Pathways Care Group Limited

Wallace Mews

Inspection report

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South Shields
Northumberland
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22 February 2018

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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

Wallace Mews is a purpose built residential care home located within South Shields, Tyne and Wear, and provides personal care and support for a maximum of 15 people with learning and physical disabilities. The service is based over two floors with 15 large bedrooms, a communal lounge, dining area, games and activities room, bathrooms, laundry and a kitchen which have all been designed to support and encourage the independence of the people. At the time of the inspection there were 14 people living at the service.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and 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.

There were regular checks of the premises, equipment and utilities which were documented to ensure the safety for people living at the service, visitors and staff. People's care plans reflected their individual needs and personal risks were assessed. We found there were policies and procedures in place to help keep people safe. Staff were safely recruited and they were provided with all the necessary induction training required for their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a transition program at the service to encourage people to become fully independent and move from the service to their own home. We saw this stepping stone process being used with a person using the service and the documented outcomes of each stage. During the inspection we observed one person being supported to do their own laundry as part of this process, to promote their independence.

The service had a comprehensive complaints and compliments policy in place. Any complaints received were logged, responded to within the stated time frames and analysed. Action plans were created and lessons learned were documented.

During the inspection we observed people carrying out activities with staff and attending sessions in the local community. We saw records of activities undertaken by people and they were supported to carry out their own choices for activities. There was training provided for staff in delivering end of life care and we saw this training being used to support people receiving palliative care.

Staff treated people with dignity and respect. We saw kind, warm and caring attitudes between people living at the service and staff. We observed people enjoying positive relationships with staff and it was apparent they knew each other well. Staff understood each person, how to support them and knew what they liked and disliked.

There was a robust governance framework in place to continually monitor and improve the service. We saw evidence of involvement from the provider's senior management team and documented audits carried out

during their visits to the service. There was a registered manager in post. The registered manager was aware of their responsibilities and had a clear strategy and vision for the service in partnership with the provider's organisational vision. 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. People with learning disabilities and autism using the service were supported to live as ordinary a life as any citizen.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Wallace Mews

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.

We carried out a comprehensive inspection of Wallace Mews on 15 and 22 February 2018. The inspection was unannounced on the first day which meant the staff did not know we would be visiting the home. We last inspected the service on 22 and 23 December 2015 and the service was rated good.

The inspection was carried out by one adult social care 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 care service.

Prior to the inspection, the previous registered manager completed a Provider Information Return (PIR). This is a form that the provider sends to CQC with key information about the service, what improvements they have planned and what the service does well. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We used both of these sources of information to help us plan the inspection and put together this report.

We sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We contacted the NHS Clinical Commission Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services.

During the inspection, we spoke with four people who used service, two relatives and nine members of staff including the registered manager. We reviewed the care records for two people living at the service and the recruitment records for three members of staff. During the inspection we carried out a short observational frame for inspection (SOFI) in a communal area. This is a tool that we use to capture the experience of people who use the service who may not be able to express this for themselves. We reviewed

documentation and inspected the safety of the premises.

Good

Is the service safe?

Our findings

People living at Wallace Mews told us they felt safe and happy there, people told us, "I do." One relative said, "This is a fab place, the staff are great, have been coming here for two and a half years and I have no concerns regarding [family member's] safety." One person told us, "All staff here are really good and look after us really well, even the manager. We can go to the manager at any time we want". People and relatives were very positive about the safety of the service.

The service had comprehensive policies in place to keep people safe. These included safeguarding, whistleblowing and complaints. Risks to people were assessed and mitigated where applicable. We saw evidence of these within people's care files and in the provider's environmental risk assessments. We spoke with staff to check their understanding of safeguarding policies, procedures and escalation routes. Staff were able to explain their role in keeping people safe. One member of staff said, "If there is a problem I go straight to [registered manager] and she sorts things out straight away." Another member of staff told us, "When there is a safeguarding I know what to do. It gets recorded and reported straight away."

We reviewed two staff recruitment files and saw evidence of safe staff recruitment. All staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role.

We reviewed the accidents and incidents log at the service, including safeguarding concerns, these were all recorded and corresponding notifications had sent to the Commission. The registered manager then analysed these for any trends and created action plans. Lessons learned were recorded and shared with staff and the provider.

We reviewed staffing levels at the service and these reflected the assessed needs of people and were regularly reviewed when people's needs changed. During the inspection we observed that there were enough staff to support people and people knew which staff to expect. One person told us, "(At the) end of the day staff go home and then [member of staff] comes in." A relative said to us, "There are permanent night shift staff who keep in touch and I have no concerns about the standard of care, in fact I am very impressed with it." A member of staff told us, "We work well together and know what we need to do. We know our job and it's a proper team." People's care records and plans detailed their current individual needs.

Medicines were securely stored and managed in a safe way. We observed medicines being issued to people in line with current guidance and best practice. One person told us, "[Staff member] gives the medication at 8am and night-time." During the inspection we reviewed the medicines administration records (MARs) and these were all correctly completed. Protocols were in place to administer 'as required' medicines. These protocols assisted staff by providing clear guidance on how and when 'as required' medicines should be administered. Staff had appropriate training for medicines and their competencies had been regularly assessed.

We carried out a tour of the home to make sure the premises were safe for people living at Wallace Mews. The registered manager carried out checks and audits of the service to make sure the environment was safe but also user friendly. We saw evidence of infection control procedures, audits, rotas and cleaning throughout the inspection. The service was well presented and very clean. One relative said, "[Family member] is happy and content in their home, which is lovely and clean and tidy."

We reviewed records for the testing of equipment, water, electrical, gas and other premises requirements to keep people safe. The service had current certificates to show it was fully compliant with all health and safety requirements. The kitchen was clean and followed standard food hygiene procedures. There were risk assessments in place for the control of substances hazardous to health (COSHH). There was a fire risk assessment in place at the service and this also included people's personal emergency evacuation plans (PEEP). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency.

Good

Is the service effective?

Our findings

People living at Wallace Mews had their treatment and support assessed and delivered in line with current national best practice standards and guidance, such as mental capacity assessments, Building the Right Support and National Institute for Clinical Excellence guidance.

Staff had received thorough comprehensive inductions and training to make sure they had the skills to care for people using the service. This included training provided by other professionals, especially focused on end of life care. A relative told us, "There have been professional staff come in to train them and they are so on board with the training. I know it's only a residential home, but staff have taken everything on board." We saw evidence that staff received training in all areas appropriate to their roles, for example challenging behaviours, end of life care, physical disabilities and complex care.

Staff received regular supervisions and annual appraisals. One member of staff said, "[Registered manager] always does supervisions. She makes notes and we talk about everything from the residents to training. If we need anything to help us she gets it."

We saw evidence of referrals to other health agencies to ensure people received responsive care and treatment. One professional commented, "Spoke to [staff member] regarding equipment. Staff [are] very knowledgeable about which equipment belongs to each person, how to safely use it and always very helpful and friendly." Records showed GP, dietician and other partnership agencies involvement in people's care files, including appointments and outcomes from visits.

People were encouraged to eat and drink throughout the day and we saw staff supporting people to eat their meals. Staff encouraged people to eat a healthy balanced diet. People described lots of different food options, confirming that they were offered different food choices. There was a pictorial menu available and we saw the cook asking people what they would like to eat.

Some people received support with nutrition and hydration. If people were at risk we saw evidence of referrals to the dietician and GP. One person's care file showed they had been referred to the dietician and the speech and language therapy (SALT) team, due to their needs changing. One person told us, "I can manage to eat my food on my own, but sometimes I need help to cut up meat, and staff help me."

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed in the least restrictive way possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). For the two people whose records we reviewed applications had been submitted to the supervisory body for authorisation to restrict their liberty, as it had been assessed that this was in their best interests to do so.

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 were being met. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example, life changing choices about serious medical treatment or where to live. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

The service was appropriately adapted for people living at the home. Every bedroom had its own bathroom and they were very spacious. Every room and corridor was accessible for wheelchair users. There was pictorial signage around the service. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People had their rooms decorated with their own personal belongings and each room reflected the individual's choice. One person showed us their bedroom and told us that they had chosen how it was decorated. They said, "I chose the carpet and my chair."

Good

Is the service caring?

Our findings

People living at Wallace Mews told us that they were well cared for and happy. One person told us, "I like living here because the staff are good, I like that." During the inspection we observed positive interactions between people using the service, staff and relatives. One person said, "Alarms are in the bedroom and I had to use this once when I first moved in as I was nervous, staff came and talked to me, they are all friendly here and I settled in really well after that."

Relatives were welcomed at the service and we saw staff acknowledging them as they arrived. Relatives were encouraged to visit people and one relative told us, "There are no problems if I need to stay over." Another relative commented, "It was lovely to see [family member] looking so well. They are very happy, and you can tell they love living here. The staff were welcoming and friendly and they showed great compassion to those they support. A credit to all involved."

Staff at the service understood the likes and dislikes of each person. One member of staff was helping to paint a person's nails. There were positive and friendly interactions between staff and people throughout the inspection. We observed one person singing a song they created to the registered manager and talking to them about their day.

One person did not want to leave their room on the first day of the inspection and we saw staff regularly interacting with them to make sure that they were okay.

People's privacy and dignity was respected by staff. For example, during the inspection we observed staff asking people if they could carry out personal care and knocking on doors asking for permission to enter before walking into people's bedrooms.

One person living at the service was currently part of a 'transition' program. We saw one member of staff discussing all the things that a person could manage independently and confirmed that they encouraged people to maintain their independence as much as possible. This program encouraged independence to allow the person to be confident and capable to live at their own home.

There was information, advice and guidance displayed around the home which was of benefit to people and their families such as local safeguarding contact information, leaflets on learning disability support groups, advocacy services and advice on relevant topics of interest.

Good

Is the service responsive?

Our findings

People living at Wallace Mews received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to the person. We saw reviews of care plans and regular assessments of people. There were corresponding risk assessments for each care plan and mental capacity assessments. One person commented, "[Staff member] helps me in the shower, I am happy with this." A member of staff told us, "We always make sure we are giving them the best care. We try to get families or friends involved to plan what they need and what we can give." One relative said, "They let me know if there are any changes in medication. They have looked after [family member] well." During the inspection we saw people leaving to attend a local group within the community.

There was an in-house activities chart and outdoor activity chart displayed on the notice board. A person living at the service told us about activities they had attended and said, "They (the service) had a valentine disco there was a buffet and disco with singing and dancing." Around the home were posters advertising an event. This was described as a "fine dining experience" event and there were named people with specific roles. Tickets were available for relatives to purchase and book their place. People were excited about this and some had uniforms for the event, for example a chef's hat, aprons etc. One professional who regularly carried out activities at the service commented, "I've been coming since 2014, singing and entertaining and residents are always interactive with me and happy to join in. Talking to the residents, it seems they're always kept busy with different activities."

The two people's care files we reviewed contained initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were in partnership with people, relatives and professionals. Care plans were reviewed regularly and people could tell us who their key workers were. People using the service and their relatives all consented to their individual care plans and helped to shape these, which was clearly documented. Each care plan we viewed was person centred and they contained detailed instructions for carrying out people's care. The service ensured there was a holistic approach to meeting people's needs. Care plans included sections on social, emotional, cultural and religious needs as well as their physical needs.

Daily notes were kept for each person and stored within their care records. These contained a summary of the care and support delivered and this helped to ensure staff had the latest information on how people wanted and needed to be supported. We observed staff regularly updating each other on people, to make sure that staff provided consistent levels of support.

Wallace Mews staff were observed to regularly ask people what they wanted to do, eat and drink. The cook told us they would provide different menu options.

We saw records of staff training around end of life care. One person was receiving palliative care and we observed this training being put into practice. During the inspection we also spoke with visiting professionals who discussed the training received by the staff. They commented, "Staff are willing to learn if it helps the service user."

People, relatives and staff we spoke with knew how to raise a complaint. We reviewed the complaints policy at the service, information available to people, relatives and visitors. There was also a pictorial complaints poster available to ensure that all information was accessible to everyone, including those who could not fully understand the written word. No complaints had been received by the service in the last 12 months. There was a clearly documented process for recording and responding to complaints. The registered manager regularly audited the log and carried out trend analysis. If there were any lessons learned they were clearly documented and where applicable action plans were created.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Commission since September 2017. This was in line with the requirements of the provider's registration of this service with the CQC. They had previously worked at the service as the deputy manager. They were aware of their legal responsibilities and had submitted statutory notifications as and when required. A notification is information about important events which the service is required to send to the Commission by law.

The registered manager and provider had a clear vision and strategy for the service in partnership with the provider's organisation vision. Our observations during the inspections showed that staff also upheld these values. This was to promote the well-being, happiness and independence of all people who used the service. 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. People with learning disabilities and autism using the service were supported to live as ordinary a life as any citizen.

The registered manager was present during the inspection on both days and assisted us by liaising with people who used the service, their relatives and staff on our behalf. The registered manager knew people living at the service extremely well and was able to tell us about individual people's needs. We saw people regularly interacting in a positive way with the registered manager and they were actively involved in the planning of every person's care. A member of staff told us, "[Registered manager] is great. She knows us and she knows them (people). She loves them like they love her. Everyone is included and she supports us all." One relative commented, "[Registered manager] has been fantastic since [family member] has been unwell. She has been a rock not only to us but the staff too. Nothing is too much trouble for her and she is making sure [family member] has everything he needs to stay comfortable and happy. She is always available." Another member of staff said, "I can walk in and ask her advice about anything. Relatives will pop in to say hello and the residents are always in her office talking to her."

There were regular meetings for staff, relatives and people. We reviewed the minutes from these meetings and the actions taken. The service used feedback from people, relatives and staff to shape the service and documented improvements. There were comments regarding activities that relatives and people enjoyed, part of the feedback was to have more similar activities.

We saw evidence of partnership working between the service and the local GP, nurses and other professionals. There were documented referrals to other health care teams and these were recorded in people's care files.

There was a robust quality assurance framework in place. The registered manager carried out daily, weekly and monthly audits of the service and we saw evidence of these. Any issues which were raised during these were actioned and documented. The provider also carried out a quality assurance audit of the service on a monthly basis. The governance framework in place had been updated since the registered manager had started in post. This allowed for a thorough audit which could be easily accessed at any time.

The service had their latest CQC inspection rating on display and it was also displayed on their website. This allowed for people living at the service, relatives, visitors, professionals and people seeking information about the service to see our previous judgements.