Pathway Healthcare Ltd

Bainbridge Court

Inspection report

Washington Road
Storrington
West Sussex
RH20 4DE

Date of inspection visit:
19 January 2016

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24 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 January and was unannounced.

Bainbridge Court is registered to provide care for up to eight people with a learning disability or autism. The home is situated in Storrington, West Sussex. At the time of our visit there were eight people living at the home.

The service had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Plans were in place with safety measures to control potential risks. Risk assessments were reviewed regularly so information was updated for staff to follow.

People and their relatives said they felt safe at the service and knew who they would speak to if they had concerns. A safeguarding procedure was in place and staff knew what their responsibilities were in reporting any suspicion of abuse. Staff could also describe how to recognise the signs of abuse.

People were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their independence and involvement.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and administered safely. People were supported to eat and drink enough to maintain their health.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff on duty to support people with their assessed needs. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. People were aware of how to raise a concern and told us they would speak to the registered manager and were confident appropriate action would be taken.

The premises and gardens were well maintained, clean and well presented. All maintenance and servicing

checks were carried out, keeping people safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Individual risks to people were identified and measures were in place to manage the risk.

There were enough staff to meet people's individual needs in a timely way.

Staff understood their responsibilities to protect people from abuse.

People told us they felt safe living at the home.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

All staff received the training they needed to be able to provide safe and effective care. All staff received appropriate supervision and support.

Staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions.

People told us that food at the home was good. We observed the lunchtime experience and this was relaxed and friendly. People enjoyed their meals and each other's company.

People were supported to access services to help ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and their dignity and privacy were upheld.

People were treated with compassion and staff were quick to help and support them.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive to people's needs.

People's individual needs were assessed, planned and responded to by staff who understood them.

People had a variety of activities which gave their life meaning and purpose.

Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good

The service was well-led.

There were quality assurance systems in place to effectively monitor and improve the quality and safety of the service.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Bainbridge Court

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.

This inspection took place on 19 January 2016 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We observed care to help us understand the experience of people who had difficulty in communicating this to us. We looked at care records for two people, medication administration records (MAR), behaviour support plans and a selection of policies and procedures We also looked at six staff files, staff training and supervision records, staff rotas, complaints records, audits and minutes of meetings.

During our inspection, we spoke with all eight people using the service, the registered manager and two care staff. Following the inspection we contacted relatives and professionals who had involvement with the service to ask for their views and experiences. We spoke with two relatives.

The service was last inspected in February 2014 where there were no concerns identified.

Good

Is the service safe?

Our findings

People told us that they felt safe. They told us that they would speak to a staff member if they had any concerns. We saw that people looked at ease with the staff that were caring for them. A relative told us, "We have noticed some good changes in [Name] since he has been a resident. He is much more settled and relaxed around the staff."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk and were able to confidently state types of abuse. Staff were aware of their responsibilities in relation to safeguarding and told us what they would do if they suspected abuse was taking place. Staff were able to clearly and confidently describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They said that they would speak to the registered manager or social services. The registered manager was clear about when to report concerns. He was able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area. The service had a safeguarding policy in place as guidance for dealing with these concerns.

Occasionally people became upset, anxious or emotional due to their complex needs. People had a behaviour and support strategy in place which gave clear guidelines to staff. These followed a traffic light system with guidelines for staff at every stage. For example, amber included early warning signs and strategies for diffusing and avoiding escalation of behaviour which challenges. This meant that staff had the skills and information to diffuse any potentially difficult situations and had an understanding of their triggers.

The registered manager completed an assessment before a person moved to the service. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, one person could become anxious in the car and pull other people's hair. This person sat next to a staff member who provided them with reassurance and minimised the risk to the other people. Staff provided support in a way which minimised risk for people. We saw that people were able to move around the home freely and safely. The premises and gardens were well maintained, clean and well presented. All maintenance and servicing checks were carried out which ensured a safe premises for people using the service, staff and visitors.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and spent time with them. People were able to participate in one to one activities. For example, we saw one person working with a staff member to prepare the lunchtime meal. During our visit we saw that staff were available and responded quickly to people. Staff were happy with the staffing levels and told us that they had time to chat with people and felt they knew them well.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. The staffing levels were sufficient to enable people to participate in

external activities. Staffing rotas for the past month demonstrated that the staffing was consistent and sufficient to meet the needs of people using the service. There were four care staff during the day and two at night. The registered manager was available most week days and could be contacted out of hours for advice and telephone support.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
Staff were recruited in line with safe practice and we saw staff files that confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service, checks were made with the Disclosure and Barring Service.

Peoples' medicines were managed and administered safely. We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. People were asked if they needed assistance to take their medicines and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines were recorded on receipt and administration and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were stored safely and kept securely. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. We were told, and records confirmed, that the room and fridge temperatures were monitored to ensure that medicines were stored at the correct temperature to ensure their effectiveness. We saw that unused and not required medicines were returned to the dispensing pharmacy at the end of each month.

Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the administration of medicines told us that they felt confident and competent and our observations confirmed this.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. One relative said, "They take good care of him and have taken the time to understand his needs".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received regular training in topics including medicines administration, first aid, safeguarding and communication. The staff training records confirmed that the training was up to date. Staff told us they had the training and skills they needed to meet people's needs. Staff were positive about the training opportunities available. One member of staff told us, "The training is really good". People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

New staff were supported to understand their role through a period of induction. They were required to complete training during this time. New staff undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the registered manager. Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training.

People were supported by staff who had supervisions (one to one meetings) with the registered manager. Staff told us supervisions were carried out, "Every month" and enabled them to discuss any training needs or concerns they had. Staff told us that their supervision provided an opportunity to discuss points raised in previous supervision meetings, their role and performance, development and training and suggestions for improvement. Supervision records demonstrated that both the staff member and supervisor had an opportunity to raise items for discussion. Staff told us they felt supported by the registered manager, and the other staff. Comments included, "Everyone loves it here, we are a real team."

Staff told us there was sufficient time within the working day to speak with the registered manager. They told us that they could discuss any issues or concerns during the shift handover. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made and how to submit one. The registered manager told us that everyone living at the service was

subject to a deprivation of their liberty which had been authorised.

Staff had a good working knowledge on DoLS and mental capacity. Staff had received appropriate training for MCA and DoLS. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves. For example, one person was able to make choices from a selection of two items.

During our visit we observed that staff involved people in decisions and respected their choices. We saw that staff had a good understanding about consent and put this into practice by taking time to establish what people's wishes were. We observed staff seeking people's agreement before supporting them and then waiting for a response before acting. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available.

Other comments from staff included; "People can choose what they eat," "We treat everyone as individuals" and "Everyone can make some choices". This further confirmed staff understanding and practice of people's rights to make choices and give consent.

People had enough to eat and drink throughout the day and night. We saw that people were regularly offered drinks and snacks throughout the day. We observed the lunchtime meal experience. There was a calm and relaxed atmosphere. Staff and people were chatting and the mealtime was friendly and inclusive. People appeared to enjoy their meal. The food had an appetising smell and looked attractive. Care plans contained information about people's dietary needs and malnutrition risk assessments. People's weight was recorded to monitor whether people maintained a healthy weight. Staff we spoke with knew people's preferences and told us that all people were able to indicate their likes and dislikes. People were happy with the choice of food provided.

People had access to health care relevant to their conditions, including GPs, speech and language therapist and clinical psychologist. Staff knew people well and referrals for regular health care were recorded in people's care records. People had detailed information recorded about them which provided hospital staff with important information about their health if they were admitted to hospital.

People had a health action plan which described the support they needed to stay healthy. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Good

Is the service caring?

Our findings

People received care and support from staff who knew them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Positive, caring relationships had been developed between people and the staff who supported them. Everyone we spoke with thought people were well cared for and treated with respect and dignity and their independence promoted. People were full of praise for the staff. People described them as, "Friendly" and "Kind".

Throughout our visit staff interacted with people in a warm and friendly manner. The whole staff team focused their attention on providing support to people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew people's individual communication skills, abilities and preferences, which assisted staff to give person centred care.

People's privacy was respected. We saw that staff knocked on people's doors and asked for permission before entering. Staff told us that they made sure that doors and windows were closed when providing personal care. People were allowed quite time in their rooms if they wished. Staff told us that if people they wished not to be disturbed this was respected.

People were involved in decisions relating to the service. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and monthly keyworker meetings. There were regular monthly residents' meetings chaired by staff. In the minutes we saw that there was conversation regarding the choice of food. Following this a new winter menu had been introduced. It was recorded in a subsequent meeting that all people were happy with the new menu.

People's care was not rushed enabling staff to spend quality time with them. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. The home was spacious and allowed people to spend time on their own if they wished.

People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, family members and people who were important to them. The care plans included details regarding people's individual likes and dislikes. For example, one person enjoyed feeding the ducks. During our visit we saw this take place. Staff we spoke with said that they found the care plans useful. They were aware of people's personal preferences. People told us they received the care that they wanted and were happy with the care received. Staff knew what people could do for themselves and areas where support was needed. Staff appeared dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. Relationships between people and staff were warm, friendly and sincere. Staff chatted with people who appeared to enjoy their company. The overall impression was of a warm, friendly, safe and relaxed environment where people were happy.

Good

Is the service responsive?

Our findings

People were supported to maintain their independence and access the community. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. For example one person's care plan included recommendations from the speech and language therapist (SALT) to reduce the risk of choking.

People's care needs were kept under review and any changes or increase in dependence was noted in the daily records and added to the care plans. Care plans were reviewed monthly by the registered manager. This meant people received consistent and co-ordinated care that changed along with their needs.

Staff maintained a daily record for each person that recorded the support they had received. Staff did a verbal handover each shift to ensure that all staff were aware of people's needs and had knowledge of their well-being. In addition to this, staff completed written handover records; these included any specific health needs or appointments. This ensured that any changes were communicated so people received care to meet their needs.

People were engaged and occupied during our visit; there was a lively atmosphere within the home. We saw that some of the people were interacting with each other and chatting with staff. Staff and people told us that they valued and enjoyed each other's company.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. Examples of what was happening in the service included cake making, listening to music and watching television. The service had good links with the local community. People were able to take part in community activities including walking to the local town, shopping, going to the pub, cinema and bowling.

People were supported to take part in local projects, education and work opportunities. For example one person had a job at a local shop. A group of people had assisted in a project to clear and maintain an area of local woodland. The registered manager told us that he had helped, "So that I could see the community involvement for myself. I was overwhelmed, comparing how people were on admission to the home to how they are now. The way they were accepted into the local community was incredible."

People were encouraged and supported to develop and maintain relationships with people that mattered

to them and avoid social isolation. All relatives we spoke with told us that they were fully involved in their relatives' care and happy with the level of social interaction and activities provided.

The service had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was displayed in the home. Complaints could be made to any staff member or the registered manager. This meant people could raise their concerns with an appropriately senior person within the organisation. People knew how to make a complaint and told us they would feel comfortable to do so. They were confident that any issues raised would be addressed by the manager. Complaints and concerns were taken seriously and used as an opportunity to improve the service. For example a complaint from a neighbour had resulted in better communication.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. The service practiced inclusivity and people were actively assisted to be part of the local community. People were encouraged to make their own lifestyle choices, staff did not make assumptions regarding peoples preferences. Staff told us that the people living at the home, "Were individual" and that they had a right to have their individuality respected. The home had an open and friendly culture. People appeared at ease with staff and staff told us they enjoyed working at the service. Staff said, "I've been here two years, I love it. I haven't looked back."

People knew who the registered manager was and held him in high regard. A person living at the service told us that they liked the registered manager and they were, "Happy here". The registered manager told us that he spent time with people on a daily basis in order to observe the care and to monitor how staff treated people. Records confirmed that the registered manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the registered manager's company and that they were used to spending time with him. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to bring up suggestions for improvement in the quality of care provided. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Staff and people using the service said the registered manager was open and approachable and they would go to him if they had any queries or concerns. Staff felt confident to raise any concerns. They told us that the registered manager had an open door policy and, "[Registered manager] is great." Staff felt supported by the registered manager and told us that the home was well led. Staff told us, "He [registered manager] is very good. We are proud of everything he has achieved." "He is supportive of staff."

People and their relatives were empowered to contribute to improve the service. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A relative had raised a concern about the lack of female staff on some shifts. In response to this more female staff had been recruited.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example audits were completed for infection control, medicines, care records and the environment. Internal audits had identified shortfalls and action had been taken to drive improvements. For example the broken slabs outside the front of the building had been replaced as a result of being identified as a potential trip hazard.

People's experience of care was monitored through monthly meetings with their keyworkers. This gave

people an opportunity to discuss their likes and dislikes. People were also able to discuss what they wanted. We saw records to confirm this and that this feedback was used to guide people's care and routines.