Pathways Care Group Limited

Harmony House

Inspection report

Cuthbert Street
Hebburn
Tyne and Wear
NE31 1DJ

Tel: 01914835588

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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

Harmony House is registered to provide accommodation for people who require nursing or personal care to a maximum of 37 people. At the time of inspection 28 people were using the service. Support is provided to younger adults with mental health needs and older adults who live with dementia or a learning disability. Nursing care is not provided and any needs in relation to nursing care are met by the local community nursing services.

At the last inspection in April 2015 we had rated the service as Good. At this inspection we found the service remained Good and met each of the fundamental standards we inspected.

People said they were safe and staff were kind and approachable. There were sufficient staff to provide safe and individual care to people. We considered more ancillary hours were needed to maintain the cleanliness of the building. This has been addressed and ancillary hours have been increased.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Appropriate training was provided and staff were supervised and supported. People were able to make choices where they were able about aspects of their daily lives. We advised people's decision making could be further encouraged with the use of visual prompts where they no longer responded to verbal prompts. People did not always receive a varied and balanced diet to meet peoples' nutritional needs. This has been addressed and new menus have been devised with people.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way.

Risk assessments were in place and they accurately identified current risks to the person. People's privacy and dignity were respected. Records were in place that reflected the care that staff provided. People said staff were kind, patient and caring. Activities and entertainment were available for people.

There was a good standard of record keeping to help ensure people received person centred care. Communication was effective amongst staff but we considered a written handover would assist in ensuring people's health and well-being were appropriately monitored.

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.

Staff and people said the management team were approachable. They were positive about the changes that

were being made within the home. Communication was effective to ensure staff and people were kept up to date about any changes in the running of the service.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

People had the opportunity to give their views about the service. They were supported to maintain some control in their lives. There was consultation with people and staff and their views were used to improve the service. People had access to an advocate if required.

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**

Harmony 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 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 comprehensive inspection took place on 4 July 2017 and was unannounced.

It was carried out by 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 a service for older people and younger adults with mental health needs.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding teams.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with 12 people who lived at Harmony House, the registered manager, the deputy manager, five support workers including two senior support workers, one maintenance person and one member of catering staff. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for five staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People who used the service expressed the view that they were safe at the home. One person told us, "I feel very safe and secure here, because the building is very secure." Another person commented, "I think there are enough staff around to meet my needs. I like to be independent, so I don't really want them standing over me all the time." A third person said, "I feel safe here, the front door is locked and security coded." Other peoples' comments included, "Staff know what to do to keep me safe", "Staff always see that I am safe and comfortable sitting in the lounge", "Staff are there to check I'm okay" and "I like the security of the building."

We considered there were enough staff to provide care and support to people. The registered manager told us the service had two wings, one supporting people with mental health needs called Harmony, the other wing, South View, supported older people living with dementia or a learning disability. There were 28 people living at the home at the time of inspection. Staffing rosters and observation showed Harmony accommodated 17 people who were supported by two support workers. South View accommodated 11 people and they were supported by three support staff including one senior support worker. These numbers did not include the registered manager and deputy manager. Overnight staffing levels included two waking night staff. Most people told us there were sufficient staff to support them. One person told us, "Staff are around now and again (not always) because they are occupied with other people, but I don't really mind." Another person said, "I think there are enough staff, but I always think the more the merrier."

We had concerns there were not sufficient hours dedicated to the cleanliness of the buildings as there was a malodour in some areas of the buildings and some areas were not clean. The registered manager told us two domestic staff were employed from 8:00am until 12:00pm over five days of the week, one person allocated to each building. When they were not on duty support workers tried to ensure there was an adequate standard of cleanliness. We considered this could detract from the direct care and support that support workers provided when they were carrying out ancillary tasks. One person told us, "The gent's lavatory is not so pleasant and smells." Another person said, "I like to see a tidy place but sometimes cups are left lying around the floors." We discussed this with the registered manager who had identified more domestic hours were required. After the inspection we were told this had been addressed by the provider and more domestic hours had been allocated. Current domestic staff had increased their hours until an additional member of domestic staff was recruited. An advertisement had been placed for another domestic staff member.

Staff had an understanding of safeguarding and knew how to report any concerns. Records showed and staff confirmed they had completed safeguarding adults training. They were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. One staff member told us, "I'd tell management."

Individual risk assessments were in place and there was a system of regular review to ensure they remained relevant, reduced risk and kept people safe. Evaluations included detail about the person's current situation. The risk assessments included risks specific to the person such as for moving and assisting, epilepsy, smoking and pressure area care.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

The provider had arrangements in place for the on-going maintenance of the building. There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. At the time of inspection work was being carried out to ensure the building was safe in the event of a fire. The fire service had visited and carried out a fire risk assessment. The recommendations that had been made were being actioned. Some fire doors and the fire detection panel for the whole building were being replaced. The registered manager had put in place interim measures to keep people safe. Smoke detectors had been placed in parts of the building where the work was being carried out when a fire alarm was not operating. Staff were carrying out half hourly checks around the building.

Records we looked at included, maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

Good

Is the service effective?

Our findings

We received varied comments about food provision. One person told us, "I occasionally get sick of the same menu, but staff let me use the skills kitchen to make alternative food and cook what I want." Another person commented, "The food is similar every day, mashed potato and chips, there's no variety." A third person said, "Food in the home is brilliant, the chef's a very experienced cook and know what to cook to please people." Other comments included, "If you want something else you just need to give the chef two hours' notice" and "I like the quality of the food, but it has been too much of the same for too long now."

Menus showed a choice and substantial alternative was available at the main meal. However, we considered the menus were not always nutritionally balanced and did not provide a varied diet to people. There was a lot of carbohydrate served at each meal. On the day of inspection the lunchtime meal was cottage pie and chips or chili with rice and chips followed by jam roly-poly and ice cream. Other examples on menus included corned beef hash or pie, curry or pie and cake and custard or crumble and custard which were available four days of the week. We discussed this with the registered manager who told us it would be addressed with the chef. After the inspection we were informed that the chef had revised the menus with people so they were more nutritionally balanced.

We looked around the kitchen and saw it was stocked with fresh, frozen and tinned produce. We spoke with the chef who was enthusiastic and aware of people's different nutritional needs. They told us people's dietary requirements such as if they were vegetarian or required a culturally specific diet were checked before admission to ensure they were catered for appropriately. They told us they received information from the senior staff when people required a specialised diet.

Staff were aware of people's different nutritional needs and any special diets that were required. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. We noted that the appropriate action was taken if any concerns were highlighted. For example, a speech and language therapist had become involved when required. Staff kept people's nutritional well-being under review and recorded their weight each month.

Staff told us and training records showed they were kept up-to-date with safe working practices and received opportunities for training to understand people's care and support needs. One staff member told us, "I'm in the middle of doing diabetes and management training as well." Another member of staff commented, "I'm doing level 3 in health and social care at the moment." A third staff member said, "I'm doing a behavioural course. We do face to face and e-learning training."

A staff training matrix showed that a range of courses took place to ensure they had the knowledge to meet peoples' care and support needs. Staff training courses included, dignity in care, management of diabetes, understanding autism, mental health, positive behaviour, palliative care, mental capacity and deprivation of liberty safeguards.

Staff members were able to describe their role and responsibilities. Newer staff told us when they began

work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. They told us they studied for the Care Certificate in health and social care as part of their induction. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Staff were supported in their role and received regular supervision from one of the home's management team every two months. One staff member told us, "I have supervision every two to three months." Another staff member said, "The registered manager and deputy are in the office, if you need them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure 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. 14 DoLS applications had been authorised by the relevant local authority. There was evidence of mental capacity assessments and best interest decision making in people's care plans.

Staff told us communication was effective to keep them up to date with people's changing needs. A verbal handover session took place, between staff, to discuss people's needs when staff changed duty, at the beginning and end of each shift. This was to ensure staff were made aware of the current state of health and well-being of each person. We discussed with the registered manager the benefits of a written handover that included prompts such as people's mood, health and well-being as this would assist communication about peoples' needs. The registered manager told us communication had improved and a diary and separate communication book were used on each unit..However, they would address our comments.

One staff member told us, "We have a communication book and a handover book as well as a verbal handover when we come on shift." Another member of staff commented, "Staff are working well, communication is better."

People were supported to maintain their healthcare needs. People's care records showed they had regular input from a range of health professionals such as, General Practitioners (GPs), community psychiatric nurses, a speech and language team (SALT), dietician and psychiatrists. Records were kept of visits. One person commented, "Staff show me empathy and take me to the doctors, talking to me as we go there." Another person told us, "I am happy that I get my medicines on time."

Good

Is the service caring?

Our findings

Staff appeared to have a good relationship with people and knew them well. All people were overwhelmingly positive and appreciative of the support they received. One person told us, "Care staff are great." Another person commented, "Staff are caring and compassionate towards me." A third person said, "I could not fault the staff for their caring nature, when you have any troubles, staff sit me down and talk to me on my own and spend as long as it takes to resolve any issues." Other peoples' comments included, "I am more than happy with the care I receive-it's no less than from my own family", "I get motherly support from the registered manager, when I feel down", "Staff are very attentive and listen to me" and "I trust staff will look after me in the way I really want them to."

The atmosphere in the home was calm and friendly. Staff promoted positive and caring relationships. People were spoken with considerately and we observed people were relaxed with staff. We observed staff spent time sitting with people on both units and interacted well with them. People moved around the home as they wanted. Care was provided in a flexible way to meet people's individual preferences. People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in and go to bed when they wanted.

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. Staff described how they supported people who did not express their views verbally. Care plans provided information to inform staff how a person communicated. Care plans included details about peoples' choices. This encouraged the person to maintain some involvement and control in their care.

Staff gave examples of asking families for information, showing people options to help them make a choice such as showing two items of clothing. People told us they were kept involved in decision making about their daily lives. One person said, "Staff just make you feel involved by asking what would you like to do today?" Another person commented, "Staff always ask what your plans are." A third person told us, "Staff always ask if what they do for me is fine and I think that's great that they ask for clarification." Other peoples' comments included, "Staff will ask me what my plans are and ask if I want to be participate in what they've planned" and "Staff always ask me for my opinion."

People's privacy and dignity were respected. One person told us, "Staff genuinely respect your privacy and you can go to your room whenever you want." People looked clean and well presented. We saw staff members asked people's permission and knocked before entering their bedrooms. Care plans also provided information for staff to promote people's privacy and dignity. Records were held securely and policies were available for staff to make them aware of the need to handle information confidentially.

We observed the lunch time meal in the two dining rooms of the home. The atmosphere was calm and friendly and staff laughed and joked with people and tried to ensure people received a pleasurable dining experience. People sat at tables that were set with tablecloths and placemats. People were offered protective clothing if required at mealtimes to keep their clothing clean. They were offered juice and tea and

coffee during the meal. We observed on one of the units staff verbally explained to some people the choice of meal available, this was not always effective as some people no longer recognised the verbal prompt. We advised staff to show people two plates of food to help their decision making as they could see and smell the food. This did help some people and they were able to be involved in selecting their meal preference. We discussed this with the registered manager that people may continue to be involved in decision making with visual as well as verbal prompts. They told us it would be addressed. When staff did provide assistance or prompts to people to encourage them to eat, did this in a quiet, gentle way. For example, "Do you want to put your milk in your cup?, brilliant."

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people.

Good

Is the service responsive?

Our findings

People confirmed there was a choice of activities available. One person told us, "Staff have got me involved in day trips. I have been to Beamish open air museum and I'll be going to Flamingo Land very soon." Another person commented, "I like to get out and about, I'll be going to Flamingo Land. I get taken out to restaurants for meals." A third person told us, "It was my birthday and I had a party and a birthday cake." Other peoples' comments included, "Staff take me to functions for my birthday", "I go out shopping" and "I like playing pool but we need a new cloth on the pool table, as its difficult to play on a ripped cloth."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met.

Care plans provided some instructions to staff to help support people to learn new skills and we discussed that they should be broken down into tasks so staff were aware of the support they had to provide and what the person could do to maintain or regain some independence. People told us they were supported to become more independent in aspects of daily living. One person commented, "To maintain my independence it's a joint effort between myself and the cleaner to keep my bedroom tidy." Another person told us, "I want to go to college to get a qualification in cooking. Staff let me use the skills kitchen to practice and encourage me to make cakes for all areas of the home." A third person said, "Staff have been a great help to me and taught me to operate the washing machine and they've stood over me until I've been able to use it." Other peoples' comments included, "Staff really encourage me to be independent and ask you to do small jobs, and when you're comfortable they show you the next step" "Staff encourage my interest to study and make a career in joinery" and "I need help with public transport to visit friends and staff support me with that."

People's care records were kept under review. Regular evaluations were undertaken by support staff and care plans were updated following any change in a person's needs. People said they were involved in discussions about their care and support needs. One person commented, "I have a great relationship with my support worker and they go through care plans with me every month." Another person told us, "Staff sit with me every month for a chat to see if my views and requirements have been met." A daily record was available for each person which provided some detail about people's daily progress in order to monitor their health and well-being.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Written information was available that showed people of importance in a person's life. People told us they were supported to keep in touch and spend time with family members and friends. One person commented, "My [Name] visits once a month and I visit them twice

a week." Another person said, "Staff keep me informed about [Name]."

People told us regular meetings took place with them to discuss the running of the home and to obtain ideas for menus and activities and outings. Minutes were kept of meetings. One person told us, "Staff encourage us to attend meetings to allow them to listen and to learn about our views."

People told us they knew how to complain to if they needed to and expressed confidence that issues would be resolved. They said they would speak to the registered manager or a senior member of staff if they had any concerns. One person commented, "I raised a complaint and the manager resolved the case very well." Another person said, "I raised a complaint recently to staff, it got sorted, but it took longer than it should have done." A record of complaints was maintained and three complaints had been received. We advised personnel complaints should be logged separately. The registered manager told us that this would be addressed.

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had become manager in October 2015. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The registered manager had appointed a deputy manager to support them. All people and staff spoken with were positive about the management team. One person told us, "Management are very friendly." Another person said, "The manager is very responsive when you're feeling stressed and she sits with you to help you relax." One staff member commented, "Best manager we've had." Another member of staff said, "We work as a team." A third staff member told us, "Staff are working better together."

The registered manager and deputy manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and deputy manager were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted. There was evidence from observation, talking to people and staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff told us they thought communication was good and they were kept informed about the running of the home. They could give their views. One staff member commented, "Everything is fine. I feel listened to." Staff said they attended regular meetings with the registered manager or deputy manager and minutes of meetings were available for staff who were unable to attend. Meeting minutes from May 2017 showed topics discussed included staff performance, resident well-being, infection control, communication and health and safety. Meetings kept staff updated with any changes in the service and to discuss any issues. Staff meetings also discussed any incidents that may have taken place. The registered manager told us if an incident occurred it was discussed at a staff meeting. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Auditing and governance processes were in place to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. A monthly risk monitoring report that included areas of care such as safeguarding, complaints, infection control, pressure area care and serious changes in a person's health status was completed by the registered manager for analysis by head office.

The registered manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and their relatives. A survey had not yet been carried out for 2017 but there were plans for a survey to be carried out in order to collect people's views about the service.