

Pathways Care Group Limited

Stanway Villa

Inspection report

9 Nursery Close
Stanway
Colchester
Essex
CO3 0RL

Tel: 01206769400

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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

About the service

Stanway Villa is a residential care home providing personal care to seven people at the time of the inspection. The service supports people who have a learning disability, who may also have an autistic spectrum disorder and/or a physical disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a larger home, bigger than most domestic style properties. It was registered for the support of up to eight people. Seven were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Stanway Villa provided a homely environment and promoted a positive and inclusive culture. People received planned and co-ordinated person-centred support that was appropriate for them. Management and staff supported people to have maximum choice and control of their lives in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Safe recruitment practices ensured the suitability of newly appointed staff coming to work in the service. People were supported by enough staff with the right experience, training and skills to meet people's needs. Staffing levels were flexible and supported people to follow their interests, take part in social activities and, where appropriate, education and work opportunities.

People had the support they needed to manage their anxieties in a positive way. Management and staff had worked well with other professionals to ensure people received the support they needed to stay safe.

Medication was managed safely and administered correctly. People were supported to maintain good health. They received continuing healthcare support to meet their needs and had prompt access to healthcare professionals when they became unwell. Staff promoted healthy eating. They supported people

to balance choice with healthy options and people's preferences contributed to the menu planning.

People's communication needs had been assessed and the service was meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific approach for providers of health and social care to meet the communication needs of people with a disability, impairment or sensory loss.

The registered manager was knowledgeable, inspired confidence in the staff team and led by example. Quality assurance systems were robust and helped to ensure the service was of good quality, safe and continued to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 June 2018) and there were breaches of regulation. We received information from the provider after the last inspection telling us what they had done to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Stanway Villa

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Stanway Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to three people, but not everyone chose to or were able to communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us. We spoke with two relatives. We looked at records in relation to three people's care.

We spoke with the registered manager and two care staff. We looked at records relating to the management of the service, staff recruitment and training, medicines management, complaints and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider seek advice and improve the security and safety of the building in relation to the windows and fencing. At this inspection we found the provider had made improvements.

- The provider had replaced the windows to the building and erected new fence panels, which improved the security of the building.
- At the time of our inspection work was in progress to address failings found by a fire risk assessment by upgrading the environment to keep people safe and follow fire safety regulations.
- Fire evacuation procedures were planned for and practised to ensure staff and people using the service understood what to do in case of a fire.
- Staff assessed risk to people's health and welfare and put in place plans to support the individual and minimise any identified risk.
- Staff protected individuals and managed risks to their safety well. They supported people to take positive risks to promote their well-being and independence.

Staffing and recruitment

At our last inspection we found the providers recruitment process was not safe. Pre-employment checks were not always carried out and recorded before new staff commenced work to ensure they were suitable to work in the role. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvement.

- The provider carried out safe recruitment practices. Pre-employment checks were undertaken on staff suitability before they began working in the service.
- Staffing levels were based on people's individual needs and fluctuated on a day to day basis according to the type and level of support each person needed throughout a day.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had a full awareness and understanding of abuse and their responsibilities to protect people. They had received training in safeguarding and relevant policies and procedures were in place to guide them.
- Staff provided support with sensitivity and were respectful in their approach.
- The registered manager and staff had recently worked jointly with the local authority and other healthcare professionals to support and safeguard people in their care. Following this work a social worker wrote, 'I have always found Stanway Villa to be a pleasant and caring environment, residents are happy and settled,

staff are always happy to help and professional in their work. Stanway Villa is a homely environment, not at all institutionalised or clinical.'

- Appropriate arrangements were in place to review and investigate events and incidents, and to learn from these.

Using medicines safely

- People received their medicines in a safe and supportive way and as prescribed.
- There were robust systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if any errors were found.
- Staff had received training to administer medicines and were assessed as competent to do so, they had completed medicine administration records (MARs) correctly.

Preventing and controlling infection

- The home was clean and hygienic.
- Staff had received relevant training in food hygiene and followed required standards and practice when preparing and handling food.
- The food hygiene rating of '5' had been awarded following an inspection by the local authority.
- Following a risk assessment for legionella preventative work had been carried out to meet requirements to prevent and control the risk of legionella infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure staff received the right training, a robust induction and regular support. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs. Staff received a range of training to ensure they were able to meet people's needs effectively.
- Systems were in place to ensure the manager was aware of staff skill and competencies and when each staff member was due for refresher training.
- Supervision and appraisal systems, and staff meetings were used to develop and motivate staff, review practice and address any concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed and comprehensive care assessments fully considered each individual diverse needs and choices with expected outcomes. People together with their key workers regularly reviewed their care and support needs.
- The service ensured people growing older with learning disabilities had the same access to care and support as everyone else for their health needs, in line with the Equality Act 2010.

Supporting people to live healthier lives, access healthcare services and support

- People's care records detailed the actions needed to maintain and improve the health of the individual and any help needed to achieve it. They showed people had access to various healthcare professionals and staff acted promptly when any healthcare concerns were identified.
- People received annual health checks, including a review of their medication and any long-term conditions such as diabetes.
- Hospital passports were in place to provide paramedics and hospital staff with important and relevant information about the person, and their health, should they need to go to hospital at any time. Hospital passports can also be used to aid assessment and planning of care, treatment and support.

Staff working with other agencies to provide consistent, effective, timely care

- Management and staff worked well with organisations such as district nursing team, community learning disability mental health teams, social workers and the hospice. They accessed support if people's needs increased or mental health deteriorated.
- Following recent joint working, a healthcare professional wrote to the registered manager, 'Your professionalism and support has been impeccable, and I could not fault your team.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Ensuring consent to care and treatment in line with law and guidance

- The Registered Manager had a good working knowledge of the Deprivation of Liberty safeguards and the key requirements of the Mental Capacity Act. They put this into practice effectively and ensured that people's human and legal rights were respected.
- Staff supported people to make choices and decisions throughout the day, and they were respected.
- Where people lacked mental capacity and where decisions needed to be taken in their best interest legal process was followed and appropriate people involved.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have sufficient amount to eat and drink.
- Staff promoted healthy eating and supported people to balance choice with healthy options.

Adapting service, design, decoration to meet people's needs

- The service provided a comfortable and homely environment for people, that was clean and hygienic.
- The premises were adapted and decorated according to individual support needs and preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, the rating is good.

This meant management and staff supported and treated people with dignity and respect; and involved them as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The atmosphere within the service was welcoming, relaxed and calm.
- Staff had developed positive and caring relationships with the people they supported. People were at ease with staff; they smiled and laughed with them and were positive about the care and support they received.
- Staff had a good rapport and interacted well with people; they showed warmth, understanding and kindness. Staff had a good knowledge about individual's needs, strengths, anxieties and how they communicated.
- A relative we spoke with became very emotional when trying to express how pleased they were with the care and support their family member received. They said, "Everyone is so wonderful, it is such a lovely place, I'm thrilled with the care my [family member] receives."

Respecting and promoting people's privacy, dignity and independence

- Interactions between staff and people they supported were respectful and promoted people's dignity, privacy, independence and diversity always.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people and ensured choice as much as possible throughout the day in relation to what they wanted to do, where they wanted to go and what they wanted to eat and drink.
- Each person had a key worker of their choice. Key workers met regularly with individuals to talk and listen to their views or any concerns they may have.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and the rating is good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was planned and centred on their individual and specific needs.
- Care and support plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support each person needed, in a way they preferred and how this was to be delivered.
- Staff supported people, where able, to develop and maintain independent living skills ranging from basic self-care to more extended activities such as meal planning, accessing the community and shopping. Following the success of a person moving on to supported living arrangements, a social worker wrote to the manager, 'I think [person's name] progress and the way they have flourished is a massive testimony to you all and you should be very proud of being facilitators of their beginnings of independence.'
- Bedrooms were personalised; they were decorated to reflect people's personalities and individual needs. People were encouraged and supported to individualise their rooms with items, photos and posters they favoured and meant something to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language.
- Alternative formats for information were used to meet individual's communication needs. Information in people's care records, menus, how to make a complaint, and the safeguarding process, was produced using symbols, pictures and in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided support that enabled people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community and access to social activities.
- There were regular opportunities for people to use local facilities, such as shops, cafes and garden centres.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure and process in place and available in alternative formats such as

pictorial and easy read.

- The registered manager and staff regularly checked to see if people were happy with the care and support they received and reinforced the procedure if they wished to raise any concerns or were unhappy about anything.
- The service had not received any complaints in the last eight years.

End of life care and support

- The service had good working relationships with healthcare professionals and specialists. This ensured people received joined up care that promotes dignity and comfort when people are at the last stages of their life.
- The service makes sure that facilities and support are available for people's family and friends at this time, and they feel involved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere in the home was warm, friendly and welcoming. The service had a positive culture with a clear set of values, which staff understood and reflected in their practice.
- The registered manager and staff team showed their knowledge and understanding of the people they cared for and a commitment to deliver high-quality person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff morale was positive; they felt appreciated, were confident in their role and worked effectively to meet people's needs and achieve good outcomes for people. A staff member said, "I love working here, I love the people, we all have good support, it is home from home."
- Following a recent event, a social worker wrote, '[The registered manager] has guided her team through an extremely difficult period with humour and honesty, she is the type of leader who walks beside her staff and offers encouragement and support when needed.'
- A range of audits to check and assess the quality and safety of the service were regularly carried out. Information and identified trends were analysed by the registered manager with actions identified to ensure people were protected and safe.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well organised, had effective leadership and clear lines of accountability.
- The registered manager promoted an open culture where people and staff felt comfortable to approach the management team to raise any concerns, knowing they would be listened to, and acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked in partnership with people using the service and/or their relative/representative. Relatives told us they were fully involved in the care and support of their family member and were regularly consulted on any issues or concerns that may arise, to do with their family member or the service provided.
- People contributed towards decisions that affected their daily life such as menu choices, when they wanted to eat, places they wanted to go to and activities they wanted to do.
- The registered manager actively sought feedback from people about the service through individual

reviews, day to day conversations with people and staff, meetings and advocacy.

- Equality and diversity were actively promoted throughout the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was able to show they had recently worked jointly with external agencies to provide tailored support to two people, each under different circumstances.
- Following these experiences, a healthcare professional wrote, 'Staff have shown consideration and positivity throughout this whole time when it could easily have been an extremely negative experience. Your professionalism and support have been impeccable, and I could not fault your team. You have a wonderful home and I hope that it continues to flourish.'
- The registered manager told us the staff team had learned and developed from this experience in relation to supporting people more effectively who present with complex behaviour.