

## The David Lewis Centre

# Consort Close - Bollington

### Inspection report

2, 3 and 4 Consort Close  
Bollington  
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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

What life is like for people using this service:

People and their relatives told us they were happy with care provided. People were empowered to maintain their independence, make their own life choices and live busy, active lives. Most people living there were in paid or voluntary employment. Everyone we spoke with at Consort Close told us it was a nice place to live and people were happy there.

The service operated safe management of people's medicines. People who were able to control their own medication were encouraged to do so. This promoted their independence.

People were cared for by staff they knew well. Most of the staff had worked for the provider for a long time. New staff received a thorough induction and were given time to get to know the people they were caring for. The provider operated safe recruitment, all staff had been subject to checks by the Disclosure and Barring Service (DBS) to ensure they were not known as unsuitable to work with vulnerable people.

The provider had a safeguarding team that were contactable 24 hours a day, 7 days a week. Staff were provided with contact details for this on their ID badges. Safeguarding was discussed at resident and staff meetings and there were signs around the home informing people how they could raise a concern.

Each person living at the service had an individual care file which was detailed and included how they wished to be cared for. There was clear person-centred information and documentation had been regularly reviewed and updated.

People and their relatives told us staff were kind and caring and had formed close bonds with the people using the service.

People were empowered to live full and active lives, they had jobs if they chose to, took part in a variety of activities and were supported to maintain relationships with family and friends.

The home was relaxed, welcoming and homely. There were photographs on all the walls of people who live there and the people that were important to them.

The service provided information in a way that people living with disability or sensory loss could understand. They used 'communication in print' for people who could not read.

Staff received a comprehensive induction when they commenced employment, did annual refresher training and completed extra training if they supported people with their medications. All staff told us the training was detailed and gave them the skills they needed to meet people's needs.

There was a registered manager in post, they were supported by a residential manager and team leaders. The management team were supported by the providers safeguarding team, health and safety manager and multi-disciplinary team, including clinical specialists. There were regular multi-disciplinary team meetings.

Rating at last inspection: Good (report published 14 April 2016)

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

About the service: Two, three and four Consort Close, Bollington is a care home which is part of the David Lewis Centre. The service is registered to provide accommodation for up to 12 adults with a learning disability, autism or a physical disability. The service specialises in caring for people with epilepsy. Some people who live there are able to be independent and have jobs within the local community. 2 Consort Close is a one bedroomed separate property, 3 and 4 Consort Close, known as Bryce House, is a purpose built bungalow for 11 people. These domestic type properties are close to shops, public transport and other local amenities.

Why we inspected: This was a planned, unannounced inspection.

## 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 findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our findings below.

Good ●

# Consort Close - Bollington

## Detailed findings

### Background to this inspection

The 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.

Inspection team: The inspection was completed by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service.

Service and service type: 2, 3 and 4 Consort Close 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, both were looked at during this inspection.

Notice of inspection: This inspection was unannounced.

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.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. 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 the Local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

Inspection site visit activity started on 28 November 2018 and ended on 03 December 2018. We also visited the providers offices to review documentation, policies and procedures. We spoke to five people using the service, three relatives and eight staff including the residential manager, health and safety manager and safeguarding team. We looked at four care files, audits and quality assurance reports, records of accidents and incidents and complaints.



# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People we spoke with told us they felt safe living at the service, comments we received included, "I am safe and my things are safe" and "I feel very safe here". A relative we spoke with told us "Our [relative] is most definitely safe there".
- The service had a robust safeguarding policy in place. All staff we spoke to demonstrated good understanding of safeguarding procedures. They were provided with ID badges that had the safeguarding telephone number written on. All safeguarding concerns were assessed by qualified social workers within the safeguarding team. Safeguarding concerns were rare at Consort Close but the few that had been raised were thoroughly investigated with lessons learned to prevent re-occurrence. Safeguarding was discussed at staff and resident meetings, the residential manager told us this was to ensure that people and staff always knew who they could contact if they wished to raise a concern. Any concerns raised were stored on the 'schoolpod' monitoring software system. Only staff who had been invited by the safeguarding team to view the entries on this were able to access them. This ensured concerns remained confidential until they were investigated.

### Assessing risk, safety monitoring and management

- People were supported and protected against the risk of avoidable harm. The provider operated a risk screening tool to identify areas of potential risk to people. Each person had detailed personalised risk assessments and these were regularly reviewed and updated. Care plans clearly identified what staff needed to do to keep people safe. During the inspection we saw that instructions in care plans were followed.
- The environment and equipment were safe and well maintained. We checked the buildings safety certificates, including gas, electricity and fire safety and saw all were up to date. Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.

### Staffing levels

- During the inspection we saw that there were enough staff to meet people's needs and to accompany them to activities where this was required. We looked at rota's and saw that there were consistently safe staffing levels. In order to cover unexpected staff absences, the provider operated a bank rota, this was made up of staff that regularly provided cover in a small number of the providers homes. This meant that the service did not use agency staff and bank staff knew and understood the providers policies. This also meant that bank staff built relationships with the people using the service.

### Using medicines safely

- We saw that medicines were managed safely. Records to evidence the receipt and administration of medicines were clear. Where people were prescribed Pro Ro Nata (PRN) medication, which are taken as and when required, there were individual protocols in place so staff knew when to safely administer this. Some

people were able to manage their medications independently, this was done with full assessment by the service and was regularly reviewed. We saw that the service had assessed that some people would not be able to safely control their own medications after a seizure. This was discussed with the person and their consent was sought for staff to take over control of their medications until they had fully recovered from this. Medication records were regularly audited to ensure practice remained safe.

#### Learning lessons when things go wrong

- The provider operated a transparent culture where staff were encouraged to raise issues. We saw that there had been one medication error since the last inspection. The staff member was supported to discuss how this had happened. Lessons were learned and procedures were changed as it was recognised that staff were preparing medications in a busy area and this meant they were easily distracted. After the incident, the residential manager updated the procedures so that staff were provided with a quiet environment and not disturbed while preparing and administering medication.
- All accidents and incidents were referred to the health and safety manager who completed a thorough investigation. They retained oversight through comprehensive analysis of all accidents and incidents and demonstrated that they had identified trends and therefore reduced potential risks.

#### Preventing and controlling infection

- 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). Prevention and control of infection was covered on the initial induction period and again in annual refresher training. All staff we spoke to demonstrated good knowledge of best practice to prevent and control the spread of infection.



# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People living at two, three and four Consort Close told us they were well cared for by staff. One person told us, "Staff are very well trained". A relative we spoke with told us, "The staff are trained to a high degree. A lot of them have been there for years and know their job inside and out".

- People received a multi-disciplinary approach to care. They were involved in their own assessment and assisted to set their own expected outcomes. People were supported to have access to a range of healthcare professionals including positive behaviour support to assist with behaviour that challenged, if this was required. Multi-disciplinary team meetings were scheduled for every three months but could be arranged at short notice if required.

Ensuring consent to care and treatment in line with law and guidance

- Staff had received training about the Mental Capacity Act 2005 (MCA). 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 with appropriate legal authority. 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. 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. Mental capacity assessments were decision specific, for example, one person had been assessed as able to control their own medication but not able to make informed decisions about their finances. 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.

Staff skills, knowledge and experience

- Staff received a comprehensive induction when they commenced employment. This was completed over 17 days and included training in safeguarding, fire safety, nutrition and first aid. New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care. New staff also shadowed experienced staff before working independently. This gave them the opportunity to meet the people who lived at the home and get to know them. Staff also completed extra training to administer medication, PRN medication, positive

behaviour management and drug assessments.

- All staff received annual refresher training which took place over three days. All the staff we spoke with told us they felt the training was thorough and gave them the knowledge and skills they needed to care for people. Comments we received included, "The training is really helpful, you stay engaged and refreshed" and "Training is very detailed, it's the best I've ever known". Staff were supported by regular supervisions and appraisals. These were done by team leaders, residential manager and the registered manager.

Supporting people to eat and drink enough with choice in a balanced diet

- People who lived at Consort Close were supported to maintain a balanced diet and have the food and drink they preferred. Care plans documented people's likes, dislikes and allergies. People told us they liked the food. One person said, "The food is brilliant, we choose what we want". People who lived there were actively involved in choosing, buying and preparing food. We saw that mealtimes were pleasant and staff also ate at the same time which enhanced the relaxed atmosphere.

Staff providing consistent, effective, timely care

- Most people who worked at the service had been there many years. This created a consistent staff team. Staff and people living at the home knew each other well and formed close bonds. The service did not use agency staff, short notice absence was covered by bank staff who worked for the provider and knew the people living there.

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

- The buildings were suitable for people living with a disability. People's rooms were decorated and furnished the way they chose. The communal areas were bright, homely and welcoming. There were many photographs of people, their relatives and staff on the wall which helped to create the relaxed family atmosphere.

# Is the service caring?

## Our findings

The service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- Without exception people and their relatives told us that staff were kind and caring. Comments included "Staff are all very nice to me" And "Staff really care here". One relative we spoke with told us, "They are a very caring team, they are [relative's] extended family". Another relative told us about a family bereavement, they said, "The staff prepared [relative] for it so well, they have just been absolutely marvellous".

- Throughout the inspection we saw many examples of staff responding to people with kindness and patience, it was evident that close bonds had been formed between people and staff. We saw that people and staff laughed together and there was a happy, calm and relaxed atmosphere. During the inspection, staff were preparing ideas for Christmas presents for people who lived there and one staff member told us that they will visit the service on Christmas day because they enjoy spending time with the people that live there and wanted to help them celebrate.

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

- People were assisted to make decisions about their care, these were documented in care plans. If people chose to work they were supported to find the most appropriate role for them. When people weren't working we saw they were able to choose which activities they would like to do, one person chose to go to the local leisure centre on a regular basis, another invited friends round every week and was supported to maintain these relationships. People decided their own daily routine, including what they wanted to wear, when they wanted to bath or shower and what and when they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, they only entered people's bedrooms once they had been given permission to do so. Some people preferred to keep their bedrooms locked, staff respected this decision. All the staff we spoke to demonstrated how they ensured people's dignity was respected by ensuring personal care was done privately and not discussing people's personal care needs in front of others.

- People were supported and encouraged to be as independent as possible, this included with jobs, use of public transport, and activities they wished to take part in. People who lived there were an active part of the house, they were encouraged to self-care as much as possible to retain their independence. An example of this was one person who monitored their own fridge and freezer temperatures.

- One person used an advocacy service. We spoke to the advocate during the inspection who told us, "[name] is very happy here, there are consistent staff, it's very homely, person-centred and they get things right".

- Confidential information was kept in secure locked cupboards. Care plans were on-line and password protected. This ensured confidentiality of people's personal documentation was protected.

# Is the service responsive?

## Our findings

People received personalised care that responded to their needs.

How people's needs are met

Personalised care

- People received care that was person-centred and tailored to meet their individual needs. Everyone had care plans in place and these had been devised with input from people, their relatives or advocates. Care plans contained thorough clinical information and instructions for staff on the way the person wished to be cared for. An example of this was a seizure profile. They discussed the nature of each person's seizures and how staff should respond, including when to seek further medical advice. Care plans also documented what might upset or frustrate a person, they documented slow and fast triggers that could lead to behaviour that challenged. Some people who lived at Consort Close had previously displayed behaviour that challenged but responded well to positive behaviour support and had not displayed this for many years. The service was proactive at noticing changes in people's behaviour and responding to these quickly before they escalated.
- The service was meeting the Accessible Information Standards (AIS). These are standards that were brought in by the government in 2016 to make sure that people with a disability or sensory loss are provided with information in a way that they can understand. Some people living at Consort Close could read, others couldn't so were provided with 'communication in print'. This is a form of communication using symbols to create books, worksheets, newsletters, posters and flashcards.
- The service respected people's diverse needs and preferences. People were supported to follow their faith if they expressed a desire to do so. One person went to church every Sunday and was an active part of a church meeting group.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and people and their relatives were signposted to how to complain. Staff told us that if a complaint was raised with them they would document it and inform the senior person on duty. The service hadn't received any formal complaints but two concerns had been documented. These had been investigated by the residential manager and dealt with quickly and comprehensively.

End of life care and support

- There was an end of life care policy. Managers and staff had all received training in end of life care, though this was not something that had been required for people living at Consort Close to date. We discussed with the residential manager what would happen if someone was identified as approaching the end of their life. They told us they would always aim to keep someone at home for end of life care if this was their wish. They said they would liaise with the G.P and community nursing teams as well as other residential managers at the providers other homes that had more experience of providing end of life care for people



# Is the service well-led?

## Our findings

Service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People, relatives and staff spoke positively about the residential manager. We received comments such as, "I can't fault them [manager]". A relative we spoke with said, "The manager is very hands on and very approachable, communication is excellent". The residential manager displayed genuine affection for people and a drive to ensure their needs were met and they were happy. The residential manager completed regular quality audits to ensure the service was running well. All the staff we spoke with were clear about their roles and responsibilities.

Provider plans and promotes person-centred, high-quality care and support. Continuous learning and improving care

- The residential manager led by example and ensured staff, people and relatives knew to only expect the highest level of care. There was an open and transparent culture where people were empowered to raise concerns if they felt this was necessary. All staff told us they found the manager approachable and were confident to raise concerns or make suggestions. There was a culture of learning rather than blame. Registered providers are required by law to notify us of certain incidents as and when they occur. We reviewed the accidents and incidents and people's progress notes and were confident that the registered manager had informed us of all the incidents that met the criteria.

Engaging and involving people using the service, the public and staff

- People and residents told us that the residential and registered managers were a visible presence within the service. We saw during the inspection that people knew both of them well and had formed close bonds. The residential manager conducted regular staff, resident and family meetings. These were done at varying times to ensure people could attend some if not all. People were provided with a meeting agenda in a format they could understand, either written or 'communication in print'. All the relatives we spoke with told us that the service provided good communication and they were actively involved in their relative's life.

- 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. People were supported to live full and active lives in a homely environment.

Working in partnership with others

- The service worked in partnership with people, relatives and health professionals to seek good outcomes for people. The provider operated a multi-disciplinary approach to care. This meant that there was continual analysis of events by the safeguarding team, health and safety manager and health care professionals, such as psychologists. This created an environment where current best practice guidelines were in place for each person.

