The David Lewis Centre

Pathways and Community - 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

This inspection was unannounced and took place on the 12 and 13 September 2018.

Pathways and Community - Warford is a 'care home' operated by The David Lewis Centre. 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. Pathways and Community - Warford accommodates people in 16 separate buildings, each of which has separate adapted facilities.

Pathways and Communities Warford is made up of 16 separate homes across a single private site in a rural area of Cheshire. The homes are mixed gender and mixed ability. The homes are varied from minimum occupancies of two to a maximum of 18. The service supports people with complex needs in a residential village setting. The homes are registered to care for people living with dementia, learning disabilities or autistic spectrum disorder, older people, young adults and people with a physical disability. The service specialises in supporting people with epilepsy. At the time of inspection there were 123 people living at the site.

The service followed a multi-disciplinary approach with socially registered homes and on-site clinical facilities including a GP surgery, physiotherapists, occupational therapists, speech and language therapists, specialist nurses, pharmacy and psychologists. The service had a working farm, leisure facilities including a swimming pool and community based day services on site. All of which were accessible to the people living there.

The service has been developed 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.

The service is unique in size, it spans 50 acres, people had access to wide open spaces and were kept safe within this community. The entrance to the site is secured with a barrier, the site is not accessible to the general public. Because of this the site felt safe, people and staff walked or drove around the large site.

The service had a registered manager in post. 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 had overall responsibility of the 16 homes. Each home had a manager, team leaders and care officers. Each home completed quality audits and presented these at management meetings. People and staff spoke positively about the management team.

At the last inspection which was published in June 2015 the service was rated 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 on going 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.

People were supported to receive safe care from staff who received a high level of safeguarding training. Safeguarding policies and procedures were robust. Recruitment was completed safely and thoroughly with appropriate pre-employment checks. Medicines were well managed and people were protected from the risk of infection. People were protected from the risk of discrimination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There was a multi-disciplinary approach to care and a proa-active approach at supporting people who displayed behaviour that challenged. There were a variety of different types of home within the service and people were supported to choose the most effective setting for their care. People and their relatives were included in care planning.

Staff were kind and caring. The people we spoke to told us they were cared for by staff who knew them well and respected their preferences. Many people received one to one support from staff. Staff were not task orientated, their role was to care and support, there were extra domiciliary staff to complete other tasks.

People were treated as individuals. Many people had jobs on the site and within the community and were supported with this by staff who understood their needs and preferences. There was a wide variety of activities both on and off site. There was a working farm and leisure facility which people had full access to.

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**

Pathways and Community - Warford

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.

The inspection took place on 12 and 13 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, one primary medical services inspector, a nurse specialist advisor and an expert by experience. A nurse specialist advisor is a registered health professional who has experience of working in this kind of setting. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed intelligence we hold about the service from on-going monitoring, this included routine notifications that the provider is legally required to submit to CQC.

The provider had completed a Provider Information Report form (PIR). This is a form that asks the registered provider to give information about the service. We reviewed information stored on our database, such as notifications that the Registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to two commissioners and five healthcare professionals that have experience of caring for people who use this service. The information gathered was used to plan the inspection.

The methods we used included speaking to people and reviewing their care plans. We spoke to 14 people who live at the service, three relatives, nine staff including the registered manager and home managers and the resident nurse, healthcare assistant and pharmacist. We reviewed 7 care plans for people. On the day of inspection there were 96 care officers, 8 managers, 18 team leaders and a registered manager on duty.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us "I feel safer here than I did where I used to live", another person said "Yes I do feel safe here." One relative told us "My daughter is absolutely safe at the centre". Another said "My son is incredibly safe, safety has never been a concern because he has a great team around him".

Staff had received training in safeguarding as part of their initial comprehensive induction, this was followed by annual refresher training. The safeguarding training and refreshers were completed by all staff including managers and trustees. Staff we spoke with were knowledgeable about the different types of abuse, how to identify abuse and how and to whom to report potential concerns. One staff member we spoke with said "I would report any sign of abuse to the manager and the lead social worker". Another staff member said "Safeguarding is our number one priority, we have clear procedures and a dedicated phone line".

The service employed two social workers who were responsible for safeguarding. We saw that the safeguarding team had developed close working links with the local authority safeguarding and learning disability teams. Each person who visited the site was given a guide book that included contact details to report concerns to the safeguarding team. Staff wore identity badges at all times and the contact details for the safeguarding team were documented on the back of these. This ensured no staff member could be on duty and not have access to the contact details. The safeguarding telephone line was manned by qualified social workers and available 24 hours a day including weekends and public holidays. The telephone line was for providing advice as well as raising concerns.

When safeguarding concerns were raised they were documented on an on-line storage system called 'Schoolpod'. Only staff who had been invited to view or contribute to the specific entry had access to this. This ensured that concerns were confidential until they had been investigated. Records showed that processes were consistently followed for the reporting and investigation of safeguarding concerns. Outcomes were reached and impact on people using the service was noted, this included how to ensure the risk of re-occurrence was minimised. The service had a clear policy on equality, diversity and human rights. People and staff were protected from the risk of discrimination based on their lifestyle, gender, age, religion, sexuality, disability, marriage and civil partnership and pregnancy and maternity.

Risk assessments were in place in all the care plans we viewed. The provider operated a risk screening tool to identify areas of potential risk to people. This was comprehensive and included the environment, choking, community, vulnerability, activities, physical and mental health. Where people had specific risks, for example a stoma or epilepsy there were specific risk assessments identifying how staff could mitigate the risk through intervention or use of equipment. All risk assessments were detailed and regularly reviewed, additional reviews were completed as and when an incident had occurred or someone's needs had changed.

The provider showed us rotas for every home on the site. This showed that there were enough staff to meet the needs of people living there. Throughout the inspection we saw that there was always staff around,

people were never left unsupervised unless they were safe and wished to have time alone. There were many people using the service who required one to one support. This meant that if people expressed a desire to go out, or engage in any activity there was always a staff member able to accommodate this. There was regularly people and staff out enjoying the fresh air and large rural grounds or heading out into the community to work or engage in activities.

The registered manager operated a 'management of safe staffing tool' which identified how many staff were required to work on each shift. Staffing levels were analysed and discussed at regular management meetings. The rotas were not stored on one centralised system. The service could reduce their workload and improve efficiency by streamlining systems and creating one shared database for staff rotas.

A robust recruitment selection process was in place and all staff had been subject to a criminal records check before commencing employment. These checks are carried out by the disclosure and barring service (DBS) and allows employers to make safer recruitment decisions and prevent unsuitable staff from being employed.

We saw that medicines were managed appropriately and safely. We reviewed care plans in relation to medication and found all documentation to be in order. The service had an on-site clinic manned by a qualified nurse and a healthcare assistant. The clinic provided a central point for people to access support with their physical health and an emergency response for medical events such as epileptic seizures, diabetic emergencies or allergic reactions. The nurse on duty gave a good clear account of the people they support and their healthcare needs. The clinic also had regular surgeries with a GP from a local practice, dentist and podiatrist. Medication audits were carried out regularly and effectively. There was an on-site pharmacist who reviewed medication audits and provided advice and actions to ensure actual or potential errors didn't happen again.

We observed that people were protected by the prevention and control of infection. All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE). Infection control was monitored in managers regular audits and discussed in management meetings. Prevention and control of infection was covered on the initial induction period and again in annual refresher training.

Accidents and incidents were documented on the schoolpod system, records showed that staff completed these in detail. All were reviewed by the manager and reported to safeguarding if necessary. Staff demonstrated a good knowledge and understanding of their role in relation to responding, recording and following up accidents and incidents.

Good

Is the service effective?

Our findings

People we spoke to and their relatives told us they felt involved in the planning of their care and were empowered to make their own decisions. One person said "[staff] ask me if I want something and I say yes or no, they act quickly". A relative told us "[staff] definitely listen to us, we have a good relationship with the staff".

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). The service was working in line with the Mental Capacity Act, 2005 (MCA). We saw that people had their mental capacity assessed and where someone was not capable of making an informed decision, the staff acted in their best interests. We saw appropriate DoLS applications were in place and staff demonstrated a good understanding of these pieces of legislation and when they should be applied. One staff member said "we make sure choices are time and decision specific and act in their best interests."

The service provided staff with a comprehensive induction, this comprised of mandatory training and shadowing. In total the induction period lasted 16 days. All staff attended annual three day refresher training which included up dated practice guidelines. Staff were well trained to care for people who display behaviour that challenges. They were provided with detailed guidance which included the persons triggers, preventions and interventions. Staff were supported by team leaders and managers who completed regular supervisions and appraisals. The service had a core of staff who had worked there a long time and as such had developed close bonds with the people who lived there. This meant they were on hand to support new staff to develop equally close bonds with people.

People told us they liked the food they were given. We saw many examples of people's choices being respected and people being included in food preparation. The meal time experience at the service was positive, there were pleasant interactions and staff were respectful, kind and patient when assisting people to eat and drink. We checked the nutrition and hydration records for people living at the service and saw that staff appropriately and comprehensively monitored people's food and fluid intake. Where people had been identified as at risk with their weight, effective systems for monitoring this were followed. We saw detailed documentation of people's requirements for their food if they were on a special diet, these were available in the person's home and in the main kitchen. We saw that people's preference's were well documented and respected.

The service operated a multi-disciplinary approach to care. All people living at the site were under the care of staff, a manager and had access to a range of experts including specialist nurses, psychologists, occupational therapists, psychologists, speech and language therapists and visiting medical consultants. All clinicians had access to the schoolpod monitoring system so were able to review any changes in physical or mental health needs. Multi-disciplinary team meetings were scheduled for every three months but could be arranged at short notice if required. The psychology team provided positive behaviour support and could be contacted at any time to review a person if they presented with behaviour that challenged.

Each home within the service was different, this ensured they could accommodate people with a wide variety of needs and preferences. Some homes were smaller and only had two bedrooms, the largest home had 17 bedrooms. When people were being assessed to live there, the registered manager ensured they were given accommodation in a home that could meet their needs and preferences. Staff expressed to us that each home was like a community within a community. Staff were assigned a position at one home and rarely worked at a different home, this ensured people knew the staff well and were not often cared for by someone they did not know.

Good

Is the service caring?

Our findings

People and their relatives told us the staff are kind and caring. One person said "Yes they are nice to me", another person was asked if staff are caring and replied "Yes they are". Another person explained how their choices were respected, "They know my likes and dislikes". One relative told us "Staff are very caring, they strike a good balance, just like we do at home", another relative said "Staff are very caring".

Throughout the two day inspection the team visited all 16 homes on the site and without exception found staff to treat people with kindness and compassion. All the homes had a calm, homely and relaxing feel. There were activities going on in each home and people appeared to be enjoying themselves. Staff had time to talk to us and were not rushed. Staff knew the people they cared for well and it was clear that people felt comfortable in the presence of staff. We saw people were consulted in every aspect of their life, choices were offered and their preferences were met. We saw lots of people express a desire to go out and the staff accommodate this without hesitation.

Care plans documented every aspect of people's lives, including how best to provide emotional support when this was required. For example, one person would feel relaxed and gain comfort from holding a set of keys, if this person were to become upset, staff had been instructed to drop a set of keys near this person and this would ease their feelings of stress. If staff didn't know this, the person may become more anxious and frightened. Other people were assisted to find work either on site or within the surrounding community.

People and their families were involved in all decisions around their care. Families were invited to reviews and multi-disciplinary team meetings. People and relatives told us they felt included "We discuss everything, I have never felt that they didn't ask me". People were treated as individuals and as so many people received one to one care staff were able to respond to people's needs and preferences as they were established.

People were supported to remain independent. A number of people living at the service had jobs that they found rewarding and enriched their lives. One person worked as a post-man, they delivered the post around their house every day. We saw how happy this made the person and gave them a sense of satisfaction. People were enabled to work on the farm, the farm had cows, sheep, alpacas and a variety of other animals. Other people had gardening jobs or jobs at a local printing factory and retail outlet.

People's cultural and diverse needs and preferences were explored within the documented care plans. We saw evidence of people being assisted to continue to live in a way that they chose.

Good

Is the service responsive?

Our findings

People told us they received care that met and responded to their needs. One person told us "I like going to work, I can be busy and I like that". When asked if they feel that staff listen and respect their choices a person answered; "Staff do sit and chat with me, they listen to me". A relative said "I have full involvement in their care plan and I'm always asked for my opinions", another relative told us; "We have been given all the necessary information as to what to do if we are concerned about something."

We observed each person living in the service was treated as an individual. People could be moved to different homes within the site if their needs changed, if they requested to, or if they didn't settle well in the home they were living in. The registered manager explained how people were assessed before moving into the service and this is how they ensured the available placement was appropriate for their needs and preferences. This included personality matches with the people they would be sharing their home with. When a person was going to move to a different home on the site we saw that one to one staff could move with them. The move was planned in advance and the person had settling in visits where they spent time in the home before moving in.

There was a wide variety of activities available in the homes, on the site and within the local community. The service ran a printing company in a factory near by, the people living at the service were offered jobs in the small factory and the adjoining retail outlet. People were offered jobs on the farm or in a café on site, other people had gardening jobs. This is evidence of enabling and empowering people to remain independent and complete activities that enriched their lives by creating a sense of purpose.

We saw that the service sent out feedback questionnaires to gather the views of people using the service and their relatives. These were available in easy read format which is in line with the Accessible Information Standard. This is a law set by the government in 2016 to make sure that people living with disability or sensory loss are provided with information in a format they can understand. Providers of health and social care are required to abide by this.

There was evidence of regular resident and family meetings and the views of people being taken into account. Families were informed and invited to multi-disciplinary team meetings and reviews. There were regular newsletters sent to people and their families that were also produced in a format that enabled people with sensory loss or disability to understand.

The service had a robust complaints policy. We saw that complaints had been handled appropriately and in line with the company policy. We saw evidence of complaints being thoroughly investigated and responded to. Where change was necessary we saw this had been actioned.

At the time of our inspection there were no people in receipt of end of life care. We reviewed the care plans of people who had recently been cared for as they approached the end of their life. The manager we spoke to showed great compassion and empathy for the people they cared for and expressed a genuine desire to ensure the end of their life was as comfortable and pain free as possible. The service used the on-site

medical team as well as community nurses and Macmillan nurses to plan, direct and advise the staff how to care for a person. We saw that people and their relatives were encouraged to make their own choices and be as involved as they wished to be.

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the management team, one person said "[name] Is so good, they listen and I appreciate that", another person told us "I know the managers and I'm very happy with them". A relative told us "I think it's a marvellously well-managed home, I'm so glad my [relative] is here."

The registered manager had a clear vision of promoting independence in a safe and caring environment. There were clear positive outcomes for people who had been empowered to join in activities, engage in social events and take on a job. People were encouraged to engage with the local community via volunteer schemes, and social and community events both on and off site. There were many company vehicles available for staff to use to transport people wherever they wanted to go.

The service operated a staffing structure of the board of trustees, registered manager, home managers, team leaders and care officers. Each had defined roles and were clear on their responsibilities to the people they cared for. Policies and procedures were available on line for staff to view as and when necessary.

The service had moved on to on-line care plans which were detailed and comprehensive. They enabled staff to update them as and when people's needs changed. There was a brief description of the person's needs and preferences and then a more detailed care plan which discussed every aspect of the person's life and how they wished and needed their care to be delivered.

The service met the values and principles of registering the right support and associated guidance. Current good practice encompasses the values of choice and independence, inclusion and living life as an ordinary citizen. Pathways and Community - Warford is a large service but many of the homes are small and all feel homely and relaxed.

The service had robust governance procedures which involved home managers completing monthly audits of the environment, medication and changing needs. These were submitted to the registered manager and audited before being discussed at monthly management meetings. Home managers also completed quarterly quality audits. At the time of inspection the quality audits had become inconsistent between the separate homes on the site. We advised the registered manager that these needed to be streamlined to enable them to retain oversight of all the 16 homes on the site. The policies and procedures were in place and in the main had been followed. The registered manager assured us this would be improved upon.

The service showed evidence of continuous learning. Links with other local providers gave opportunities to share learning and outcomes. The service ensured that the most up to date best practice guidelines were adhered to and registered health professionals made up the multi-disciplinary team approach to care, planning and responding to changing needs.

The schoolpod system was used by all staff, including home managers, the registered manager, safeguarding teams and clinical staff. This created an environment where all could retain oversight of people's changing needs and ensure the best possible care was achieved.

Registered managers are required by law to notify us of certain incidents as and when they occur. The registered manager demonstrated a good understanding of what and how to report things to CQC and other necessary professionals for example the local authority.