

# Pathways Care Group Limited

# Famille House

## 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

We carried out an inspection on 3 April 2017. We gave the provider 48 hours' notice of our inspection because many of the people who use the service go out and we wanted them to know we would be available for them to speak with us.

Famille House is registered to provide care for up to 16 people living with learning disabilities. Accommodation is on two floors. There are two communal lounges and a dining room. At the time of our inspection 12 people were using the service.

At our last inspection in April 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good' for being safe, effective, caring, responsive and well-led.

People continued to receive safe care. They were supported by staff who knew how to recognise and report any signs that people were abused or at risk of abuse.

The provider had assessed risks relating to people's care to help them to remain safe. The provider had procedures in place for staff to report concerns and for those concerns to be investigated and acted upon.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were supported to receive their medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff that were caring and treated them with respect, kindness and dignity.

People had care plans in place that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences.

People's needs were met in line with their individual care plans and assessed needs. Staff understood people's needs and provided care and support that was tailored to their needs.

People and their relatives felt they could raise a concern and the provider had systems to manage any complaints that they may receive.

The provider had effective arrangements for monitoring and assessing the quality of care people experienced. These included seeking and acting upon the views for people who used the service, their relatives, staff and health professionals who visited the service.

## 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 remained safe.

Good 

### **Is the service effective?**

The service remained effective.

Good 

### **Is the service caring?**

The service remained caring.

Good 

### **Is the service responsive?**

The service remained responsive.

Good 

### **Is the service well-led?**

The service remained well led.

Good 

# Famille House

## 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 3 April 2017. We gave 48 hours' notice because we knew that people who used the service were often out and we wanted them to know we would be at Famille House.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our expert had experience of supporting and caring for people who lived with learning disabilities.

Before the inspection visit, 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 it does well and improvements they plan to make.

Before our visit we reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at Famille House in the previous 12 months. Notifications are events a provider has to tell us about, for example serious injuries or incidents that occur between people using the service where one or more people experience harm.

On the day of our site visit we spoke with seven people who used the service. We observed how staff interacted with people. We spoke with the registered manager, deputy manager and two care workers. We spoke to a professional who provides advocacy support for two people and to a community nurse from a team of specialist learning disability nurses.

We looked at three people's care plans and associated records. We reviewed information about support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

# Is the service safe?

## Our findings

People using the service were safe. A person told us, "I'm not worried here. I tell the staff [if they are concerned about something] and they sort it out. I am safe here." Another person said, "I am not frightened. I would tell [the registered manager] or any of the staff if I was worried."

Staff knew how to identify and respond to signs of abuse. They used the provider's procedures for reporting suspected or actual abuse. Staff knew how to recognise and report signs that a person was at risk of abuse, for example when they had been upset by another person's behaviour towards them. This showed that staff put their safeguarding training into practice. A person told us, "The best thing is that it is safe here."

The registered manager reviewed incident reports and carried out investigations when needed. They took actions to reduce the risk of similar incidents happening again. For example, they worked with the local NHS community nursing team and other health professionals to establish why people sometimes presented with behaviour that challenged others. This protected all people that used the service.

People's care plans had risk assessments of activities associated with their support at Famille House and when they went out to a variety of places where they participated in activities. Staff advised about how to stay safe. They were supported to develop awareness of dangers, for example when crossing roads and how to contact Famille House if they needed support whilst they were out.

People were supported to be independent and to make choices about how they spent their time. People were not restricted from exercising their choices. This was something people told us they liked about the service. Professionals we spoke with told us that the support people had to be independent and safe was something that stood out for them about the service.

The provider deployed enough suitably skilled and knowledgeable staff to keep people safe. We observed that staff were attentive to people's needs. They had plenty of time to respond to people to ensure they were safe and comfortable.

The provider had effective recruitment procedures. These ensured as far as possible that only staff suited to work for the service were recruited. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce.

People told us they were supported to have their medicines at the right times. They knew what their medicines were for. People were supported with their medicines by care workers whose competence to support people with their medicines was assessed every six months.

The arrangements for the ordering and disposal of medicines no longer required and storage of medicines were safe.

# Is the service effective?

## Our findings

People were supported by staff that had the right skills and knowledge to consistently provide good quality care and support. A person told us, "The staff are good." Another said, "They know what I like and they support me the right way". Care workers we spoke with had a detailed knowledge of people's care plans.

All staff had received the relevant training to equip them with the knowledge and skills they needed to support who used the service. Training continued irrespective of how long a support worker had worked at the service. One, who had worked at Famille House for over 10 years, told us, "The training has always been good."

The staff team at Famille House were experienced. Some had been part of people's lives for many years. This meant that there was a strong pool of knowledge and experience amongst the staff about the people who used the service. Staff knew how to support people when they presented behaviour that others found challenging. A health professional told us that staff were very good at supporting people when they presented behaviour that others found challenging.

Staff were supported through monthly one-to-one supervision meetings. These meetings were used to provide feedback to staff about their performance and discuss training needs. They also received support about using the provider's policies and procedures, for example in relation to keeping people safe. Staff were able to seek advice of the registered manager or senior care worker at any time. A care worker told us, "If there is anything I want to discuss, I can."

We saw several examples of staff communicating effectively with people. They adapted how they communicated with an individual, for example by speaking slowly or using gestures that were unique to an individual. We found that staff were skilled at communicating with people who used the service. A healthcare professional told us, "The staff are very good at interacting with the people [who used the service]."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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 checked whether the service was working within the principles of the MCA.

The registered manager and staff we spoke with had an understanding of the MCA. Staff knew which people had a DoLS authorisation and why. They supported people in line with those authorisations. An advocate of two of those people told us, "I have to say it is a really good home. The staff do a lot to support people to be independent. I couldn't fault the quality of care they give to people."

Staff supported people with their nutritional needs. A person who used the service said of the meals they

had, "Good food, it's nice." Another person said, "It's alright here. Good meals and all that." Where necessary, staff acted on recommendations from dieticians to ensure people's nutritional needs were met.

Care workers were alert to people's health needs. They had training about medical conditions people lived with and were attentive to changes in people's health and responded appropriately, for example contacting a person's GP or calling NHS 111 for advice and acting upon it. A health professional told us, "We have been involved with Famille House for a few years. The service are very good at working closely with us. They follow our guidance. The staff are very good at supporting people."

# Is the service caring?

## Our findings

People were supported by staff that were kind and caring. Staff supported people to respect each other's differences. A person told us, "They [staff] are very kind and will always help you out". Other people told us that all of the people using the service were friendly with each other. Their comments included, "They are all my friends here" and "We are all best mates. It's a good place to live. I enjoy living here. We are all friends."

Throughout the day of our visit, it was clear that the staff knew people's needs and preferences. The interactions we saw between staff and people were characterised by much shared humour and warmth.

The registered manager told us that they had made a conscious effort to ensure that Famille House was a home for the people and not a work-place. Communal areas included photographs of people and people's rooms were highly personalised to reflect their interests, hobbies and what mattered to them. A person told us, "My bedroom is nice I chose all the colours." A professional we spoke with told us that they always found the Famille House to be a warm and friendly environment.

Staff did things to show that people mattered to them. For example, they remembered people's birthdays. They supported people to enjoy and participate in festive occasions, but also to remember people who mattered to them but who no longer used the service. We saw and heard staff asking people how about how much they enjoyed their activities at the college they had attended earlier in the day. By doing this, staff supported people to feel they had achieved things and to recognise other people's achievements.

People who used the service were involved as much as they wanted to be in decisions about their care and support. They decided whether they stayed at Famille House or went out to college or a variety of day services. They decided how they spent their time at Famille House. They also decided either at reviews or at residents meetings what activities they wanted to be arranged. A person told us, "At the meetings when I ask for things it will happen."

People had access to independent advocacy services. These services support people to be involved in decisions about their care and support and defend people's rights. An advocate who supported people who used the service told us, "They [staff] do a lot to get people involved."

Staff respected people's privacy. We saw people using all three communal areas and going into the garden or their rooms. Staff were present to support them but they did not intrude or interfere in what people were doing.

The provider promoted dignity and respect through policies, staff training and supervision. Staff told us about how they respected people's dignity. One told us, "We protect people's dignity. We provide people's personal care in their rooms or bathrooms. We only go into enter their rooms if invited." We saw this to be the case during our inspection visit.

People's relatives and friends were able to visit them without undue restrictions. We saw from the visitor's

signing in book that relatives and friends visited Famille House at different times of the day.

# Is the service responsive?

## Our findings

People experienced care and support that met their needs and preferences.

We saw from information in the care plans we looked at that people who used the service contributed to the assessments of their needs; or, if they were unable to their representatives did. People's care plans were 'person centred' because they contained information about their life history, who and what mattered to them and their hobbies and interests.

People's care plans included detailed information about how people wanted to be supported. For example, the plans contained details about what people could do for themselves and things they wanted or needed support with. People experienced care that was in-line with their preferences. For example, people had preferences about how they were supported with care routines, including what toiletries were used. Staff supported people in line with their preferences.

People's care plans also contained detailed information about what people wanted to achieve. People's most important aim was to achieve or maintain their independence. They were supported to achieve their aims through a wide range of activities the service organised with their input. People went to a college, day centres where they learnt skills they could use at Famille House.

People told us with much enthusiasm how much they enjoyed the activities they did. They showed us things they had done, for example pictures they had drawn and things they had made. Comments included, "I've been to college today and done some different drawings. Some Easter things as well" and "All the day centres are good. I like the farm as well I like crafts and cooking cakes and more cakes." People were supported to enjoy individual activities. A person told us, "I've done boxing today and it is swimming next week. I do drama as well." Staff supported people to read about things they were interested in.

People were supported to maintain hobbies and interests. Staff made special efforts to take people to events. For example, staff took people with an interest in sport to sports events. They reminded people them when their favourite sports were televised.

People with faith needs were supported to attend services at a local place of worship. They also participated in activities organised by local organisations. Staff explained to people about upcoming local council elections and had supported people to register to vote. This showed that staff supported people in ways that supported people's human rights.

People were protected from social isolation because they were supported to participate in activities with other people. People told us they were friendly with each other and with staff. People were supported to develop and maintain friendly and respectful relationships with other people. We saw people engaging in conversation and joking with each other about what they had enjoyed at their various activities earlier in the day.

People who used the service had access to a complaints procedure. People we spoke with told us that if they had any concerns they would raise them with staff and the registered manager. A person told us, "If I was worried I would talk to boss and they would sort it out. They listen to me." There had been no formal complaints about the service since our last inspection.

# Is the service well-led?

## Our findings

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.

People and their relatives had opportunities to be involved in discussions about developing the service and what happened at Famille House. For example, at residents meetings people decided what activities they wanted to be made available and where they went on holidays. They were involved in deciding about the décor at the home.

The registered manager supported staff to raise concerns about what they felt was poor practice. When they reported concerns these were investigated by the registered manager.

The registered manager provided staff with opportunities to be involved in developing the service at staff meetings, through 'one-to-one' meetings with staff and an annual staff survey. The staff meetings were used to support staff to reflect on and develop their practice.

The staff meetings were used to promote the values of the service which were to provide people with a safe and friendly homely environment. Staff we spoke with understood and shared those values. A care worker told us, "I like the atmosphere here. It's such a happy family."

The registered manager and senior care worker provided caring leadership of staff. A care worker told us, "I feel very well supported." and another said "The manager has been very supportive. They've helped me achieve a work life balance that is important to me."

The registered manager was easily accessible to people who used the service, relatives and staff. We saw several people speak with the registered manager during our inspection visit.

The registered manager had a clear vision of what they wanted to improve at the service. They had implemented improvements including, for example, new arrangements for management of medicines, establishing links with specialist training providers to provide high value training for staff. Improvements had been made to the design and content of care plans.

The provider had effective arrangements for monitoring the quality of the service. These included scheduled audits and observations of staff practice and obtaining people's feedback about their experience of the service through surveys and daily dialogue. In the most recent survey a large majority of people and their relatives said their experience of the service was either 'excellent' or 'very good'.

The registered manager met with their counterpart of a 'sister' service run by the provider to discuss common issues and share learning. They carried out 'inspection' visits at each other's services. This ensured

a level of scrutiny by 'a fresh pair of eyes'. A regional manager also carried out monitoring visits every month.