Pathways Care Group Limited

Northleigh

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

Northleigh is registered to provide accommodation and personal care for up to 12 people, who have learning disabilities or who are on the autistic spectrum. There were 10 people living at the home at the time of this inspection.

At the last inspection in May 2016, the provider was in breach of two regulations relating to dignity and respect and good governance. At this inspection the provider demonstrated that improvements had been made and sustained.

There was a registered manager in post at the time of our inspection; however the registered manager was on a period of long term absence from the home. The provider had ensured that an appropriate registered manager from another service was in place and responsible for the day to day running of the home.

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 had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in a person centred approach that respected each person's individual requirements and promoted treating people with dignity and respect.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in the home.

People received care from staff that were compassionate, friendly and kind. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team

which was receptive to ideas and committed to providing a high standard of care.

People and staff were confident in the temporary management structure of the home and felt listened to and supported. People and staff were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at 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 was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

This service was effective.

Staff received adequate support, supervision and direction to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's physical and mental health needs were kept under regular review. People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

This service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Is the service responsive?

Good

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People were engaged in a variety of activities and chose how to spend their time.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good

A registered manager was in post.

The provider had taken immediate action since the last inspection and had made many positive changes within the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to monitor and improve the quality of care people received.

Northleigh

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 27 June 2017. The inspection was unannounced and was undertaken by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people, one relative, three care staff, the deputy manager and the temporary manager.

We spent some time observing care to help us understand the experience of people who lived in the home.

We looked at care plan documentation relating to four people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I love living here, all my friends are here and I have a lovely bedroom." A relative told us that they felt that their family member was safe and looked after well. It was clear through observation and general interactions that people felt safe and comfortable in the home. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. For example, risks relating to people accessing the community independently. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. One member of staff said "We have new care plans in place, they are much clearer and they are all reviewed monthly." When accidents had occurred the manager and staff had taken appropriate timely action to ensure that people received safe treatment.

We saw that the provider regularly reviewed environmental risks. The provider and the acting manager routinely checked the safety of the environment and equipment that people used to minimise risks to people's well-being. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said, "There is always someone around and I feel safe at night because someone stays awake." Staff felt that there was enough staff available to meet people's needs and to ensure people received personalised support throughout the day. The temporary manager and deputy manager told us that they spent their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's medicines were safely managed. Where people had been assessed as needing their medicines administered by care staff, the provider had set up robust systems to manage their medicines. Staff had

received training in the safe administration of medicines and their competencies were tested. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on Autism, managing behaviour that may challenge and epilepsy. Staff said there was enough training and they did not feel they had any gaps in their knowledge. One staff member said "We have the normal training (provider's mandatory training) but we also have specialist training for example; training specific to learning disabilities." Training was also available from the Community Team for People with Learning Disabilities (CTPLD) for individual needs specific to learning disabilities. Staff were provided with the opportunity to obtain a recognized care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff who received supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home. The meetings were used to discuss staff performance and identify on-going support and training needs. One care staff said "I have regular supervision; we talk about any issues and general updates about the people we support."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the service was working within the principles of the MCA.

The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place. Care staff were able to tell us how they supported people to make choices on a daily basis, for example choice with what clothing people wore and the right for people to decline their medicines.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu using picture cards. One person said "I love all of the food." The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen.

All the people living in the house had nutritional plans which were detailed and gave staff information on

how to support people. Staff were aware of how to refer people to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietitian.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Care records showed that people had access to community nurses, condition specific nurses and GP's; referrals had been made to specialist services when required. People received a full annual health check-up and had 'helping me in hospital' booklets in place which identified clearly for hospital staff what support a person required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

At our last inspection in May 2016 we had concerns because people had not been treated with dignity and respect and their personal information was not protected. At this inspection we found that improvements had been made and sustained.

Since the last inspection the provider had ensured all staff had refresher training on dignity and respect and had changed the purpose of a room into a staff office area where phone calls could be made and people's care plans and daily notes were kept. Care staff told us this change was 'a much needed improvement' and it had enabled them to talk to health professional on the telephone in a confidential space.

The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to have fun and share jokes together. We saw staff involving people in conversations about daily news topic's and their plans for the day.

People were involved in personalising their own bedrooms. For example, one person showed us their room which had their own personal items around that they treasured and had meaning to them including photographs and memorabilia from their lives. This person said "I love my room; I wanted the Butterfly's because they are pretty."

Each person had an identified key worker, a named member of staff. They were responsible for ensuring people had access to resources and support they required and we saw that people had good relationships not just with their keyworker but with all members of staff. One person said, "I sit down with my keyworker and we talk about things like holidays; I'm going to Blackpool this year."

People were supported to access advocacy services when they required independent support. Staff understood when people would need the support of an advocate, for example if somebody had little or no family support outside of the home. We saw that people also had financial appointee's and the required documentation was in place.

Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said "I am always made to feel welcome, the staff are really caring and [my relative] is really settled here. I get invited to the events in the home like the Christmas party and summer events."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger and what interested them was detailed in people's care plans. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this meant to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The temporary manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, film nights, baking and 'beauty sessions'. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

People participated in a range of activities including attending a day service for adults with learning disabilities, swimming, visiting county parks, meals out, attending activity clubs, going to the cinema, cake baking and grocery shopping. People had a variety of activities that they were involved in and staff were proactive in supporting people to attend events. People had been supported to plan and book holidays. One person told us "I didn't want to go to Blackpool so I am going to Skegness, I can't wait."

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able understand people's needs from their body language and from their own communication style.

When people first came to live at the home they and their representatives were provided with the information they needed about what do if they had a complaint. One relative said "If I had a complaint or I wasn't happy I would just speak to the staff or the temporary manager; they would put it right for me." The

complaints policy and information was written in an easy read format so people who used the service were able to access it. Where people could not speak for themselves, staff were aware they needed to be vigilant in observing changes in behaviours and body language that would indicate that a person was unhappy with their care. There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern.

Good

Is the service well-led?

Our findings

At our last inspection in May 2016 we had concerns because there was a lack of day leadership and support and oversight of the service. At this inspection we saw that the provider had made improvements in this area and this had been sustained. At this inspection there was a temporary manager in place who had ensured that robust systems and effective monitoring of the quality and safety of the service were in place and appropriate action had been taken in a timely manner when improvements had been identified.

The temporary manager was knowledgeable about people who lived in the home and all staff told us the changes had been positive. One care staff said "There have been quite a few changes; but all for the better. We feel much more organised and we are working better as a team." The deputy manager told us "All the staff have individual responsibilities and lead roles and this is working really well, care staff are taking ownership for their roles and they are proud of the way in which we support people and work together as a team."

The temporary manager was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. They had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

Communication between people, families and staff was encouraged in an open way. Care staff talked positively about people's relatives and how important it was to maintain a good relationship with them. One relative said "I am always up to date with anything that is happening; when I visit if there are any changes staff let me know straight away; I have no concerns."

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. Staff were focussed on the outcomes for the people who lived at the home. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and shared information. Staff clearly enjoyed their work and told us that they received regular support from their temporary manager. One staff member said "The temporary manager is very approachable, easy to talk to and she listens to what the staff have to say and supports all of us." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The temporary manager worked alongside staff so they were able to observe staff practice and monitor their attitudes, values and behaviour.

The home had a programme of quality assurance in place to ensure people received good quality care. The service completed health and safety audits, medication audits and completed monthly monitoring of care

plans to ensure they were up to date and reflected people's current needs.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.