

Pathways Care Group Limited

Thurston House

Inspection report

90 High Street
Newport Pagnall
MK16 8EH
Tel: 01908 617173

Date of inspection visit: 29 September and 1 October
2015
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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 

Overall summary

The inspection took place on 29 September and 1 October 2015 and was unannounced. The service is based in Newport Pagnell High Street within close proximity of a variety of shops and amenities. The service provides care for up to seven people who have learning disabilities. At the time of the inspection seven people were using the service.

The service had a registered manager in post. 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 staff had a good understanding of what constituted abuse and of the safeguarding procedures to follow should they need to report any abuse.

Risks were appropriately managed to ensure that people were supported to make choices and take risks.

Staff had been recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to keep people safe and meet their needs.

Summary of findings

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust arrangements were in place for the safe administration and management of medicines.

Staff had the skills and knowledge needed to support people appropriately and had regular training updates to maintain their skills. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

People's consent was sought before providing their care and treatment. People who lacked capacity to make decisions were supported following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People benefitted from having a balanced and varied diet. Their dietary needs were monitored and advice was sought from appropriate health professionals when needed.

People had regular access to healthcare professionals and were supported to attend health appointments.

The staff treated people with kindness and compassion, dignity and respect.

People had individualised and detailed care plans in place, which reflected their needs and choices on how they wanted their care and support to be provided.

Social, leisure and purposeful activities were provided for people to meet their individual needs and aspirations.

People and their representatives were encouraged to provide feedback on the service; complaints were taken seriously and responded to immediately.

We received positive feedback from health and social care professionals involved in monitoring people's care at the service.

The service was led by a registered manager who continually strived to provide good quality care. The vision and values were person-centred. People and their representatives were supported to be involved and in control of their care.

Effective management systems were in place to continually monitor the quality of the care.

Summary of findings

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supported with regular supervision and appraisal.

People had access to health care professionals and received appropriate care and treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their care and support.

People were treated with dignity and respect.

People were given the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individuality.

People were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

Good



Is the service well-led?

The service was well led.

There was a positive culture at the home where staff and people living at the home felt included and consulted.

People were asked for, and gave, feedback on the service provision.

Robust management quality monitoring systems were in place.

Good



Thurston 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 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 over two days on 29 September and 1 October 2015 it was unannounced and carried out by one inspector.

We checked the information we held about the service and the provider. We also looked at information from previous inspection reports and statutory notifications (notifications inform us about important events that providers are legally required to notify us by law). We also sought feedback from commissioners involved in reviewing the care of people using the service.

During our inspection we observed how staff interacted with people who used the service.

We spoke with one person who used the service. We also spoke with the registered manager, the deputy manager and two care staff.

We reviewed the care records for three people using the service, four staff files, medication records and records relating to the management of the service, such as quality audits.

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Is the service safe?

Our findings

One person said, “I feel safe, they [staff] are great, they look after me very well”. The staff confirmed they had completed training on safeguarding people from abuse. They told us they knew what to do if they suspected or witnessed abuse. One member of staff showed us the safeguarding e-learning module they had recently completed, they said, “The e-learning was very informative it is a practical way of updating your knowledge”.

A safeguarding policy was in place that included information on how staff could raise concerns about poor practice or abuse outside of the company, known as whistle blowing. One member of staff said, “I know that the manager would take the right action, but if they did not do the right thing I would not hesitate to whistleblow to CQC”.

Risk assessments were in place, which addressed specific situations for individuals that placed them at risk. For example, managing money, leaving the building and smoking. Documentation showed that appropriate control measures had been put in place to safely manage the situations. The risk assessments had been regularly reviewed and updated as and when people’s needs had changed. Accidents and incidents were appropriately reported to the manager and we saw that people’s risk assessments had been updated in response to accidents, for example, one person had sustained a burn through using a cigarette lighter and with their consent they agreed the staff kept hold of the lighter for them.

There were adequate numbers of trained staff to support people. One staff member said, “We have enough staff.” We saw the staff rotas, which documented there were enough staff available to provide people’s care and support needs.

We found that safe recruitment practices had been followed. One member of staff said, “I worked for an agency before I came to work here full time, I had all the usual recruitment checks carried out”. We saw evidence that staff recruitment procedures included checks on previous employment and written references had been obtained from previous employers. We also saw that checks had been carried out through the government body Disclosure and Barring Service (DBS).

People’s medicines were only administered by staff that had received appropriate training and competency assessments. The staff told us they had received medicines training, one member of staff said, “I take my responsibilities of administering medicines to people very seriously”. The staff were knowledgeable of the medicines prescribed for people using the service and the records held at the service demonstrated that people received their medicines as prescribed.

We also saw that monthly medicines audits took place to check that the administration and disposal records and medicines stock levels were in good order.

Is the service effective?

Our findings

One person said, “They [staff] are very good, they know how to look after me, I love them”. The staff told us when they started working at the service they had completed initial induction training. They also said they were supported to obtain further relevant qualifications.

The staff said the support they received enabled them to do their jobs effectively. One member of staff said, “the training is very thorough”. Another member of staff said, “I feel very supported, I take my job very seriously and enjoy doing training, there is always something new to learn”.

Some of the staff were working towards achieving the Care Certificate diploma, which sets out the standards health and social care workers should know and be able to deliver in their daily jobs. One member of staff logged into their individual training record to show us the learning modules they had completed. We saw they included, safeguarding adults and children, medicines management, first aid, food hygiene, infection prevention and control, awareness of mental health, dementia and learning disabilities and diabetes. The member of staff said, they found the training was very good, they enjoyed working through the modules and were keen to achieve high pass marks. We also saw that copies of training certificates were held within the staff files that evidenced the face to face training they had attended. There was a staff training plan in place that tracked when staff had attended training and when refresher training was due to take place.

Staff told us they received regular supervision and support. One staff member said, “I feel very supported, the manager and the deputy manager is always willing to help in any way that they can”. They told us they had one to one supervision and annual appraisal meetings with the manager to discuss their work performance and ongoing training needs. We saw the meetings were recorded and confidential staff information was stored securely.

The manager understood their responsibility to work within the codes of practice of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). We saw they had applied for authorisations, to the local authorities (designated as 'supervisory bodies' under the legislation) and kept comprehensive records of the assessment process for every person deprived of their liberty.

We saw that people's care plans contained assessments of each person's capacity to make decisions and when 'best interest' decisions needed to be made on a person's behalf. For example, when people were unable to manage their own medicines, we saw the decision process followed the MCA and DoLS codes of practice.

Instances of behaviour that challenged the person and others were sensitively handled by staff and people were protected from harming themselves and others. For example, during the inspection we observed one person became upset by comments made about them by another person using the service. We observed the staff responded sensitively to the situation and spoke with both people keeping a positive focus. Their actions resulted in the tension between the two people being eased and the anxiety was successfully reduced. The staff said they knew of the situations that created negative interactions between people using the service and through observation and intervention they managed to defuse situations before they became a problem for people.

During the inspection we heard staff asking people's consent before providing their care and support, for example to take their medicines and be assisted with personal care. We saw that people had signed agreements to state they consented to visiting health and social care professionals having access to their care records. At the time of the inspection the staff asked people whether they gave their consent to us looking at their care records, to which they agreed.

One person said, “The food is nice, I choose what I like”. The manager and the staff told us they had discussed the menus with people during house meetings and recently they had introduced seasonal menus. They said people were keen to put this in place, some people had showed an interest in growing their own vegetables and the staff were supporting people to do so.

Nutritional assessments had been carried out for each person and when necessary, people's food and fluid intake was closely monitored and dietary advice had been sought from healthcare professionals. We sat in on the midday staff handover and noted that the staff communicated how much food and drink people had taken. This was so that those at risk of not eating and drinking sufficient amounts could be continually encouraged to eat a healthy, varied diet.

Is the service effective?

The staff told us a 'take away' evening was planned each week and we saw that people could choose from a variety of meals, such as, traditional fish and chips, burger meals, Chinese, Italian or Indian meals.

The staff told us they escorted people to attend health screening appointments, for example, to see their GP, optician and dentist. One person said, "I go to see the nurse for my injection, it doesn't hurt because the nurse is very

gentle". People's care records contained information that demonstrated their medicines were regularly reviewed and their physical and mental health conditions were regularly assessed and closely monitored. We saw documentation within the care records that staff had promptly contacted the relevant health professionals in response to concerns or sudden changes in people's health conditions and acted on the advice of the health professionals.

Is the service caring?

Our findings

We noted there was a warm and welcoming atmosphere. One person said they [the staff] are all lovely, but I especially like [staff name] we get on very well". The interactions between people using the service and the staff were positive and open. People were relaxed laughing and joking with the staff and it was evident they enjoyed each other's company.

The staff told us they took the time to get to know people and build up strong relationships. They said they each took on the role of being a keyworker, which involved developing good working relationships with people and taking a special interest in them.

We heard the staff addressed people by their preferred names and responded to requests for assistance quickly. For example, one person, looked a little anxious, they approached a member of staff and asked if they could go outside for a cigarette. The member of staff responded quickly to the request and later the person returned looking relaxed chatting with the member of staff.

The staff treated people with respect and their rights to privacy and dignity were upheld. For example, confidential information on their care and treatment was only shared with professionals involved in their care.

People's care plans contained information about their choices and preferences, for example, their hobbies and interests, likes and dislikes. There was evidence that people had been involved in setting up and reviewing their care plans, people had signed them to show they were in agreement with the information they contained.

People spoke fondly of the friendships they had made with other people living at the home; we saw that people spent time in the garden, chatting with each other and the staff. One person said they liked living at the home, saying that it was nearby to where they were born and how they liked living close to the shops on the high street. The manager and staff told us that visitors were supported to work in partnership with the staff and visited their relatives on a mutually agreed basis. They told us they supported people to see their friends and family and we saw the visits were recorded within people's care records. The manager said that advocacy services were available, but no people currently using the service required the use of the service.

Is the service responsive?

Our findings

People's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. One person said, "I am happy for you to look at my care plan" We saw it contained detailed information regarding their, needs and aspirations and their ability to manage their own daily living needs and the level of support they required from staff. For example, managing their medicines and finances. We saw the staff kept daily notes for each person and any changes to their needs prompted a review of their care plan and amendments were made where necessary.

People were supported to engage in leisure, educational and recreational activities according to their individual interests. House meetings took place regularly during which people suggested activities and places to visit. For example, day trips and holidays. One person said, "I'm going to watch Tottenham play at Liverpool, [staff name] is coming with me I can't wait, I'm really looking forward to it". The member of staff confirmed they were going to escort the person to watch the match. We saw that one person used public transport to independently go out and about, another person carried out voluntary work in a kitchen preparing meals and another person played in a football team and regularly attended weekly training sessions.

During our inspection we observed positive interactions between staff and people using the service. People were offered choices on what they wanted to do with their time and their decisions were respected. For example, the staff told us one person regularly did not get up until after midday, they said this was the person's usual routine. We saw that the person came out of their room after midday and asked a member of staff whether they could go to the bank with them, the member of staff accommodated their request and escorted them to the bank.

There was a complaints procedure in place and people were provided with information on how to make a complaint. We saw that the provider had responded to complaints in line with their procedure and had taken appropriate action to fully address any concerns. Each person was allocated a member of staff as their keyworker. The role provided people with the opportunity to meet in private with their keyworker to discuss their care and support needs and any concerns or complaints they may have. We also saw that house meetings took place regularly and any concerns or complaints were a set item on the agenda. We looked at the minutes of the house meetings and saw that during a recent meeting people had commented that the house was in need of decorating, we saw during the inspection that some redecoration work had started.

Is the service well-led?

Our findings

Staff told us that the registered manager and the deputy manager were very supportive of people in the service and the staff. They said the registered manager was experienced, caring and approachable. One member of staff said “We aim to provide a professional service for people; we work very closely with health professionals and social workers”.

The registered manager spoke of the individual strengths within the staff team and how each member of staff had been assigned different areas of responsibility, which fostered good working relationships. Throughout our inspection we observed staff working well together providing care in a calm, professional manner and people using the service were relaxed in their approach to the registered manager, deputy manager and staff either just to chat or when asking for assistance.

People living at the service were regularly asked for feedback on the service. House meetings took place regularly during which people’s views were sought and appropriate action was taken in response. The comments we received from people using the service were positive and discussions with the manager and the staff demonstrated that they knew the people living at the service very well, and were fully aware of the individual needs of all people using the service.

Staff told us that regular meetings took place with the registered manager and we saw minutes of the meetings were available. They showed that open discussions took place around issues and concerns and actions were identified for completion.

The registered manager told us that all accidents and incidents were recorded and we saw reports to support this. We also saw that the registered manager analysed all of the reports to establish the possible cause. We saw that staff discussed incidents with the registered manager to jointly look at how they could be managed whilst maintaining people’s rights to take risks. The manager had sent appropriate notifications of incidents to the Care Quality Commission (CQC) as required by law under the registration regulations.

People said they went out either on their own or with the support of a member of staff. The staff said they worked with people to build upon their life skills to promote independence and a good quality of life. Such as going out in the local community or into town using public transport.

A range of quality management audits were carried out on areas such as, health and safety, infection control, catering and medication. We saw that areas identified for improvement had action plans in place with timeframes for completion.

Routine and scheduled checks were carried out on the fire, gas, water and electrical systems, any areas that required attention had been attended to without delay and appropriate maintenance records were kept.

Established systems were in place to monitor the quality of people’s care. This included regular audits of people’s care plans, risk assessments, medication stocks and records.