

# Elysium Healthcare No. 4 Limited

## Pathfields Lodge

### Inspection report

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Date of inspection visit:  
25 October 2022

Date of publication:  
23 November 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Pathfields Lodge is a residential care home providing the regulated activity personal and nursing care to up to 48 people. The service predominantly provides support to older people, some of whom live with dementia. At the time of our inspection there were 25 people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, not everyone using the service had a comprehensive and up to date assessment of their capacity. A programme was underway to ensure that all people had an up to date capacity assessment.

People were supported in a safe way by staff who were trained to do their role, and recruited safely. There were enough staff on site to ensure people's needs were promptly met.

Medicines were administered accurately by staff who were trained to do so. Areas of the service that were in use were largely clean and tidy. Some areas of the building were not fully in use, and required refurbishment. A plan to do this was in place.

People's needs were assessed and identified. This included support needs with food and fluid intake, skincare, and any healthcare requirements. Records showed people received the support they required.

Staff were kind and caring in their approach, and respected privacy and dignity. People told us they were given the time they needed to express themselves. Staff knew people's individual needs, likes, and preferences.

A complaints procedure was in place and people knew how to use it. There was no end of life care being delivered at the time of inspection, but people had plans in place as required.

Staff felt well supervised and supported by the management team. Staff told us morale was good, and they enjoyed working at the service. Audits and checks took place to ensure any issues were found and acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, published on 9 June 2021.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staffing levels and documentation. A decision was made for us to inspect and examine those risks.

You can read the report from our last comprehensive inspection under the old provider, by selecting the 'all reports' link for Pathfields Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Pathfields Lodge

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector, a specialist advisor who was a nurse, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Pathfields Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pathfields Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced and took place on 25 October 2022.

#### 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 7 people who used the service, and 1 relative of a person who used the service. We also spoke with 5 staff members, the chef, the deputy manager, and the registered manager.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service, under this provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with felt safely supported within the service, and felt the environment was safe.
- Staff were confident any concerns would be taken seriously and knew how to contact other authorities such as the local authority or the CQC. One staff member said, "If there were any concerns, I would report it, all the staff are very good at raising concerns when we have them." Any safeguarding incidents were identified and actioned appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments regularly and as required and put actions in place to reduce these risks.
- People who were at risk of skin pressure damage, were supported appropriately. We checked several records of people who required regular observation, repositioning, and food and fluid monitoring, and found they were completed regularly.
- Staff told us they felt risks were well managed, and they were not asked to undertake any tasks they were not confident or trained for.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "Yes they [staff] regularly check me every twenty minutes." During inspection we observed people had their needs promptly met by staff. Call bells were in use and regular audits of response times took place. This helped to ensure people did not wait too long for support.
- Staff were recruited safely. This included ID checks, employment checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely. People told us they had their medicines at the right time and staff supported them with this in the way they preferred. We saw suitable documentation in place which explained which medicines people were taking, what they were for, and when they should be taken.
- Staff had received training and had their competency checked to make sure they continued to manage people's medicines in a safe way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People received visitors. The service was following current government guidelines in relation to people having visitors within the service.

#### Learning lessons when things go wrong

- Lessons were learned. Accident and incident records were in place, and recorded actions taken required for improvement. Information was shared with staff to ensure lessons were learned.



# 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.

This is the first inspection for this newly registered service, under this provider. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people who could not make all decisions for themselves, did not have a comprehensive or up to date assessment of their capacity, with sufficient detail explaining what decisions they could not make. The service had been taken over by a new provider, who had identified these gaps in documentation. Although a plan of action was in place to complete these assessments, many were still incomplete, and prompt action had not always been taken to improve this. The registered manager evidenced that an action plan was in place to get the assessments completed.
- We found no evidence that anyone had restrictions unlawfully placed upon them. People and relatives fed back to us they were consulted on their care and were able to make decisions where possible. One person told us, "Yes they [staff] do come and talk to me, they ask what I want all the time."

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

- No new people had moved into the service since the new provider had taken over. The registered manager was in the process of re assessing people's needs to ensure their needs could be suitably met within the service. There was an extensive plan in place to improve and renovate the building, once completed the provider planned for more people to be assessed and move into the home. Systems were in place to ensure people received a thorough assessment of their ongoing needs.

Staff support: induction, training, skills and experience

- Staff were trained. Staff told us they were provided with induction training, which included time spent with more experienced staff to learn how to work with people. Staff demonstrated good knowledge of the needs of people using the service. Ongoing refresher training was provided to staff to ensure their skills remained up to date.
- Staff felt supported in their roles. Staff told us they received supervision sessions with management to discuss work matters and areas for improvement.

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

- People were happy about the quality of food. People told us choice was available to them. The kitchen cooked samples of food for people to try, and seasonal menus were created to offer choice and interest with food.
- Menus were regularly reviewed. A food forum was held once a quarter to enable people to discuss and choose items for menus. Any dietary requirements were catered for, such as gluten-free or diabetic diets and people who required assistance with eating got the support they required.
- Where required, we saw a regular record of food and fluid intake was kept to ensure people maintained a healthy dietary intake .

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans documented people's healthcare needs in detail. People and relatives we spoke with all felt they got the support they needed.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals. The service was working alongside visiting health and social care professionals to review and change people's care as required.

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

- People told us they were happy with the environment, and were able to personalise their own rooms. We saw there were communal areas that people were using, and the provider had plans to renovate several other areas within the home to provide more communal space that was accessible to all.
- There was plenty of well maintained outdoor space for people to use, which the service used for events such as barbeques and pizza making activity.

# 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.

This is the first inspection for this newly registered service, under this provider. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and caring. One person said, "Yes they [staff] are all friendly and they look after me." Another person told us, "Yes they are good, because they are really caring." We observed staff interacting with people in a friendly manner. This included care staff, management, and maintenance staff.
- Staff members took pride in providing good care to people. Staff felt they had the time they needed to interact with people. One staff member said, "Everyone treats everything like it belongs to the residents. It's always respectful. People are all treated like human beings. We know people for who they are as people." Another staff member said, "Residents take the mick out of us and we have fun with it."

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

- People were supported to be involved in their own care as much as possible. One person said, "I have attended meetings with my husband and the care home." A relative told us, "The care plan was discussed and we had a review meeting, I can talk to the nurse and staff."
- People's views were sought and they were empowered to make decisions about their care. People had been engaged with in the development of the service.

Respecting and promoting people's privacy, dignity and independence

- People felt their dignity and privacy was respected by staff. One person told us, "They [staff] respect privacy, they don't barge in the room."
- Staff understood data protection requirements, and knew what information was private and confidential. Records were stored securely in an office, and on a secure computer system.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service under this provider. This key question has been rated 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; 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

- People received care that was personalised to them. Care plans we looked at documented people's likes and preferences, family relationships, and personal history. Staff knew people's individual needs well and told us how people liked to be supported.
- People were given the opportunity to take part in meaningful activity. One person told us, "I got taken out today, out in the garden. The staff listen to my choices." We saw that various activities and events had taken place for people to join in with, such as archery, a mad hatters tea party, a jubilee party, and a Halloween party.
- Staff we spoke with had a good knowledge of people's personality, preferences, and care needs, and were enthusiastic about providing person centred care.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to ensure people's communication needs were met. This included easy read format information on complaints procedures, and the use of digital aids for some people.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns. Information on how to make a complaint was available for people to read.

### End of life care and support

- At the time of inspection, nobody was receiving end of life care. People did have end of life care plans in place called 'Thinking ahead' plans for when required which documented any preferences about future care and end of life care arrangements.

# 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.

This is the first inspection for this newly registered service, under this provider. This key question has been rated 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

- People and relatives all felt the service had a positive atmosphere and was well run. A relative said, "It's good, friendly, and staff work well together".
- Staff understood the need to treat people as individuals and respect their wishes. Feedback from people and relatives were that good outcomes were reached for people, because staff were well trained, the service was well run, and staff had a caring attitude.

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 provider understood the duty of candour. The registered manager maintained records of accidents and incidents and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw information was correctly shared with other agencies. For example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles, and felt well supported. One staff member said, "It's better than anywhere I have ever worked, the management very understanding about personal circumstances. A relaxed place to work. You can tell everyone does their job, everyone knows their roles and loves coming to work." Another staff member said, "I'm well supported and feel very valued by my team, we bounce off of each-other."
- There were systems in place to monitor the quality of the service. A quality improvement plan which outlined all the areas of the service the provider wanted to improve was in use. This helped to monitor improvement and drive forwards positive change at the service.
- Audits were undertaken by management. There were systems in place to monitor the standards and quality of the service. This included regular checks on the environment, medicines records, and care planning.

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

- People and relatives felt engaged and involved in the service. Feedback was gathered both formally and

informally. One person told us, "I do, I know where the manager's office is, they are always available. When I need to chat to them, they are open and approachable."

- Information was regularly shared. Meetings were held which included relatives, where updates were discussed. Individual meetings were also held with relatives to discuss care planning.
- Staff meetings took place. This enabled staff to discuss any issues and be updated on any change within the service. Staff felt able to speak up about any concerns.

Working in partnership with others

- The service worked in partnership with various outside agencies and health and social care professionals. This currently included working together on quality improvement within the service.