

Pathways North West Limited

Pathways (North West)

Limited - 136 Whalley Road

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 and 26 October 2017; the first day of the inspection was unannounced. We had previously carried out an inspection at the service in September 2016. During that inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always safely managed. Following that inspection, the provider sent us a plan which set out the action they were taking to meet the regulations. During this inspection we confirmed the required improvements had been made in relation to how medicines were managed in the service.

Whalley Road is a residential care home that provides accommodation, nursing care, support and rehabilitation for up to nine people with a mental illness or learning disability. The home is situated in the Accrington area of Lancashire. Accommodation is provided in single en suite bedrooms.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been responsible for managing the service since October 2016 and registered with CQC since 11 October 2017.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. The registered manager and staff were observed to have positive relationships with people living in the home.

One person who used the service told us they did not always feel safe in the home due to the behaviour of another individual. The registered manager told us they had taken action to involve external professionals and advocacy services in a review of this person's care and support needs. This should help to ensure people felt safe living in the home.

Systems were in place to ensure staff were safely recruited. People who used the service told us staff provided the right level of support to meet their needs and to achieve their rehabilitation goals.

People were supported to have 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.

Robust systems were in place to ensure the safe handling of medicines. People were supported to take responsibility for their own medicines whenever possible.

Care records we reviewed included information about the risks people might experience. Care plans were in place to help ensure staff provided the level of support necessary to manage the identified risks. Care plans were regularly reviewed to address any changes in a person's needs.

Regular checks took place to ensure the safety and cleanliness of the environment. People who used the service were responsible for cleaning their own bedrooms, with support from staff as necessary. Systems were also in place to reduce the risk of cross infection in the service.

Staff told us they received the induction, training and supervision they needed to be able to carry out their roles effectively. Staff demonstrated a commitment to providing high quality personalised care for the individuals who lived in the home.

Staff were able to demonstrate a good understanding of the legal frameworks under which people's placements at Whalley Road were arranged. The registered manager had taken appropriate action to apply for restrictions in place in an individual's best interests to be legally authorised.

People who used the service were encouraged to participate in activities which met their interests and helped to promote their health and well-being.

Records we reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff, as far as possible, to maintain a healthy diet.

We noted systems were in place to encourage people who used the service to comment on the care and support they received. However, improvements needed to be made to document the actions taken by the registered manager to address any negative feedback received in satisfaction surveys.

Staff told us they enjoyed working at Whalley Road. However, we received mixed feedback about the leadership and management in the home and the wider service. Whilst some staff told us the registered manager and provider were approachable and supportive, other staff felt their opinions were not always listened to. In addition, some staff told us that the confidentiality of information shared with senior managers was not always maintained as requested.

We received positive feedback from community based professionals regarding the quality of care provided in 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?

Good ●

The service was safe.

Staff had received training in safeguarding adults and were aware of the action to take should they witness or suspect abuse had occurred.

Appropriate action had been taken to address the impact of one person's behaviour on the atmosphere in the home to help people feel safe.

Staff had been safely recruited. There were sufficient numbers of staff available to meet the diverse needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices. Appropriate arrangements were in place to ensure any restrictions in place were legally authorised.

People were supported to maintain good physical and mental health through regular monitoring in the service and attendance at external appointments.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were supportive and would always help them to achieve their goals.

Staff demonstrated a commitment to providing high quality support and care.

People were encouraged to access independent advocacy services. This helped to ensure their views and wishes were genuinely considered when decisions were being made about their lives.

Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service were involved in reviewing the support they received. This helped to ensure the service was responsive to people's changing needs.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Staff told us they enjoyed working in the home. However we received mixed feedback about the leadership and management in the home and the wider service.

Regular checks had not been carried out to ensure that the fire alarm and emergency lighting in the home were functioning correctly. In addition, the fire risk assessment had not been reviewed since January 2016.

Although the provider carried out regular satisfaction surveys, it was not clear from the records we saw what action had been taken in response to negative feedback received. The manager told us action plans from future surveys would be fully documented.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 October 2017; the first day of the inspection was unannounced.

In preparation for our inspection, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we contacted the local commissioning team and the local Healthwatch organisation to obtain their views about the service. We also contacted eight community based mental health professionals to ask for their comments on the care people received in the home; the feedback we received is included in this report.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with five people who used the service. We also spoke with the registered manager, five members of care staff, one of the directors of the service, the business development manager and the clinical lead employed by the provider to work across the services they owned.

We looked at a sample of records including three people's support plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints' records, medicines' records, maintenance records, a sample of policies and procedures and audits.

Is the service safe?

Our findings

At our last inspection, we found medicines were not always safely managed in the home. This was because of the high numbers errors which had occurred when staff were administering medicines. During this inspection, we noted the required improvements had been made and, as a result, there had been a significant reduction in the number of reported errors.

All staff had received training in the safe handling of medicines. This included a workbook which staff were required to complete correctly before they were allowed to administer medicines. Staff were also observed to ensure they were competent to administer medicines safely although the registered manager told us these observations were not formally documented. We were told that, in order to reduce the risk of errors, medicines were administered by two staff.

We looked at the medication administration record (MAR) charts for people who used the service and found these were all fully completed. Medicines were stored in locked cupboards in people's individual bedrooms and appropriate arrangements were in place to ensure they were kept at the correct temperature.

There was a system in place for people who lived in the home to self-administer their own medicines once they had demonstrated they were able to do so safely. One person who administered their own medicines told us staff checked regularly to ensure they ensure they had taken them as prescribed.

We observed daily stock counts of all medicines were undertaken to help ensure people had always received their prescribed medicines. When we checked the stock of medicines for one person we found these corresponded accurately with the records held.

Appropriate procedures were in place for the administration of medicines prescribed on an 'as required' basis. Written protocols provided advice for staff about when such medicines should be given. Records we reviewed showed staff had documented the reasons for giving any 'as required' medicines and that these were in line with the protocols in place.

Four of the five people we spoke with told us they felt safe in the service. Comments they made to us included, "Staff here have never been nasty. I feel safe here", "I think it's a good place to be" and "It's alright here. I like my room."

One person told us one person was upsetting to them and others in the home. We discussed this with the registered manager who told us they were aware of the impact of the behaviour of one individual on the atmosphere in the home. They told us action had been taken to involve external professionals and advocacy services in a review of the person's care and support needs. This should help to ensure people felt safe living in the home.

Staff spoken with told us they had received training in safeguarding adults; records we reviewed confirmed this to be the case. Staff were able to tell us the correct procedure to follow if they witnessed or suspected

abuse. The registered manager told us safeguarding issues were regularly discussed in supervision sessions and staff meetings. They also maintained a log of all safeguarding incidents which had occurred in order to review whether appropriate action had been taken by staff and whether any lessons could be learned.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form which included a full employment history, two professional references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.

People who used the service told us there were always enough staff on duty to provide the support they needed. Staff we spoke with told us extra staffing was arranged if people required support to attend appointments or particular activities. The registered manager told us that cover for sickness and leave was usually provided by permanent staff completing extra hours or by bank staff who were familiar with the needs of people who lived in the home; this helped to ensure consistency and continuity of care for people. Our examination of the staff rotas confirmed staffing levels were provided at consistent levels.

Care records we reviewed contained information about the risks people might experience including those relating to deterioration in their mental or physical health, compliance with medication and the misuse of alcohol or substances. Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments were also in place for activities people were supported to undertake including overnight leave to see family members.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Whalley Road.

People who used the service were supported where necessary to contribute to the running of the household by carrying out daily living tasks such as cleaning and recycling waste. People were also supported to do their own laundry on a regular basis. We saw that all communal areas were clean and well maintained. We saw that all communal areas were clean and well maintained. Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary and regular checks regarding the cleanliness of the environment.

Records were kept of the support people who lived at Whalley Road would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

Is the service effective?

Our findings

People who used the service told us staff had the necessary skills to be able to support them effectively. Comments people made to us included, "Staff are brilliant", "Staff know how to support me" and "I would recommend this place to others. Staff have helped me to develop the skills I need to move on."

When we asked a community based professional their opinion of the service prior to the inspection they commented, "I would like to say that I am very happy with the service my client receives at Pathways North West. They have worked hard to build up a trusting relationship with him and he feels safe in this placement. I am happy for my client to remain in this placement."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can 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 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.

The registered manager and staff we spoke with had received training in and demonstrated a good understanding of MCA and DoLS. At the time of the inspection two people were subject to DoLS. We saw that care plans were in place which reminded staff that, although individuals were subject to DoLS, staff should continue to promote independence and access to the community. A community based professional commented, "People are free to come and go as they prefer unless there are legal frameworks in place to prevent this. Pathways trigger applications for DoLS when appropriate."

Two of the people who lived at Whalley Road were required to do so under restrictions placed on them by the Mental Health Act (MHA) 1983. Staff were able to tell us about the MHA status of the people they supported and any conditions placed on them due to a statutory order. Records we reviewed showed that where necessary staff supported people to access independent advocacy services.

We looked to see how staff were supported to develop their knowledge and skills. Staff we spoke with told us they completed an induction when they started work in the service. Records we reviewed showed an induction checklist was completed to ensure all required areas had been covered during the first two weeks of employment. New staff also completed shadow shifts with more experienced workers to help them understand the needs of the people they would be supporting. All the staff we spoke with told us they considered the induction had been comprehensive and helped prepare them for their role.

Records we reviewed showed that staff had received training to help ensure they were able to provide people with effective care and support. This training included areas such as equality and diversity, MCA and DoLS, mental health awareness, communication, infection control, safeguarding adults, first aid and food hygiene. Staff told us they found the training to be of good quality. The registered manager told us that, in addition to this mandatory training, a number of staff were being supported to study for a level 5 qualification in leadership and management. We noted that a central log was maintained of all training completed by staff and when required refresher training was due.

Records we reviewed confirmed staff received regular supervision and appraisal. We saw that staff received feedback on their performance and were supported to consider their training and development needs on an on-going basis.

We looked at the systems in place to ensure any changes to people's needs or support plans were communicated across the staff team. Staff we spoke with told us they received a handover at the commencement of each shift. We saw that a written record was maintained of each handover. The service also had a communication book in place which helped to ensure staff had all the up to date information they required to provide the support people needed.

We asked staff how people's nutritional needs were monitored and met in the service. We were told some people who lived at Whalley Road cooked independently and received a daily budget for their food shopping. Staff told us they would always encourage people to make healthy food choices although they acknowledged they were unable to prevent people from choosing unhealthy options if they wished to do so.

Staff prepared the evening meal for those people who did not cook independently. Staff told us they had gathered the views of people who lived at Whalley Road regarding the meals they liked. They told us they were aware of people's dietary and cultural needs of people who lived in the home. Arrangements were in place to ensure appropriate food choices were available to people. We were told that people were able to access the kitchen whenever they wanted to in order to prepare drinks and snacks. We saw that fresh fruit was available for people throughout the inspection. The service had received a 5 rating from the national food hygiene rating scheme in July 2016 which meant they followed safe food storage and preparation practices.

From the records we looked at, we saw people in Whalley Road were supported to access health care services in relation to their mental and physical health needs. These included appointments with dentists, opticians and GPs. Staff also completed monthly checks with people to support them to maintain good physical health. Health action plans were in place to identify people's needs in relation to their physical health and included the action staff should take to support people to meet these needs.

Is the service caring?

Our findings

People who used the service told us staff were supportive, caring and helped them to achieve their goals. One person commented, "Staff know if I'm anxious. They ask me if I need anything and are always there if I need to speak with them."

During the inspection we observed positive interactions between all staff and people who used the service. We saw that staff encouraged people to participate in scheduled activities and provided support when necessary throughout the inspection. The registered manager also encouraged staff to spend one to one time with people whose mental health needs at the time of the inspection meant they needed additional support.

We saw that the service supported people to be involved in making decisions about the care and support they required. The service used the 'Recovery Star' to engage people in discussions about their support needs; this is a nationally recognised tool which supports people who use services to work collaboratively with staff to identify what is important to them and the goals they wish to achieve. One staff member told us, "We see people as individuals. They may have the same diagnosis but need different pathways of support."

We saw people had signed care plans to indicate their agreement with the level of support which they were to receive. We noted all care records were held securely. This should help ensure the confidentiality of people's personal information.

Policies were in place to ensure people who used the service were treated with dignity and respect. Within these policies staff were advised to recognise and try to prevent any barriers people who used the service might experience when accessing support due to stigmatisation and stereotyping by others. We noted all staff had completed training in equality and diversity and that relevant policies and procedures contained information about staff responsibilities under both the Equality Act 2010 and the Human Rights Act 1998. This showed the provider understood the importance of ensuring people were not discriminated against and their rights were protected.

We saw people had individual bedrooms with en suite facilities. People were able to maintain their privacy as they had a key to lock their bedroom. We saw that people had signed an agreement to consent to staff accessing their room in the event of an emergency or if they had concerns for their health and safety.

All the staff we spoke with demonstrated a commitment to providing high quality support and care in order to help people who used the service meet their rehabilitation goals. One staff member told us, "I would be happy to live here. I think people get good care."

People who used the service told us staff would always support them to be as independent as possible. One person commented, "Staff have supported me in different ways, giving me my independence back. I'm self-catering now and self-medicating."

Prior to their admission to the service people were given a service user guide which contained information about the support they could expect to receive during their stay at the home, including the house rules and how they could get their views heard and acted upon. The registered manager told us people were encouraged to access independent advocacy services. This helped to ensure their views and wishes were genuinely considered when decisions were being made about their lives.

Is the service responsive?

Our findings

We saw that a comprehensive assessment was completed by the registered manager before people were accepted to the service. We saw that each assessment included a recommendation about whether the service was appropriate for the individual's needs. The registered manager told us that a transition plan was put in place before people moved into Whalley Road. This allowed them to make a decision about whether they wanted to accept the offer of a place at the home and whether they were willing to accept the 'house rules'. We were told this transition period also allowed people who already lived in the home to get to know the individual. In addition, staff were also able to make an assessment of the compatibility of all the individuals to live together.

We looked at the care records for three people who used the service. We noted these contained detailed information regarding people's health and social care needs. We saw that there was a system in place to ensure people who used the service were involved in reviewing and amending their support plans as their needs changed. People we spoke with confirmed they had been involved in regular review meetings both with staff from Whalley Road and with other professionals involved in their care. One person told us, "[Name of keyworker] goes through my support plan with me. They will change anything I want but I am happy with how things are."

We saw that the registered manager had developed 'one page profiles' for both people who used the service and staff. These profiles were on display in the dining room. We were told the profiles were used to help people who used the service to choose a keyworker, based on personality or shared interests. All the people we spoke with told us they got on well with their keyworker and were able to discuss their needs and goals with them.

People who used the service had an individual weekly activity planner which was agreed between them and the staff who supported them. In addition to completing household tasks to develop their daily living skills, people were encouraged to participate in activities outside of the home either on an individual or group basis. This included attendance at local community groups, swimming and local walks.

We saw that in March 2017 the provider had asked people who used the service to complete a survey regarding the activities provided in the home and the local community. We noted that the responses had been analysed and the summary of responses documented that people were generally satisfied with the range of activities provided. The analysis also recorded that the promotion of self-esteem through activities seemed to be most valued by people.

Records we reviewed showed a weekly meeting took place between staff and people who lived in Whalley Road. These meetings were used to discuss any issues in the home such as health and safety and infection control. Suggestions for future activities were also discussed as well as service developments.

We looked at the system for managing complaints in the service. We noted a complaint's procedure was in place that provided information about the process for responding to and investigating complaints. All the

people we spoke with during the inspection told us they knew how to make a complaint if they were dissatisfied with the support they receive. Four of the five people spoken with were confident their concerns would always be taken seriously. Comments people made included, "I have reported minor concerns in the past and they have always been dealt with" and "I know how to complain but haven't needed to do so."

We looked at the complaint's log maintained in the service and saw that two complaints had been received since the last inspection. We saw the registered manager had taken action to investigate both complaints and provided feedback to each complainant. It was noted that both people were happy with the response they had received and the outcome of their complaint.

Is the service well-led?

Our findings

Although staff we spoke with told us they enjoyed working in the home, we received mixed feedback about the leadership and management of the service. Some staff told us they felt well supported by the registered manager and the provider. Comments these staff made to us included, "[Name of registered manager] is one of the best managers I've worked for. If I ever need him he's very understanding and supportive" and "It's almost like a family here. We can make suggestions and try things out." However, other staff commented that they did not always feel their opinions were listened to by senior managers. Some staff were also concerned that the confidentiality of information shared with managers was not always maintained as they had requested; as a result they felt reluctant to raise any concerns they might have about the way the service was run or how they were treated as employees.

With staff permission we discussed these issues with both the registered manager and one of the directors of the service who visited the home during the inspection. They told us some of these concerns had been raised at a recent staff meeting that they had attended and that they intended to take action to help improve staff morale and the culture of the service. In addition, they told us they had recently introduced a 'whispers' system that enabled staff to raise concerns anonymously via e-mail with senior managers.

We looked at the systems in place to monitor the quality and safety of the service. We noted weekly checks were scheduled to be undertaken to ensure that the fire alarm and emergency lighting were functioning correctly. Our review of records relating to these checks showed they had not been completed since 7 September 2017. In addition the fire risk assessment for the premises had not been reviewed since January 2016; this meant there was a risk that the safety of people living and working in the home would be compromised in the event of a fire. The registered manager told us the responsibility for completing these weekly checks had been delegated to staff, although they acknowledged that they had failed to monitor whether they had actually been carried out. Prior to the end of the inspection we saw that a member of staff had completed the required checks. The registered manager told us they would review the systems in place to ensure delegated tasks were carried out in a timely manner.

We noted the provider regularly asked people to complete surveys relating to various aspects of their care in Whalley Road. In November 2016, the provider had asked people questions relating to their safety in the home. When we reviewed the responses to this survey we saw that two of the nine respondents had stated they did not always feel safe. Within this survey two people had stated they had tried to make a complaint about their care in Whalley Road but did not feel they had been taken seriously. We therefore asked the registered manager what action had been taken at the time in response to the feedback received. They told us that the survey had been completed at a time when one person was very unwell which had impacted on the atmosphere in the home. Following the discharge of the person, the registered manager told us they had taken action to speak with the remaining service users both as a group and individually. They told us people had confirmed they felt the home was much more settled and that they felt comfortable living there. They also told us any complaints received had been dealt with and actioned appropriately. However they acknowledged that it was not clear from the analysis of the survey results what action had been taken. They confirmed they would ensure actions taken would be fully documented for all future surveys.

At our last inspection, we found the approach of managers to address medication errors was not effective. During this inspection, we found improvements had been made and as a result there had been a significant decrease in the number of recorded errors. Records we reviewed showed lessons learned from these errors were documented as well as any required action for staff to follow to reduce the risk of further errors from occurring.

We noted that it had been agreed from the review of the most recent error in August 2017 that staff would wear tabards to alert people using the service that they were in the process of administering medicines and therefore reduce the risk of distraction. However, we observed staff did not follow this agreed procedure on either day of the inspection. When we discussed this with the registered manager, they told us they were aware that staff were not following the agreed procedure. They advised us they felt it was because staff considered the wearing of a tabard was institutionalised and did not fit with the ethos of the home. However, we did not see any evidence that a diversion from the procedure had been formally agreed by the registered manager or that they had sought the views of people who lived in the home about the wearing of tabards by staff. The registered manager told us they would ensure the matter was discussed at the next service user meeting and that the administration procedure would be amended if necessary following feedback received.

The provider had a system of audits in place including those related to the infection control, first aid, care plans and the management of people's monies. These audits were designed to help ensure the provider was meeting required standards.

We saw evidence of regular staff meetings. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. The provider also offered a weekly reflection group for all staff. This group was facilitated by a manager from another part of the service and provided staff with the opportunity to discuss how best to support the individuals who lived in the home. With permission from all attendees, we observed part of the session held in the service on the second day of the inspection. We noted staff were also able to utilise the sessions to receive emotional support relating to any personal and professional issues which might impact on their ability to carry out their role effectively. Staff we spoke with told us the reflection sessions were always beneficial and supportive.

We were told the provider had recently been successful in renewing the Investors in People accreditation. We noted the feedback in the report stated, 'The professional, positive and open way in which people have engaged in the process is a credit to Pathways Northwest.'