

## Pathways Care Group Limited

# Parkdale

### 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

This inspection took place on the 15 and 18 June 2018 and was unannounced. The inspection team consisted of one inspector. The service was previously under a different provider and was recently purchased by Saluitem Healthcare Group.

Parkdale is a care home that provides accommodation and personal care for up to six people who have a learning disability and may have a physical and/or a sensory disability. There were six people living in the service when we inspected. The service is located in a residential road in Colchester, Essex. Each person has a single room and there is a communal bathroom, shower room, kitchen, dining room and lounge. There is a rear enclosed garden at the back of the bungalow with level access.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, in April 2017, the service was rated Good overall with requires improvement in Effective and Well Led. This was because we found concerns relating to staff not receiving appropriate training and supervision and we could not be assured that the registered manager had oversight of the running of the service. At this inspection, we found the service remained Good in Safe, Caring, Responsive and improvements had been made within the Effective and Well Led domain.

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

The service was safe. The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had a good management and monitoring structure in place for medication.

The service was effective. People were cared for and supported by staff who had received training to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good

understanding of people's preferences. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was Well Led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager told us that current systems and processes were being updated and improved.

## 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 remains Good.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role, in addition staff were now receiving regular supervision.

Staff supported to meet their needs and their nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well-led.

There was effective oversight and support from the provider.

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement.

The service had an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

# Parkdale

## 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 the 15 and 18 June 2018, and was unannounced. The inspection team consisted of one inspector.

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. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Some people were not able to talk with us to express their specific views about the service so we spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, one senior carer and two of the support staff. We reviewed three people's care files.

We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager and deputy manager.

## Is the service safe?

### Our findings

People told us they felt safe residing in the service, one person told us, "I feel safe in the home and the care and support I receive is good."

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager staff stated they would contact the provider and/or other external agencies, such as, Adult care services Staff knew about the provider's whistleblowing policy and procedures. Staff had all the information they needed to support people safely. All staff were involved supporting people and risk assessments were kept up to date to ensure people's safety either when they accessed the community, used public transport or used the service's vehicle. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working in the service.

The registered manager informed us that the service reviewed staffing levels of the service monthly as to ensure that the service had sufficient staff in place to meet the needs of people using the service. The manager and staff told us that there was enough staff to meet people's needs however; additional staff support could be deployed as and when required. For example, when people went into the community for days out the service deployed more staff to ensure the safety of all the people inside and outside the service at the time. This was confirmed by our observations of care people received and records reviewed.

The provider had a robust recruitment process in place which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people.

We found that people using the service were being cared for in a safe and clean environment. People's rooms were decorated to each person's interests and likes which showed the service gave people choice and respected everyone. The registered manager informed us, "People were supported in finding a theme they wished to have in their room and the service ensured that needs were met as they felt this helped people settle into the service."

People received their medication as prescribed. We found all medication administration charts (MARS) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby people were reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication. One person informed us that they received their medication on time and knew what time they had to attend the medication room. Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

## Is the service effective?

### Our findings

At our last inspection this domain was rated requires Improvement, this was due to the service failing to provide evidence that all staff had received appropriate training to support people as well as evidence that staff were receiving formal and recorded supervision. At this inspection, we found staff had a good level of skills, experience and support to enable them to effectively meet people's needs. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs.

People and their relatives told us that they found staff to have a good knowledge of their needs, which meant they received good quality care. One person told us, "The manager and staff look after us very well, I have been here a while and I really like it."

Staff we spoke with confirmed that they had completed an induction and that it had included opportunities where they shadowed a more experienced member of staff. This was so that they could learn how to support people effectively and understand the specific care needs of people using the service.

Staff records we reviewed showed us that staff had received a wide range of training appropriate to their role. One staff member said, "The training is good we cover a range of interesting subjects that helps me to do my work." Another said, "When we do our training we often sit in a group and this helps us all have the same level of understanding." Some staff told us they had completed a national qualification this being National Vocational Qualification in Care and other staff held professional qualifications as nurses and social workers. People were cared for by well trained staff.

Staff felt supported by team meetings, formal and informal supervision and they had a structured opportunity to discuss their practice and development. One staff member informed us, "The manager makes the team feel welcomed, we can ask them anything and they will always support us and involve us in decision making".

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.

One member of staff told us, "Some of the people we support are not able to make a decision about their safety, so we support them to make decisions and ensure their safety all of the time in line with the MCA guidelines." Where people had been assessed as, lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to manage the risk ensuring that people's wishes and feelings were being respected and decisions were made in people's best interest.

People said they were supported to have enough food and choice about what they liked to eat. We observed staff supporting people to prepare a meal for themselves and other people using the service. The person

informed us that they were pleased to be able to make a meal for everyone. They added, "We always have plenty to eat and drink and no one ever goes without".

People's healthcare needs were monitored and supported through the involvement of a range of relevant professionals such as General Practitioner (GP) and nurse specialists. We found that people received appropriate healthcare support to meet their diverse needs. People and most relatives were happy with the level of healthcare support provided and told us that they were kept informed about people's health and wellbeing.

## Is the service caring?

### Our findings

Staff told us they interacted with people in a respectful manner. Our observations showed staff to be kind, caring and support people in a compassionate manner.

People and their relatives were actively involved in making decisions about their care and support. Family members told us that they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with everyone, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

## Is the service responsive?

### Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. For example, the one person was supported to attend day centre every week and had continued to do so for many years.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed and in the way the person preferred. People's strengths and levels of independence were identified and appropriate social activities planned. The support plan was regularly updated with relevant information as people's care needs changed. This told us that the care provided by staff was current and relevant to people's care and support needs.

We noted that everyone had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place, which had been drafted by the registered manager, which was appropriate and relatives had been involved in the decision making. This information had also been incorporated in everyone's end of life care plan.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

## Is the service well-led?

### Our findings

At our last inspection in May 2016 and April 2017 we found that the provider had not consistently supported the service with the information they needed to ensure people were receiving care and support in a safe manner and in line with the current regulatory standards. At this inspection the service now been purchased by a new provider. The registered and staff informed us of how well supported they had been since the new provider took over.

During the inspection we spoke to the regional manager who informed the new structure of the organisation meant they could better support registered managers and staff in their area, in addition they also felt supported in their role by the new management team. The manager informed since the new provider came in we have seen a better provision of support this being, we have a designated training team that the manager was in regular contact with. In addition, the registered manager now had a deputy manager who support them in the running of the service.

The registered manager was visible within the service and we were informed that in their absence people were supported by support workers that looked after the service and kept them up-dated of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives. The registered manager divided their time between this service and another service owned by the same provider and maintained regular contact with staff in both services.

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 benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify specific areas of improvement and gave relatives an opportunity to give feedback to staff.

The service had effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication and infection control. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising

from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept confidential and secure.

The registered manager informed that the service was continuously using past and present incidents as learning experiences for both staff and people using the service.

The registered manager met with other health professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make changes to people's support plans. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.