

The David Lewis Centre

Petunia Grove - Macclesfield

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

Petunia Grove - Macclesfield is part of the David Lewis organisation and is registered to provide accommodation for four people who require support and care with their daily lives. The two-storey domestic type property is close to shops, public transport and other local amenities.

The home is a detached house in the area of Macclesfield, Cheshire. At the time of our inspection there were four people living there.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The service 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 care service had been developed and designed 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. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

We spoke with three people who lived in the home and one relative who all gave positive feedback about the home and the staff who worked in it. We saw that people were living busy, independent lives, supported by a willing staff team who were encouraging, supportive and respectful.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care. There was a happy, warm atmosphere in the home. We saw that individuality was encouraged and supported and people were able to express themselves in the way that they chose and that their well-being was enhanced by this support.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. Maximising people's independence was a clear focus in all of the care plans we looked at.

The residential manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected and at all times the least restrictive option was taken. Assistive technology was in place to maximise people's independence and ensure that their privacy and dignity was respected.

The residential manager used a variety of methods to assess and monitor the quality of the service. These

included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people living in the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Petunia Grove - 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 took place on 07 March 2018 and was unannounced. It was carried out by an Adult Social Care Inspection manager.

Before the inspection we contacted Cheshire East Council Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with a residential manager, a team leader and two other members of staff. We met with three people who lived at the home, and we spoke with one relative on the telephone. We observed staff interacting with people in the home. We looked at staff rotas and training records. We looked at health and safety and building maintenance records. We looked at care records for two of the four people who lived at the home.

Is the service safe?

Our findings

We asked one relative if they felt that their family member was safe living at the home. They told us "It's a beautiful house and a friendly bunch of staff. We couldn't get anything better for our relative."

We looked at medicines management in the home and saw that it was good. The medicines were regularly audited. We saw that the home was clean and well maintained. The staff worked with the people who lived in the home to keep it clean and there was a cleaning schedule to ensure that everywhere got cleaned regularly. We checked the premises safety certificates and saw that they were up to date. The home was in process of being redecorated. We saw that all communal areas had recently been decorated and the bedrooms were now in process. There was a lovely homely feel and the house was well looked after. We looked at risk assessments and saw that they were managed well. The risk assessments were stored electronically on an "icare" system. This meant that all updates were electronically dated. We also saw that accidents and incidents were closely managed and near misses were recorded and shared so that future incidences could be reduced or avoided.

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. The provider had a system where any safeguarding concerns were sent directly to the providers own social work department where concerns were triaged. We saw that all staff had received training in the new system. Safeguarding concerns were rare at Petunia Grove and there had been none since the last inspection. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection.

We saw that the service was staffed by a consistent staff team who had all worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. There had been new staff in the home since the last inspection but these were staff that were already employed by the provider. The management team ensured that only experienced staff were working at the home who were fully trained to ensure that the specialist health needs of people living in the home could be safely met.

Is the service effective?

Our findings

One relative told us that they had asked for specialist training and the home had eventually helped them to source this. They told us "I'm very happy and my relative is too which is the most important thing."

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). We spoke with the residential manager and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that DoLS applications had been made for people living in the home for who it was thought necessary in order to protect their human rights. We saw clear examples where the service had gone extra lengths to ensure that people's capacity was explored and their right to choose was protected for example in relation to where the person lived. We saw that the home had supported one person to have their DoLS removed. The staff had worked consistently with the person to help them understand the issues and gain the understanding that was needed to demonstrate that they had the capacity to make this decision about their care.

There was assistive technology in the home in place for two people. The "Alert it guardian" was designed to detect the symptoms associated with seizures. The introduction of its use had enabled people to have privacy and independence whilst in bed. This meant that the least restrictive form of monitoring was in place to maximise the privacy that people could have.

We saw that there was a weekly menu and people took responsibility for cooking supported by staff one night each week. We saw that people could say that they didn't want the menu choice and then choose something else. We met one person who lived in the home and they told us that they had cooked the supper the previous evening. They showed us the left over fruit kebabs in the fridge from the meal the night previous, that they were planning to eat later that day

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers. We saw that staff in the home had received additional life-saving specific training for some of the people who lived in the home who had serious health conditions that needed prompt action when symptoms started.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the staff knew the people well. People had differing and complex health conditions and staff demonstrated that they were knowledgeable about these.

Is the service caring?

Our findings

A relative spoke with us about the staff who worked in the home. They said "I think that they are outstanding and we are very lucky to have them."

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly.

We saw that staff were mindful and supportive of people's preferred method of communication. People living in the home communicated in different ways and the staff were all conversant in these various forms of communication. We also saw that staff were mindful that people's behaviour was a form of communication. When we arrived at the home we met with two staff members who were from the provider's PABS team (Psychology and behaviour support). These staff had come to the home to help the staff support a person who sometimes became upset and they were exploring how the person could be better supported.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs. We saw that people were encouraged to express themselves. One person chose to do this in a very specific way. We saw that staff respected this choice whilst still ensuring that the person's dignity was maintained when they accessed the local community.

The residential manager told us that no one in the home was currently supported by an advocate to help them with decision making but that they knew where to access this support should it be required.

Is the service responsive?

Our findings

We met with one person as we arrived at the home who was on their way out with a member of staff to run some errands. They appeared happy and relaxed, going about their day.

A relative told us "There are concerns at times. There would be anywhere but they deal with things in real time. We are very happy with the response we get to issues."

We saw that the people led busy, varied lives. Activities included paid employment and college placements. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly. On the day of our inspection one person had decided not to attend their planned activity and they had stayed at home. The staff had recognised that this was the person's choice and respected it.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. The care plans were stored electronically on the "icare" system. We saw clear records of how to support people with individualised care. For example one person's file described how they had 'social stories' to help them manage their behaviour. We saw that the person read these when they were going to access social environments and it helped them to remember that people's personal space needed to be respected.

We saw that there was a complaints procedure in place. The procedure was available in pictorial form to make it accessible for people who may struggle to read. We looked at the complaints management and saw that there had been no formal complaints since the last inspection. We saw that concerns were also recorded. We saw that two concerns had been logged since the last inspection and a robust response provided to the people who had raised the concerns.

Is the service well-led?

Our findings

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 service had a registered manager who had been in post for a number of years. The registered manager was responsible for a number of community houses. This service also had a residential manager who was supported by five team leaders.

The care service had been developed and designed 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. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. The minutes of the resident's meetings were in an easy access format.

There was a positive person centred culture apparent in the home and obvious respect between the residential manager, staff and people who lived in the home. The residential manager told us that they were in constant contact with the registered manager and the other residential managers to ensure that the homes in the community were properly managed.