

Pathway Healthcare Ltd

# Cabot House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Cabot House is a residential care home providing accommodation and personal care to nine people. The service specialises in providing support to people with complex needs, learning disabilities and autistic people in one building. At the time of the inspection there were nine people living at Cabot house. People's experience of using this service and what we found

### Right Support

Staff supported each person to have choice, control and independence. Nine people with differing needs and wishes living in one building did compromise individual choice which the staff did their best to manage. For example, we observed staff actively supporting people to do different things in different rooms. One person was looking at their tablet, another drawing and singing and a third being supported in the kitchen to bake cookies. Cabot is a large house and had a reasonable amount of space in shared areas. Each person had their own en suite rooms, which were personalised to meet their needs and preferences. For example, one person had a Disney themed room with all their favourite characters and Disney canvases on the walls, another person had decorative items that celebrated their family's heritage. A person whose sensory needs meant they found it difficult to have things in their room, had a sparsely furnished room which still looked homely and comfortable. Staff focused on each person's strengths and promoted what they could do, so they had a fulfilling and meaningful everyday life. This had improved since the easing of COVID -19 restrictions. Two people told us they were able to make decisions about their own lives and everyday life choices and we observed this in practice.

### Right Care

We observed people receiving kind and compassionate care. People seemed at ease around staff and there were friendly conversations which involved a good deal of smiling and laughing. During the inspection we observed each person using individual and specific communication methods to communicate with staff. This included Makaton (a type of sign language), pictures, assistive technology, body language and written text. One staff told us, "Communication can be a challenge, but we are constantly learning." People's health needs were supported, one relative told us, "They had been very conscientious about the vaccinations and the dentist and are up-to-date." The staff told us they prepared people for health appointments as they could be difficult for some people to understand and they worked with local health professionals to try to make it as easy as possible for each person."

### Right culture

The provider had a positive behavioural support (PBS) lead person who helped managers and staff understand the reasons people might behave in a certain way when distressed and discussed with staff ways to support them. Managers and staff knew how to analyse incidents and share the learning from them to reduce situations which cause people distress. People who had sensory perception and processing needs had health professional sensory assessments. Investment in learning for managers and staff was reflected in staff practice. People and most relatives told us they could talk to managers and staff freely. One person said, "I like (registered managers name), they are very good." Staff told us they felt supported by the registered manager and the organisation. They said they were confident to raise issues and knew they would be listened to.

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 this service was requires improvement (11 and 14 May 2021). The provider completed an action plan after the last inspection to show what they would do and by when 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 focused inspection based on the previous rating. We looked at infection prevention and control measures under the Safe and well-led key questions. 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. We also looked at the caring key question on this inspection.

We carried out an unannounced focused inspection of this service on 11 and 14 May 2021. Breaches of legal requirements were found in the following regulations. Regulation 12 (safe care and treatment) and regulation 17 (good governance.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Cabot 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 (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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been a continued failure to ensure robust infection prevention and control practices to ensure peoples safety and protect against infection. There had been a failure to assess risk in relation to preventing, detecting and controlling the spread of infection. Government guidance on care home visits, isolation and household mixing had not been followed. The inspection also checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people.

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

Two Inspectors and an Expert by Experience carried out the inspection. 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

Cabot House is a 'care home'. 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 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 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke/communicated with four people who live at Cabot house and seven relatives about their experience of the care provided. Some people who use the service were unable to talk with us so we used different ways of communication including Makaton, their body language and observation.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We spoke with five members of staff including the registered manager, the newly appointed manager, the cook, administrator and four support workers.

We used the Short Observational Framework for Inspection (SOFI) spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and nine medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who knew 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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At the last inspection the provider and registered manager failed to ensure safe care and treatment in relation to assessing risk, monitoring and management of infection prevention and control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider took action to ensure that the COVID-19 guidance was being followed. This included a review of practice and visiting arrangements.
- The building had been adapted to create safe visiting space. Since the last inspection the COVID-19 guidance had changed. The provider had kept up to date with the changes, staff and families knew the current arrangements.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic. One relative told us, "I've always noticed how spotless the house is. cleaning is rigorous so there's no problem there."
- The service prevented visitors from catching and spreading infections. There were processes in place where visitors have negative Lateral flow tests before entering the building, we observed a relative being asked to take a test.
- The service followed shielding and social distancing rules. The service was aware of current guidance. People didn't always understand social distancing. We observed staff gently re directing people and had mitigated risk as much as possible with good hygiene practices.
- The service was admitting people safely to the service. One person had moved into Cabot house since the start of the COVID-19 pandemic.
- Staff used personal protective equipment (PPE) effectively and safely. We observed staff using PPE appropriately during the inspection.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices. This included cleaning high touch areas such as doors and light switches. One person remarked laughing, when they saw staff cleaning these areas "They are always doing that."
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

### Assessing risk, safety monitoring and management

At the last inspection, there had been a failure to assess risks in relation to preventing, detecting and controlling the spread of infections. Government guidelines on care home visiting, isolation and household mixing had not been followed. This was a continued breach of 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. The provider took action to ensure that the COVID-19 guidance was being followed. This included a robust overhaul of risk assessments. Risk assessments and practice were in line with current guidance and had been reviewed as guidance changed. Staff were aware of their responsibilities to follow guidance.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. We observed people moving freely around the house including using the kitchen, where a member of staff was located to support them. There were some items people could not access independently such as sharp knives, and food items that caused allergic reactions in others. These restrictions were documented and risk assessed.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care and support records. Staff kept accurate, legible and up-to-date records, and stored them securely. Staff confirmed they understood the value of recording information accurately.
- Staff managed the safety of the living environment and equipment in it, through checks and they took action to minimise risk. Quality assurance systems had identified where maintenance was needed and actions taken, these included replacement of damaged furniture and radiator covers.
- Staff assessed people's sensory needs and did their best to meet them. People had sensory assessments in place and staff were aware and acted upon them. For example, records showed people had been supported to take part in physical exercise as identified in their sensory assessment. One staff said, of another person, "(Name of person) struggles with noise so it's important to remind them to use their ear defenders."

### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The Covid-19 guidance had impacted on people's ability to go out during the pandemic. The guidance had recently changed and people were having opportunities to go out. During the inspection, different people had different social activities, one person was very pleased to tell us they were going out for lunch.
- People had profiles with essential information to ensure that new or temporary staff could see quickly how best to support them. These included people's communication methods, important health information. One bank staff told us, "I read information and the team tell me anything new and really keep me up to date."
- Staff recruitment and induction training processes promoted safety. Safe recruitment checks were undertaken on all staff including bank staff to ensure they were safe to work at the service. The registered manager had oversight of the process including checking suitability to work documentation and interviewing candidates.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect



them from abuse. The service worked with other agencies to do so. One person told us they felt safe because "They (staff) help me when I need it." Most relatives told us they felt their loved ones were safe. One relative said, "(Name of person) seems happy there." Another said, "(Name of person) seems happy to go back after a visit to us."

- Staff had training on how to recognise and report abuse and they knew how to apply it. Incident records and body maps were kept, and these were reviewed by the registered manager and the organisation's positive behaviour team. One staff member, commenting on person to person conflict, said, "The person may not be intent to harm but the person is expressing something, we need to understand what." This demonstrated staff understanding of the importance of knowing why a person might hit someone or themselves which helps staff put supportive measures in place and reduces harm. Records demonstrated that staff had considered and reported concerns appropriately and in line with the providers policy and local authority safeguarding guidance.

### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and had undertaken competency assessments. Medicines were administered discreetly to ensure that people's privacy was maintained. Medicine records were completed accurately and audited regularly.
- Each person had a medicines plan in place. This gave clear details of what each medicine was and why it was prescribed. People's individual preferences as to how they wished to receive their medicines and levels of independence were known and recorded. For example, staff told us one person liked to have medicine crushed, they had checked with the pharmacist and kept a record of the discussion. Protocols were in place for medicines prescribed 'as and when required' (PRN) and there were clear guidelines for each person as to when these should be considered and administered.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People had been supported by staff, families and medical professionals to reduce excessive use of medicines. Where appropriate the positive behaviour support (PBS) team also provided advice of strategies to use to reduce incidences where people became emotionally distressed which reduced the need for medicine. Positive behaviour support (PBS) is a person-centred approach to supporting a person with a learning disability. People had medicine plans that guided medicine reductions and provided time to observe any side effects. For example, with psychiatrist and GP support a person had a bespoke plan to reduce a medicine.

### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Staff told us they had de-brief sessions with managers and the (PBS) team to learn from incidents and put strategies in place to reduce the risk of them happening again.
- Staff told us they were confident to raise ideas to improve the service and recorded incidents and near misses. For example, a recent review of medicine systems had identified more staff, including night staff, should be able to administer medicines. The registered manager arranged training and the number of staff available to administer medicines had risen.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

- Staff reviewed all incidences of restraint and used the examples as learning within their restrictive intervention's reduction programme. Records demonstrated that physical interventions were minimal both in frequency of use and level of intervention. Staff explained what they do to help people reduce their anxiety and use physical intervention as a last result only to prevent the person hurting themselves and others.

# 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 comprehensive inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us staff were kind. We observed staff talking positively to people in a friendly manner. Records were written in respectful language and staff spoke of people with respect. One staff told us, "absolutely love it feel like they're my family."
- Staff were mindful of individual's sensory perception and processing difficulties. We observed staff awareness of people's sensory needs, offering activities to support this. For example, a staff member observed a person who seemed to be looking for something and immediately directed them to a sensory aid, the person seemed pleased and smiled.
- Staff promoted people to have positive relationships with other people they lived with. We observed one person going to another and giving them a friendly hug, which was reciprocated. Staff praised the people for being kind and gentle with each other whilst being vigilant that both people were happy.

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

- People were given time to listen, process information and respond to staff and other professionals. We observed a staff member supporting a person with their lunch, they spoke with them clearly and waited for the person to respond. The person was engaged with the conversation and was able to follow what was being said.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff were knowledgeable about people's communication preferences.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. There were visual prompts such as a picture rota showing which staff were working and a picture menu. Staff told us how they offer choice, for example, showing a person two outfits they could wear for the day and the person chooses the one they want. Staff said the person became confused if they had more than two choices, other people could choose from more items. We observed staff offering choices throughout the inspection. One person said they would like to do some baking; this was discussed and the person made chocolate cakes. One person said they wanted to go to the cinema and we observed staff supporting them to decide which film to watch using a tablet.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. For example, support strategies had been developed to enable people to have time alone whilst still ensuring they were safe. This supported the person's independence and personal choices were respected.

- We observed staff demonstrated respect for people's individuality and supported each person in a non-discriminatory way, for example, talking with people as equal partners in the conversation. Staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. Care and support plan's reflected people's abilities, what they were able to do for themselves and their preferences.

# 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.

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

At the last inspection the provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement has been made and the provider was no longer in breach of regulation 17.

- The provider had employed a quality assurance and compliance director. Systems were now in place to mitigate risk.
- There had been a change of registered manager which had improved provider oversight of the service and ensured action plans were followed through.
- The provider also contracted to an external company to carry out three monthly audits of the service which identified issues and generated an action plan. It was evident this had been effective in improving the quality and safety of the service.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service. The registered manager had recently been promoted into an area manager role and were in the process of inducting a new but experienced manager into the home. The registered manager will remain responsible for Cabot house until the new manager is registered with CQC and will continue to support the new manager going forward.
- Governance processes were now effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There were clear lines of accountability and processes to drive quality. Quality assurance checks were undertaken regularly by the registered manager and provider. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and prompt action was taken to address these. Staff confirmed this was the case. This demonstrated management oversight of the service by the registered manager and provider. Audits issues had been identified and addressed.
- The provider was focused on improving the quality of the service through the skills and knowledge of staff. Staff told us they received support and encouragement to develop their skills. Staff told us they felt valued by the support and development opportunities provided to them.
- Staff delivered good quality support consistently. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staff team. They ensured staff had a clear understanding

of their roles, responsibilities and contributions to the service. The staff team worked effectively together and were focused on meeting the needs of people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 registered manager worked hard to promote a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The registered manager told us COVID-19 had had an impact on the staff's ability to support people to go out and try new activities or carry on with their previous activities. They told us that now the guidance had changed and things had opened, people were getting out and about much more. We observed this during the inspection. There was a clear vision and strategy to provide people with the best care and support. The ethos of person-centred care was known to staff who spoke of people with genuine regards for their uniqueness. People were at the centre of everything the service did; the registered manager ensured people were involved in their care and staff understood the need to treat people as individuals and respect their wishes. We observed people being asked what they wanted and offered choice throughout the inspection. One relative said, 'They really do consider people's needs.'
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. People told us they liked the registered manager. We observed some very warm engagement between the registered manager and the new manager with people and staff. Staff told us they felt listened to and valued for their feedback and opinions. Relatives gave mixed views, most relatives felt they had developed good relationships with the registered manager and staff whilst some felt the relationship had not developed to a place they were comfortable with. The registered manager acknowledged there were difficulties with some relationships and this was something they need to work on.
- The service apologised to people, and those important to them, when they agreed things had gone wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. Incidents were reported appropriately to the local authority and CQC. We saw evidence complaints had been responded too. One relative said "I've always been very impressed because we are like a partnership. If I have any concerns they try and oblige."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- Staff encouraged people to be involved in the development of the service. The registered manager showed us meetings staff had with people to try to get their views. These were called Keyworker meetings. There were also reviews with people and their families. Following one review a person's plan was changed because everyone felt the person didn't enjoy going out in the mornings. The person now goes out in the afternoons which has been a better experience for the person."
- Relatives had the opportunity to give their views when a person needed to have decisions made in their best interests and records recorded everyone's views. While relatives' views were mixed, most relatives told us they were informed and involved. Comments varied from, "I'd always try to resolve anything with the home, and the other day we had contact details of the new manager. My first impression was very good as he was very welcoming to me. We have had intermediate managers too, but generally I'm happy with the staff, and the young people are happy." To "Communication hasn't been great, and we know there's a new manager now." Both the registered manager and the new manager told us this was an area they needed to develop.
- One social care professional told us the registered manager had worked with them to address previous concerns with the service.

#### Continuous learning and improving care

- The provider acknowledged the actions they needed to take following the last inspection and worked with other professionals to achieve them. For example, staff recruitment processes had been reviewed and changes made to ensure safe recruitment practice was being followed. The registered manager had engaged with the local authority to keep up to date with COVID-19 guidance.
- The provider had made positive changes to improve the organisational structure and oversight. Quality assurance systems had been put in place and were effectively identifying shortfalls. The registered manager told us that having a compliance and quality assurance director had really helped drive forward action plans.
- Staff had regular access to the organisation's PBS team and told us how this had supported them to make changes to approach when there had been incidents, which meant people were becoming less anxious because staff were able to adapt support more effectively.