

The David Lewis Centre

Station Road - Holmes Chapel

Inspection report

5 Station Road
Holmes Chapel
Cheshire
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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

Station Road - Holmes Chapel is part of the David Lewis organisation providing accommodation for up to four people who require support with their daily lives. At the time of our inspection there were four people using the service. The two-storey property is close to shops, public transport and other 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

People were protected from abuse by trained staff who were aware of the procedures to follow should abuse occur. Risks were assessed to reduce the risk of avoidable harm and where appropriate, specific equipment to manage identified risks was in place. People were supported to receive their medicines safely. Medicines were administered by staff who had received appropriate training and their competency to do so checked. There were sufficient staff to meet people's needs. Safe recruitment procedures were followed to ensure only suitable staff were employed.

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 supported to maintain their health and well-being with access to a wide range of health and social care professionals.

Staff were caring and people were treated respectfully, their privacy was respected and independence promoted. People and family members were able to express their views and were listened to. People were supported to express themselves as they chose without fear of discrimination or judgement.

Support was individualised and person-centred. People's communication needs were considered and reflected within detailed communication profiles. Staff received extensive training and guidance to meet people's communications needs. There was a procedure to handle and respond to complaints which was

available in an easy to read format.

The service was well-led and there was a positive and inclusive culture throughout the service. Systems were in place to assess and monitor the quality of the service. The registered manager and staff demonstrated a desire to provide high quality care with the people who use the service at the heart.

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

Rating at last inspection (and update) The last rating for this service was good (published 05/09/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service is effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Station Road - Holmes Chapel

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

Station 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 the service is small and people are often out and we wanted to be sure there would be people at home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection 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.

During the inspection

We spoke with three people who used the service and contacted two relatives by telephone to seek their views. We also spoke with the registered manager and four members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records, medication records and 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.

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

- People were protected from abuse by trained staff who were aware of the policies and procedures to follow should abuse occur. Relatives felt their family members were safe, we were told "Yes, very safe. I never feel uneasy or that something is wrong" and "I've got no worries about (relative's) safety. I fully trust them."
- Safeguarding was regularly discussed during staff meetings to reinforce the importance of staff awareness.
- Staff felt able to report any concerns and were confident they would be dealt with by the registered manager and provider. Staff were aware of whistle-blowing procedures (reporting to external agencies) but told us "I can't see I would ever need to do that, things are dealt with by David Lewis Centre."

Assessing risk, safety monitoring and management

- Risks were assessed to protect people from avoidable harm. Detailed risk assessments were in place with clear guidance and controls for management. Specialist equipment to manage specific risks was in place where necessary.
- Accidents and incidents were recorded and there was managerial and provider oversight to identify any patterns and to capture learning to prevent reoccurrence.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff were attentive whilst giving people space to maintain their independence.
- The use of external agency staff was not required as the service could utilise staff from the provider's other services if needed. This meant the registered manager was sure that all staff supporting the service had received the same level of training and were aware of the provider's own policies, procedures and values.
- Safe recruitment procedures continued to be followed, overseen by the provider's Human Resources (HR) Department.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed and administered safely by trained and competent staff.
- Stock levels were managed appropriately and medicines were stored safely.
- We checked the stock of three medicines and found a discrepancy of one tablet in one medication. This was immediately rectified and procedures to report the matter were followed. When discussing this with the registered manager it was clear there was an emphasis on learning rather than blame.

Preventing and controlling infection

- Staff received training and were mindful of the measures to take to prevent and control the spread of

infection.

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

- People received care and support which promoted effective outcomes. People's needs were holistically assessed and incorporated into detailed individualised care plans in line with legislation, standards and guidance.
- A detailed assessment of people's needs was carried out before they received a service to ensure the service could provide the support required. There was a focus of ensuring smooth transition to help people adjust, including trial visits.

Staff support: induction, training, skills and experience

- Staff received a wide range of classroom-based training including for specific health conditions. Completion rate was recorded at 93%, remaining courses were scheduled.
- The provider operated a scheme to enable staff to further develop their knowledge and skills. The registered manager told us "David Lewis is an investor in people. Money is put aside yearly so staff can develop and do degrees etc., NVQ up to level 5 is automatically there for staff."
- Staff told us that they could request any additional training they felt would be beneficial to them and that this would be made available. They said, "Training is excellent. The David Lewis Centre has excellent facilities"; "You are encouraged to develop" and "I think we are very lucky with the training we receive."
- Staff had opportunities to discuss their professional development, learning and views during regular supervision and annual appraisal sessions.

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

- People were supported to maintain a balanced diet in line with their preferences and dietary needs.
- People were involved in choosing menus which were available in pictorial format. Each person had their own menu and could choose their own meals.
- Support was offered discreetly, and people's independence was encouraged.

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 maintain their health and well-being with access to a wide range of health and social care professionals. A relative said, "They take into account (relative's) medical needs and keep on top of it."
- In addition to working with external professionals the service had access to the extensive range of facilities and professionals within the provider's internal resources. This ensured people received highly effective and timely access to health care resources.

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.

- Throughout the inspection we observed people's consent being sought within their daily lives. The registered manager told us "We always ask" and this was evidenced throughout the inspection during our observations.
- Staff were aware of the requirements of the MCA and steps to follow regarding assessing people's mental capacity and decisions made in their best interests.
- DoLS procedures had been followed and people were only deprived of their liberty when appropriate legal authority was in place and conditions of authorisation were being met. There was a system in place to monitor when an authorisation was due to expire.

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

- The building was spacious and designed to afford privacy whilst supporting communal living.
- People's rooms were extremely personalised, and people were involved in choice of decoration. A programme of re-decoration of communal areas was planned, people using the service were to be involved in colour choices.
- Assistive technology was used to support people's needs and to ensure they were supported in the least restrictive way.

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

- People told us they liked living at Station Road, were happy there and that staff did a good job.
- We observed people were at ease in staff's company, engaged well with staff and sought their help when needed. Relatives said, "The staff are brilliant. (Name) really cares for (relative) and knows (relative) inside out. They are really great" and "I feel that the carers are completely honest and trustworthy. They are all very nice (Relative) is always really happy."
- There was a well-established and strong feeling of 'family', and a warm and relaxed atmosphere within the service. Strong and caring relationships were evident between staff and the people living at Station Road. A family member commented, "(Relative) has never not wanted to go back, which says it all really" and a staff member commented "I want to make this a nice place to live."
- People were treated fairly and without discrimination. Policies and procedures provided information and guidance to staff about characteristics protected by law.
- People were supported by staff to express themselves as they chose without fear of discrimination or judgement.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed that their privacy was respected at all times. Confidential records were securely stored.
- People were well supported by staff to maintain their independence. This was evident when at home, where staff support was discreet and offered only when needed, and with support to secure opportunities to gain paid employment.
- Staff told us they would be happy to recommend Station Road because, "The standard of care is really good. We all want the best for our service users and we all work towards that"

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

- People and relative's views about care and the day to day running of the service were sought during ongoing conversations, care reviews and service user meetings. Pictorial aids were used in line with people's communication needs and understanding. A relative told us, "They (manager and staff) are really good at communication."
- Where needed, people had regular access to advocacy services. An advocate is a person who supports people who do not have family or friends to help them, to ensure their rights are protected.

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

- Each person had a bespoke care plan which was detailed, personalised and regularly reviewed. People's choices, likes and dislikes were clearly reflected throughout. Care was focused on the individual and person-centred. A relative told us "I am really pleased with it (the care) I always have been."
- People were able to have choice. A relative told us, "They take into consideration what (relative) wants. (Relative) has never been forced into something (relative) hasn't wanted."
- The registered manager told us they were proud of the personalised care and support provided at Station Road. They said, "The good practices I have seen have been refreshing. It shows in service users how happy they are, how well they are doing, and how they are enjoying life."

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 individual communication needs were assessed and reflected within detailed communication profiles.
- A 'Total Communication' approach was embedded into care and support. This is an approach which uses different modes of communication such as signed, oral, written or visual aids in line with the specific needs of the individual.
- Staff had access to extensive training and guidance to support people's communication needs and could access support at any time from the provider's Speech and Language therapists.
- Information was available in alternative formats, for example, menus, meeting minutes, complaints, and pictorial social stories. Social stories are pictorial aids used to help understanding of specific events or emotions.

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 by staff to maintain relationships with people who were important to them such as family members and people who had moved on from Station Road.
- People had access to a wide range of individual and group activities. Relatives told us, "(Relative) is always doing something" and "(Relative) has had so many opportunities to do what (Relative) wants."
- People were able to follow their own personal interests with activities tailored to their preferences. Staff told us "We always try our best to facilitate what they want to do. Nothing is out of reach, we make sure they

do what they ask for" and "We are encouraged to look at different things. We try to have fun."

Improving care quality in response to complaints or concerns

- There was a procedure in place to handle and respond to complaints, including in easy read format.
- We reviewed the complaints file and found that none had been received. Relatives told us they knew who to speak with if they had any complaints. They said that the registered manager was "approachable", commenting "I feel I could contact him if I had any concerns" and "I would speak to the house first and I would take it to (registered manager), but I have never had a cause to."

End of life care and support

- The service was not supporting anyone with end of life care. Incorporating information about future wishes within care plans was an area the registered manager had identified as part of their improvement plans.
- The service had access to specialist support from the registered provider and the district nursing team should end of life care be required.
- We saw that one person had been well supported following a family bereavement. A detailed social story had been used to help them understand and deal with their loss.

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.

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

- There was a positive and inclusive culture throughout the service, care was person centred and effective ensuring people experienced good outcomes.
- Staff spoke of the feeling of positivity and team spirit. We were told "We are encouraged to develop by the manager"; "Team spirit is all positive, we come in with a smile on our faces" and "Everyone has a positive attitude, they all want to work in care."

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

- Systems and a robust suite of audits were in place to assess and monitor the quality of the service. A quality assurance manager role had been introduced, affording additional provider oversight and support to the registered manager.
- Staff spoke positively about the registered manager, Comments included "He (registered manager) is nice and low key but efficient in what he does" and "(Name) is really open all the time, we can go to him with anything." Staff were equally positive about the support they received from the provider, they said "I love my job. I would recommend people to work for David Lewis. I've got nothing but praise for David Lewis."
- We had been informed about events which occurred within the service and the rating from the last inspection was displayed as required.
- There was an emphasis of learning rather than blame which promoted an open and transparent culture.

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

- Staff told us they felt the service was "fully inclusive". They said, "We are included, you never feel excluded. It's nice they want your opinion. I do get the feeling they listen to what you say"
- People were able and supported to express themselves as they chose without fear of discrimination or judgement.
- Regular meetings took place for staff, service users and relatives to express their views about the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a desire to provide high quality care and support and had identified areas they intended to work on to continuously improve the service.

- Residents' council community meetings involving houses within David Lewis community services had been introduced by the registered manager. The meetings were to take place on a rotational basis at each of the properties, providing further opportunities for social interaction, involvement in decisions about the service and learning.
- The service worked in partnership with others both from external agencies and the provider's internal resources.