Pathway Healthcare Ltd

Magellan House

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

About the service:

Magellan House is a residential care home. The home is registered for up to nine young people living with a learning disability or autism. There were seven people living at the home at the time of inspection. People had access to a communal lounge, dining area, activity room, sensory room and kitchen. People had their own bedrooms with en-suites.

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

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe from the risk of abuse. Staff had a flexible approach to risk management which ensured people could have new experiences and maintain their independence. There were sufficient numbers of staff to meet people's need. A relative told us, "The staff are consistent and I think they are a fabulous team, they know our son so well."

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had the skills and knowledge to deliver effective care and support. People were supported to maintain a balanced diet and had access healthcare services as and when needed.

People were treated with kindness and respect. A relative told us, "The staff are so kind. I trust them with my precious daughter and I wouldn't if they weren't so caring." People were supported to be involved in decisions about their care and given support to express their views. People's independence was promoted and their differences respected.

Care was personalised to meet people's care, social and wellbeing needs. People had access to a range of activities that met their interests. A relative told us, "They are out and about all of the time, taking part in activities that they would not have had access to before living at Magellan."

People, their relatives and staff were complementary of the manager and staff felt well supported. A member of staff told us, "We are well supported and have regular supervision where the manager gives us feedback. She is great, really open and approachable." The culture of the home was positive. Systems and process were in place to monitor the quality of the service being delivered.

Further information is in the detailed findings below.

Rating at last inspection:

Requires Improvement (28 March 2018). At this inspection the overall rating has improved to Good.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

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?

Good

The service was 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.

Magellan House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Magellan House is a residential care home providing accommodation and personal care for up to nine people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home 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:

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection:

● We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
● Notifications we received from the home about important events.
● Information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

● We spoke with the registered manager, three members of staff, four relatives and two people who lived at the home.
● We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
● We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

●Staff had a good understanding of safeguarding and systems and processes were in place to protect people from the risk of harm.
●Relatives told us they felt their loved ones were safe. One relative said, "My son feels safe there, if he doesn't feel safe he would run away, and he never has because he is content and the staff give him everything he needs."
●Staff told us they were confident the registered manager would act should they raise any concerns about the care people received.

Using medicines safely

●Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
●Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.
●Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe.
●A member of staff told us, "the face to face training was great and has really improved our understanding and how we support people with their medicines."

Assessing risk, safety monitoring and management

● Risks to people were assessed and staff supported people to take positive risks.
● Staff had a flexible approach to risk management which ensured good outcomes for people. One person was at risk of self-neglect. Staff worked with the person to understand their preferences and supported them with prompts. This approach reduced the risk of self-neglect to the person whilst maintaining their independence.
●People had effective positive behaviour support (PBS) plans in place. These plans provided a person-centred approach to supporting people who display or are at risk of displaying behaviours which may challenge.
●One person could become agitated if they were confused about their routine. Staff were aware of their triggers which were reflected in their PBS plan. Staff regularly reminded the person of their daily activities and wrote these on a calendar for them. We saw staff talking to the person about their day ahead, they were calmed by this conversation.

Staffing and recruitment

● Recruitment processes were robust and ensured staff were safe to work with people before they started working at the home.
● There were sufficient numbers of staff to meet people's needs. The team were flexible in their working hours to meet the changing needs of people.

Learning lessons when things go wrong

●Accident and incidents were managed safely and lessons learned to improve the care people received.
●The registered manager analysed incident reports to reduce the risk of a similar incident happening again.
●The registered manager identified that two people had several incidents with each other. Staff implemented a reward strategy when they had positive interactions with each other. Both people enjoyed this positive reinforcement and it had significantly reduced the number of incidents between them.

Preventing and controlling infection

●Staff were aware of infection control risks and received training in this area. People lived in a clean and hygienic environment.
●There was a cleaning rota in place which staff took part in. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Good

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

At the last inspection on 25 October 2017, we asked provider to take action to make improvements to staff working within the principles of the Mental Capacity Act 2005 (MCA), and this action has been completed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff had a good understanding of the principles of the MCA. We observed staff ask people for consent before supporting them.
- If people were assessed as not having capacity to make a specific decision, a best interest meeting was arranged to ensure decisions were made in people's best interest and in the least restrictive way.
- One person had to have a wound regularly dressed by a district nurse following a medical procedure. The registered manager arranged a best interest meeting with relevant people to decide the best course of action. This supported the person's health needs could be met in the least restrictive way.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- People at the home were subject to a high level of restrictions due to the complex nature of their needs. DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way.
- Staff had a good understanding of individual DoLS and what this meant for people living at the home.

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

- People's needs and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of people's initial assessment. This demonstrated that people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff received a range of training opportunities to enable them to deliver effective care and support. A

relative told us, "Staff are very good and well trained, you can tell by how they know and look after people."
●A member of staff told us, "The training pathway provides really supports us to understand our people's needs. The training around learning disability and autism allows you to understand people and associate real-life experiences, it is very compelling."
●New staff received a comprehensive induction which included training and shadowing senior members of staff. A member of staff told us, "the induction was very good. I got to know all the clients well before working with them and had time to read their care plans and understand their needs."
●Staff were supported in their role and received regular supervision and appraisal.

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

●People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs. One person's care plan said they needed a non- slip mat to help them eat independently. This guidance was followed by staff to aid the person's independence at meal times.
●People's care plans detailed what foods they liked and their care records reflected that they ate these regularly.
●A staff member told us that menus were based on what people enjoyed and feedback from staff.

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

●People were supported to access healthcare services in a timely manner. Records showed that when one person came to staff with a health problem, staff contacted the GP who prescribed medicines to treat the issue and they experienced no further complications with their health.
●Staff were proactive in supporting people's health needs to improve their quality of life.
●One person used incontinence pads unnecessarily when they moved into the home. Staff supported them to not be reliant on the pads by regular prompting and using praise to reinforce their achievements. The person now does not wear them during the day and can use the toilet independently when prompted.

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

●Staff worked well within their team and across organisations. Professionals provided positive feedback through an annual survey of their work with staff.
●One professional said, 'The manager and her staff team are enthusiastic and they have taken on board multi-disciplinary team feedback well. The home is therefore more capable, proactive and safe with skilled and confident staff.'

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

●People's needs were met by the design and adaptation of the building. The provider had adapted the building to suit the specific needs of people living there.
●An outbuilding had been turned into an activities room with a sensory area. One person was keen to show us the sensory area and told us how much they enjoyed being in there, and said, "it is really fun, I like the lights."

Good

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● People were treated with kindness and respect. One person told us they like living at the home because the staff were "kind" and "always nice."
● We observed positive interactions between people and staff and it was evident people trusted the staff that were supporting them.
●Staff spoke passionately and respectfully about people and the challenges they faced due to their complex needs. A staff member told us how they worked with the person in an empathetic way to build their confidence and trust in them. We saw the person looking happy to be going out with staff.
●People were supported to maintain relationships that were important to them. For example, one person moved from another home to Magellan House. They developed a friendship with someone at the other home and staff supported them to maintain this. We saw photos of them enjoying time together out for a meal and at the pub which was their favourite thing to do.
●Relatives told us they felt welcomed in the home and invited to special occasions. One relative told us, "Christmas was lovely, we were involved and attended a party at the home with other families. It was a nice occasion. We always feel welcome by the staff."
●People were supported to maintain their personal identity. People were encouraged and supported to dress how they wished and in a way that reflected their personality.

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

●People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves.
●One person used a picture board when talking with staff to aid their communication. They also used facial expressions, which staff understood, to express their feelings.
●People were supported to be involved in decisions about their care and given support to express their views. During a key worker meeting a person wanted to talk about Christmas. Staff used a Picture Exchange Communication System (PECS) book to help the person to express their wishes. The person chose a picture of a Christmas film. Staff bought the film and they watched it together at the home.
●People had an annual review with the registered manager, their social worker and family, if appropriate. The registered manager produced a pictorial questionnaire which they used at this meeting so people could express their views of living at the home.
●A relative told us, "I am involved and the staff allow me to be mum and they respect my opinion whilst having her best interest at heart."

Respecting and promoting people's privacy, dignity and independence

●Staff had a visible person-centred approach to supporting people to maintain their independence.
●One person enjoyed going to the local pub. At first, they needed full support from staff to go to the bar and order a beer. Staff taught the barman how the person's used sign language to order their drink. The person now goes to the bar independently and buys their drink. Staff told us this has had a positive impact on their independence and sense of achievement.
●People's privacy and dignity was respected. We observed staff to respect people's wishes for privacy.
●Staff gave us examples of how they supported people's diverse needs including those related to disability and sexuality. For example, people were offered time alone in the privacy of their room when they needed this and had access to sexual health education.
● Staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms closed when supporting people with personal care to maintain their privacy and dignity.

●The registered manager and staff understood the importance of confidentiality. People's records were kept securely and only shared as required.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People were at the centre of care planning and fully involved in the process.
●Staff on how to support people in the way they wanted. For example, one member of staff told us how a person was very focussed on their routine and timings of their daily activities. Their care records reflected that staff worked in line with this guidance to support the person in the way they preferred.
●People were active in their local community and had access to activities that met their interests.
●Some people enjoyed going for day trips and seeing new places. They were excited to be going to Hastings on the day of the inspection. One person told us they were looking forward to seeing the sea and having fish and chips.
●One person enjoyed going to nightclubs but did not like crowds. The registered manager contacted a local nightclub to arrange for the person to attend earlier in the evening before the venue became busy. A member of staff supported them to go regularly where they enjoyed having a drink and dancing.
●People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
●People used social stories to understand changes to their routines or different activities they could attend. Social stories are individualised short stories using words and pictures, that support people to understand information in a personalised way with the aim of reducing anxiety for people.
●One person used to only wear one set of clothing. Staff supported the person to understand why they needed to change their clothes using a social story. They now change their clothing daily and can dress themselves. Due to the success of this, staff further developed this social story to support them person to go clothes shopping and choose their own clothing. This approach had a positive impact on the person's independence.
●People had access to different technologies to meet their needs. For example, some people enjoyed using laptops and electronic tablets to listen to music and watch films. We observed people enjoying listening to music on their laptop.

Improving care quality in response to complaints or concerns

●There were systems in place to manage concerns and complaints.
●The registered manager responded to complaints in a timely manner. For example, one relative had made a complaint about the cleanliness of their son's room. The registered manager responded to the complaint quickly and rectified the issues.
●Relatives told us that they were very comfortable around raising concerns and were aware of the policy.

End of life care and support

●There was no one receiving end of life care at the home and nobody had received end of life care since the home opened.
●End of life care was considered by staff and the registered manager told us care plans were available and would be completed with people when they wanted to discuss this, at present no one wanted to discuss their wishes for the end of their life.

Good

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection on 28 March 2018, we asked provider to take action to make improvements to people's care records. To ensure records were accurate and up to date, and this action has been completed.

Planning and promoting person-centred, high-quality care and support; and understands and acts on duty of candour responsibility; Continuous learning and improving care.

- The culture of the home was positive and enabled people to live how they wanted to. There was a lively and friendly atmosphere within the home.
- A member of staff told us, "The first thing is Magellan House is a home, and we want people to feel comfortable and at home. We spend a lot of time planning each day with people so they get the most from the things they want to do."
- The registered manager promoted an open and honest service and lead by example. They were accessible to people and staff throughout the inspection and there was an open-door policy for all.
- When things went wrong the registered manager openly worked with other professionals, people and relatives to learn from any mistakes and acted to improve the care people received. Following the last inspection, the registered manager sought feedback from a range of people to make necessary improvements to the service people received.
- A member of staff told us, "I am really proud of how we have worked together to make positive changes. We have improved our knowledge of people and how they communicate which has really improved their quality of life and the number of incidents they experience."
- The registered manager and provider understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended regular good governance and manager meetings organised by the provider to share best practice and learn from other managers.
- There were robust quality assurance systems and processes were in place to assess, monitor and improve the quality of the service being delivered. These included regular checks of different aspects of the services provided including; cleanliness and health and safety. If there were any issues, these were documented, actions taken and lessons learned.
- An audit completed by an external consultant identified that protocols were not in place to guide staff on how to administer 'as required' medicines safely. The registered manager responded to this feedback in a timely way and we saw staff had access to detailed 'as required' protocols which supported the safe management of medicines.

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

● Management of the home was effective and the registered manager understood the regulatory responsibilities of their role.
●Relatives, people and staff were complimentary of the manager. One person told us they liked the registered manager as they were "funny and kind." A relative said, "The home is well managed, the manager is really hands on and knows what she is doing."
●Staff told us they felt well supported in their roles and were clear about their responsibilities. They were complimentary about the support they received from the registered manager. A member of staff said, "She is very well trained and experienced which gives me confidence in her. She is so motivated to support people and that motivates us as a team."

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

● People, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff and through key worker meetings and care reviews.
● People, their relatives and staff took part in yearly surveys. These had been adapted to a pictorial format for people living at the home to improve their understanding of the questions asked.
●The registered manager used this feedback to make improvements to the care people received. For example, one person wanted more input in staff recruitment. They are now involved in the process of recruiting staff and their induction.
● The registered manager also sought feedback from healthcare professionals through a survey. Responses to the improvements made at the home were positive.
●One healthcare professional said, in their survey response, 'there have been a lot of improvements at Magellan over the past few months and a lot of learning.'

Working in partnership with others

● Staff worked in partnership with other organisations to ensure people's needs were met.
●One person had difficulties with their speech. Staff followed the guidance from professionals to help the person to develop their speech. They can now have telephone conversations with their family which is something they had never done before.