twenty four hours a day. At the time of our visit there were two people living in the house.

Westbury Drive had a registered 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.

The registered manager, (their job title within the organisation was service manager), did not work in the home on a daily basis. Day to day management was provided by a residential manager who had responsibility for a total of four services operated by David Lewis and the team leaders who managed each shift.

Because of their communication needs we were unable to fully confirm from the people living at Westbury Drive what they thought about the home and the staff members supporting them. To help with this process we were able to speak to a family member on the telephone.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout the year, they described this as their mandatory training and that it was up to date.

The care plans, which within the David Lewis Centre were called common care files were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. The staff members we

spoke with were positive about the service and the quality of the support being provided.

The relationships we saw were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

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.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?

Good 

The service was effective.

New staff members received a thorough induction when they commenced work.

Staff members received regular training and on-going supervision. The two staff members that we spoke with said that they felt that their training needs were being met.

Policies and procedures were in place regarding the MCA and DoLS and staff members had a good understanding of the MCA.

Is the service caring?

Good 

The service was caring.

The family members we spoke with were very positive about the staff members and their ability to care for their relatives.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles.

Everyone in the service looked relaxed and comfortable with the staff.

Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done with the involvement of the people living in the home and where applicable their family members.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. There had not been any complaints made.

The common care files were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them.

Is the service well-led?

Good ●

The service was well- led

There was a registered manager in place.

The residential manager spoke with the people living in the home on a very regular basis. This meant that information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had robust systems in place to audit the quality of service being provided at Westbury Drive.

Westbury Drive - 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 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 was unannounced and took place on the 20 January 2016. Following this an announced visit to the head office of the David Lewis Centre to look at recruitment and training records and phone calls to the family members of the people living in the home took place on the 22 and 26 January respectively. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority to provide us with any information they held about Westbury Drive.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with both of the people living in the home but because of their communication difficulties we were unable to judge what they thought of the care being provided to them. After obtaining consent we then contacted by telephone a family member of one person living at Westbury Drive to gather their opinion about the quality of care being provided. They were able to tell us what they thought about the home and the staff members working there.

Westbury Drive is a domestic property so we were conscious of not being intrusive. We looked at all areas of the home and found that it was well furnished, homely and had been adapted to meet the needs of the people living there. This enabled us to observe how people's care and support was provided. We looked at the two people's care plans and other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

Although we could not ask the people living in the home directly whether they enjoyed living there or if they liked the staff members supporting them we did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between the people living at Westbury Drive and the staff members supporting them.

We spoke with a relative of one of the people living in the home on the telephone regarding the service being provided to their family member. Comments were wholly positive about the home, the quality of care and the staff members working there. The comment were, "Brilliant, he is happy there, recommend to anyone. No concerns re safety".

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The residential manager we spoke with was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Homes such as Westbury Drive are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

The two staff members we spoke with on the first day of the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to the safeguarding lead in the social work team at the David Lewis Centre and they were aware of their responsibilities when caring for vulnerable adults. The staff members confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and they said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, helping to cook a meal, were kept in the common care file.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan [PEEPS] in place. This demonstrated good practice and would be used if the home had to be evacuated in an emergency such as a fire. They provided details of any special circumstances affecting the person, for

example if they were a wheelchair user.

The staffing rotas we looked at and our observations during the visit demonstrated that there were two staff members on duty whenever the two people living in the house were there. During the day and dependent on any activity that people participated in, for example attending day services, then there may only be one person on duty. Both of the people living in the house also had some one to one support hours that were in addition to the rota. The registered manager and residential manager were also in addition to these numbers. During the night there was one waking night staff member on duty.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

In order to check that safe recruitment procedures were in place we visited the provider's human resources department on the second day of the inspection. There had been no newly appointed staff members appointed at the home recently so we looked at the files for two newly appointed staff members working in a similar setting to Westbury Drive. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the David Lewis Centre. In addition and to ensure the system was robust we discussed the procedure for employing new staff members with one of the HR advisors responsible for staff recruitment. They explained the processes used, including the checking of recruitment history and any gaps in employment or convictions.

We saw that policies and procedures were in place to help ensure that people's medication was being managed appropriately. Each person's medication was kept in a lockable cupboard in the home. We carried out a check on the administration records signed by staff members whenever any medicine was given and the actual medication stored in the cabinet. We saw that clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medication safely. Staff members received regular medication training.

Is the service effective?

Our findings

When a new staff member commences work with the David Lewis Centre they undertake a seventeen day induction that was a combination of both classroom based sessions, eleven days, and working in their respective workplace, six days. This was designed to ensure they had both the relevant qualifications and the skills they needed to do their jobs effectively and competently. On the days they worked in the house they would be a supernumerary member of staff and would shadow existing staff members and would not be allowed to work unsupervised. Shadowing is where a new staff member worked alongside either a senior or experienced staff member. Following this initial induction new staff members would then be enrolled and undertake the Care Certificate. This qualification is part of a nationally recognised framework for staff induction and training and is divided into a set of 15 standards that health and social care workers should adhere to. These standards include working in a person centred way, duty of care, privacy and dignity and safeguarding.

Once the staff member has completed the above their training becomes part of the on-going training system operated by the David Lewis Centre. All staff are expected to undertake mandatory three day refresher training each year. This is maintained and organised by the training department based at the head office. All staff had annual updates that covered areas such as epilepsy, moving and handling, safeguarding, dementia, first aid and nutrition. Medication training for those staff administering medicines was arranged separately. Other areas such as the Mental Capacity Act and DoLS were also included in both the initial induction and refresher training. We were able to confirm this by looking at the training timetables and programmes maintained by the training department and from the staff members we spoke with during the inspection. They all told us that their training was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. One of the people living in the house had a detailed pictorial prompt book to help communication. This was used by them to help explain what they wanted. This had been completed with the person by one of the staff team and was an excellent aid to communication.

Visits to community health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

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. The application procedures for this in care homes and hospitals are 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 were being met.

Policies and procedures had been developed by the David Lewis Centre to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been completed because the people living at Westbury Drive did not have full capacity to make their own decisions. When necessary a best interest meeting, involving the person's family and social worker had been held, for example, in connection with the person's finances or a flu jab. One of the people using the service was subject to a DoLS because they were unable to consent to care being provided. The second person in the home was funded by a Scottish Authority who do not recognise DoLS, discussions were taking place regarding this because the person was also unable to consent to care being provided.

The two people have lived in the home since it opened or shortly afterwards so menus were planned informally. This is largely based on experience of what people liked to eat and from information provided by family members. This provided a very flexible menu for people. Drinks were readily available whenever anybody wanted them. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

Westbury Drive is a domestic property and there were no obvious signs on the outside that it was anything other than an ordinary house. This theme continued inside and the house was comfortably furnished and homely.

The staff members we spoke with were very positive about the home and the standard of support that was being provided.

Is the service caring?

Our findings

We asked the people living at Westbury Drive about the home and the staff members working there. Both indicated by nodding or smiling that they liked the staff members supporting them and that they liked living there.

We did speak to a family member of one of the people living in the home and they were very positive about the staff members and their ability to care for their relatives. They told us that, "Staff are very good, [the residential manager] is excellent. They try and accommodate his social activities".

The two staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support. The relationships between the people living in the house and the staff members supporting them were warm, respectful, dignified and with plenty of smiles. The people living in the house appeared relaxed and comfortable with the staff and vice versa.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

The quality of the décor, furnishing and fittings provided people with a homely comfortable environment to live in. The bedrooms seen during the visit were personalised, comfortable, well-furnished and contained items of furniture and individual items belonging to the person. These had all been decorated to reflect the preferences of each person.

The David Lewis Centre had developed a range of information, including an easy read service user guide for the people living in the home. This gave people relevant information on such areas such as how to make a complaint.

Neither of the two people using the service had an advocate at the time of the inspection visit. Both had family members who visited regularly and could 'advocate' for them if necessary.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

After obtaining consent we looked at two common care files to see what support people needed and how this was recorded. These files included people's support plans, risk assessments and information about the service. The support plans we looked at were person centred and included, for example, information on how best to communicate with the person and their likes and dislikes. They also contained evidence to show how the views of the person using the service had been taken into account when planning what they wanted. We saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. The plans were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. This is recognised good practice.

We did not see any pre-admission paperwork for the people living in the home at the time of our visit because they had either moved in when it first opened or had done so shortly afterwards. They had each moved in from the main David Lewis site. We are aware that the provider does have an assessment process in place should this be required in the future. This would include a gradual introduction into the home; by visiting for a meal, spending a few hours there and having an overnight stay so that when the placement became permanent it would be successful for all parties.

In addition to the common care files everyone had another file that contained personal information, for example, contact details for family members and any medical information

Both of the people living at Westbury Drive had their own weekly timetable which provided guidance for the mornings, afternoons, evenings and weekends. This had been agreed with each person and included practical tasks such as shopping for food, cooking and housework as well as any social or work activities. We looked at one of the timetables in detail and could see that the person attended activities such as working at the farm operated by David Lewis, attending college, going to a weekly disco as well as practical support sessions such as road safety lessons. Both of the people living in the house also had a number of one to one hours allocated to them. This ranged from thirty five hours per week up to full one to one support between 07.30am until 21.30pm for the second person. These additional hours were used to enable the person to participate in individual activities. Whilst there was an expectation that some activities were carried out we could see from the timetable that 'free time' was also included and during this time they could choose what to do and where to spend their time.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the people living in the home and where applicable and their family members. The family member we spoke with told us that they were always kept informed by staff members.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been no

complaints made since our last inspection had taken place. People were made aware of the process to follow in the service user guide. This was available in an easy read format. We did not identify any issues of concern during our inspection and the family member we spoke with said that they did not have any concerns about the service being provided. To improve communication and to identify and address minor issues the residential manager explained that she had now developed a concern record form. If anything was discussed during the regular contact with the relatives this would now be recorded, addressed and passed back to the relative when the next contact was made.

Is the service well-led?

Our findings

The residential manager told us they visited the home on a regular basis. The registered manager also visited at least once a week. In addition to this the staff members were in frequent contact with the family members who also visited regularly. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct observation of the people who lived there and their relatives.

The provider had a quality assurance system available to monitor the quality of care being provided in its homes. This included the completion of 'easy read' questionnaires. We looked at those that had been recently completed and had been put into the common care files we looked at. The questionnaire included the following questions, are you happy, what is good about the home, what is bad, what do staff help you with, are staff nice to you, do you feel safe, if you were unhappy or scared do you know who to talk to, are you involved in your care plan, do you have choices, what activities do you do, do you visit places, do you have contact with families and friends, other comments. The answers to the questions were all positive. If any issues were identified they would be addressed.

Direct feedback from the people living at Westbury Drive about the quality of the service being provided was also obtained via the review process.

The two staff members we spoke with were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. They were positive about the service and the quality of the care being provided. We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the residential manager.

The residential manager spoke with the people living in the home on a very regular basis. We observed them talking to people during our visit and could see that the people living in there were comfortable and relaxed with them. The staff members told us that regular house and monthly staff meetings were held and that these enabled managers and staff to share information and / or raise concerns.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the common care files including risk assessments, medication, individual finances, staff training and health and safety. The records were of a good standard, they were up to date and they were being maintained properly.

The provider undertook periodic monitoring, for example the completion of a health and safety audit. This helped to ensure any issues in this area were identified and addressed in a timely manner.

Representatives from the David Lewis Centre visited the service and spoke to the people living there on a regular basis; this also helped to ensure any issues were identified and dealt with.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

As part of the inspection, we noted that information was clearly displayed in the staff areas about policies and training. We repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.