Pathfinders-Care (Ollerton) Limited

Pathfinders Neurological Care Centre

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

Overall summary

Pathfinders provides nursing care and rehabilitation services for 78 people with complex care needs - from slow-stream rehabilitation through to end-of-life care. At the time of the inspection, 60 people were using the service.

This inspection took place on 25 and 26 November 2015 and was unannounced.

At the time of our inspection, the service had three registered managers. 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.

When we last visited the home we found that people were not protected against the risks associated with medicines because the provider did not have appropriate

Summary of findings

arrangements in place to manage medicines. When we visited the service this time, we saw that steps had been taken to improve the handling of medicines at the service since our last inspection.

Staffing levels were sufficient to keep people safe. People who used the service and those supporting them knew whom to report any concerns to if they felt they or others had been the victim of abuse. Risks assessments were in place to identify and reduce the risk to people's safety.

Staff had received the training they needed to provide care well and were well supported by the leadership at the home. People were asked for their consent before care was given. The Mental Capacity Act 2005 had been considered when determining a person's ability to consent and applications had been made under the Deprivation of Liberty Safeguards to ensure that people were not being unlawfully restricted. People were able to choose what they ate and make choices to maintain adequate nutritional intake. Good links were established with a range of healthcare providers and specialist practitioners to enable people to receive ongoing healthcare support.

Staff were kind and attentive to the needs of those they were supporting. People were treated with dignity and respect.

We saw staff provide planned care well. A range of group activities were provided for those who wished to join in with them. The complaints procedure was available throughout the service and people told us they would be treated fairly and their complaint would be resolved if they spoke out.

Everyone we spoke with had confidence in the leadership of the home who shared clear expectations with the team. There were processes in place to check on the quality of the service.

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.

People received their medicines as prescribed and medicines were stored and administered correctly.

There were sufficient numbers of staff available to ensure that people were safe.

Staff could identify the different types of abuse and describe how to report concerns.

People were supported to make choices and take risks

Good

Is the service effective?
The service was effective.

Staff had the required skills to support people effectively.

People's consent was sought before care was provided and staff applied the principles of the MCA appropriately when providing care for people.

People had sufficient to eat and drink.

Arrangements were in place for people to have their healthcare needs met.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

People were treated with kindness and compassion and were involved in the planning of their care.

Good

Is the service responsive?
The service was responsive.

Staff provided planned care well, and a range of group activities were on offer.

People had confidence that they could make a complaint if they needed to and that the appropriate action would be taken.

Good

Is the service well-led?
The service was well led.

Clear leadership ensured that people were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed.

There were good links with the local community.

Systems were in place to check that the service was a high quality and to learn from any untoward incidents.

Good

Pathfinders Neurological Care Centre

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 on 25 and 26 November 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor with experience in nursing care and two experts 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 20 people who were using the service, nine visitors, and 17 members of the staff team, the registered managers and the registered provider.

We looked at all or parts of the care records and other relevant records of nine people who used the service, as well as a range of records relating to the running of the service including four staff files, medication records and quality audits carried out at the service.

Good

Is the service safe?

Our findings

When we last visited the home we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited this time, we saw that steps had been taken to improve the handling of medicines at the service since our last inspection. The people we spoke with did not raise any concerns with us in relation to the management and administration of their medicines. One person told us, "I always get my medicine on time." Another person showed us how their medicines were stored in a secure cupboard in their room, "Staff give them to me at the right time," they said.

Staff we spoke with told us that there were effective systems in place to ensure people received their medicines as prescribed. Tasks were clearly delegated so that staff knew who was responsible for what. A pharmacy technician had been appointed to promote best practice and ensured that medicines were ordered in a timely fashion.

The service was making every effort to ensure that people's medicines were managed in a way that ensured they would always receive them as prescribed. There were comprehensive policies and procedures relating to people's medicines. Any errors or omissions were recorded and analysed so that steps could be taken to prevent reoccurrence. Regular audits were undertaken to identify ways in which the service could improve the support that they gave people with regards to their medicines. Care planning records contained information about how people took their medicines, as well as protocols for medications which were to be given as needed, (PRN medicines). Further training was also being delivered with regard to the administration of medicines at the service on the day of our Inspection.

The people we spoke with felt that there were not always enough staff on duty. One person told us, "They are very short of carers." Another person felt the service was short of staff, telling us that this was, "Maybe up to four times a week." A relative we spoke with told us, "They need more staff, particularly at nights and at weekends."

Staff also told us how much more pressured the staffing situation was if someone was unable to attend work at short notice. When this happened, they had to get cover for the absent staff member, often working between two units to cover the person's duties which placed additional pressure on the remaining staff. However, staff members we spoke with emphasised that people were not at risk, they told us, "We have enough staff to keep people safe."

We observed that when people needed assistance they could call for help using their buzzer. Several people told us that their buzzer would usually be answered quite quickly, but they then might have to wait to get support from staff depending on their request. For example, one person told us, "When I buzz they usually come quickly to see what I need, but then I might have to wait a long time to get what I want if it is not something urgent."

We spoke to one of the registered managers about the staffing levels. They explained how they calculated the requirements for staffing in order for them to roster sufficient staff for duty. These calculations included reviewing the response times to the assistance buzzer to ensure that staff attended people quickly if needed. The duty rota demonstrated that there were always the identified numbers of staff planned to be on duty. This ensured that there were enough staff available to keep people safe and meet their care needs.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Most people told us they felt safe at the home. One person told us, "I feel safe, it's my home." We were also told, "Generally, I am very safe here." We spoke with a relative who told us, "I have no concerns about [my family member's] safety." A healthcare professional who visits the service also told us, "I have absolutely no concerns that people are mistreated in any way."

A member of staff told us, "The service is safe because we all pull together as a team." They could identify the signs of

Good

Is the service safe?

abuse and knew who to report any concerns to, both internally and to external agencies. One staff member described how they would follow the procedures and another told us, "I know what to look for and who to speak to if I have concerns." Staff had confidence in the management at the service and told us they felt the registered managers would act appropriately in response to any concerns.

The atmosphere in the home was calm and relaxed and people interacted confidently with one another and with staff. A safeguarding adults' policy was in place and information was displayed in the home. People and staff were provided with information on safeguarding and whistleblowing so they knew how to report concerns if they thought that they, or others, had been the victim of abuse. Incidents that happened at the home were reported to the safeguarding authority and to CQC as required and any actions identified were taken by the provider to protect people from harm.

The people we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. For example, one person explained to us that they liked to go to the local shops on their mobility scooter. They explained to us how they could call the staff on duty for help if they needed to while they were out and said, "I have no restrictions on my movement, and go out to the shops on my scooter when I want."

Another person told us, "I feel safe. The bars on my bed get checked so that I can't roll out." We spoke with another person who told us how staff had spoken to them about risks that they were exposing themselves to and what they needed to do to reduce the risk of them harming themselves or others. The relatives we spoke with were happy that risks to people were well managed.

We were told by staff how they used risk assessments to reduce risks to themselves and others while they were providing care to people. Staff explained how everyone in the team, including the administrative staff and managers worked together, providing additional resources to keep people safe in the event of an emergency.

There were risk assessments in people's care plans which identified the level of risk in different situations. We saw that areas of potential risk were highlighted during an initial assessment so that measures to reduce risk could be put in place.

People lived in an environment that was well maintained and preventable risks and hazards were minimised. Regular safety checks were carried out, such as testing of the fire alarm and actions were taken to reduce the risk of legionella developing in the water supply. Staff reported any maintenance requirements and these were resolved in a timely manner.

Good

Is the service effective?

Our findings

People were supported by staff who felt well trained and had the skills to support them effectively. "I'm looked after A1, and can't complain," one person told us. Another person told us they felt that the staff, "Know what is needed and do it." Everyone we spoke with felt that the nursing staff were particularly well trained and met their needs well and a visiting healthcare professional told us they thought the care staff were "particularly good."

Staff told us that they felt they had the skills and training needed to be competent in their role and provide effective care. One staff member told us, "There is lots of training on offer." Another added, "And the training is good!" A staff member who had joined the team a year ago told us they, "Loved the job," and listed off the training that they had completed since they had joined the staff team. They also told us how extra training had been provided to them when needed so that they could be sure they had the skills and knowledge needed to support people well. One of the nurses we spoke with told us how they had been able to broaden their skills while working at the service.

During our inspection training records demonstrated that not all staff had attended safeguarding adults training, however since our inspection we have received confirmation that this had been brought up to date. Details of forthcoming training events were displayed on a noticeboard. These courses offered opportunities for staff at different levels within the home. This meant that everyone had the opportunity to develop their skills. A "care school" had recently been started at the service to support all staff to attain their care certificate. The care certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. We spoke with staff who were part of this program and they told us how informative this was.

People were supported by staff who received regular supervision and appraisal of their work. Staff felt supported by the registered managers and the team leaders, telling us they could speak with them at any time and gave examples of when they had done so. A process was in place to ensure that staff received individual and group supervision as well as an annual appraisal of their work. The records showed that staff received regular supervision. We also heard from a staff member that they had felt well supported by one of the registered managers following an incident in the home.

The people we spoke with confirmed they had agreed to the content of their care plans and we saw staff always asked for their consent before providing care and support for them. One person showed us where their care plan was kept and told us, "The staff sit down and go through my care plan with me." A relative told us how they had been involved in the assessment process so that staff knew how to support their family member. Another relative told us how they were involved in planning their family member's ongoing care alongside the person themselves.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were applied for by a registered manager when needed. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements. We were told how the training scenarios used were backed up with live examples from within the service to assist learning.

People told us they were provided with sufficient quantities of food at mealtimes, which they enjoyed. Between meals, people who needed staff assistance to make their drink or prepare a snack told us that they may have to wait after they had asked until staff were available to help them. Where people could help themselves to refreshments,

Good

Is the service effective?

these were available. People were able to keep drinks and snacks in their rooms and some people had drinks machines so that they could make a hot drink for themselves safely when they wished.

At mealtimes, some people ate together in the dining room. Others chose to eat in their room where they had access to specialist cutlery if they needed it. We spoke with someone who ate in their room who told us, "The food is nice; it is delivered on time and warm." Another person was on a restricted diet, they told us how staff always discussed with them the food that was on offer so that they could make choices. They said, "The meals are not bad, there is plenty to eat and drink and I am never hungry."

Menus for the day of our inspection, and the forward menu plan were displayed on the wall in the dining room. These showed several options each day and a good range of choices. People we spoke with told us that they could ask for something different if they did not like the food on offer and this would be provided. One of the registered managers told us that a local butcher was used to ensure that the produce was a good quality. The food served looked and smelled appetising. Where a person needed assistance to eat, staff assisted them. We spoke with people that needed assistance to eat their meal, and they told us they found mealtimes, "Good and pleasurable."

We saw details of monthly nutritional monitoring which identified those using the service who may be at risk to weight gain or loss. This enabled staff to work with people in a timely fashion to support them to make decisions about their diet, involving the dietician or speech and language therapist if needed.

People had regular involvement with healthcare professionals, from a wide range of disciplines. "I can see my doctor when I need to," one person said. A relative we spoke with told us how reassuring it was that staff kept them updated when their relative had a medical appointment. We were also told by a relative how they were able to accompany their family member to appointments if they wished, which they greatly appreciated.

There was a range of nursing and therapeutic staff available in the home to meet people's needs. We saw that where a healthcare need was identified that required additional expertise; any external support was quickly sourced. For example where there was a concern around tissue viability, a specialist nurse was contacted to advise so that the need could be assessed, treated and followed up until the wound had healed adequately. Staff followed guidance provided by healthcare professionals to assist them in providing effective care. Records we saw showed people had a variety of appointments with healthcare professionals.

During our inspection, we saw various healthcare professionals visit the service and we also spoke to several healthcare professionals after our inspection. They told us that many of the people using the service had complex medical needs which required considerable support and intervention from healthcare professionals. We were told that the care delivered on site was good. One healthcare professional told us, "The healthcare assistants are particularly good," and another said, "The nurses are good and don't make needless calls."

Good

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person said, "Staff are kind and caring all of the time." Another person told us staff were, "Caring and compassionate every time they see me." The relatives we spoke with also felt that staff were caring and had built positive relationships with people. We were told by a relative that they felt their family member was treated with kindness and compassion by all staff, "They come in and chat, even the cleaners." We spoke with another relative who told us their family member could become upset. They told us, "The staff cope with [my family member's] shouting and just brush it off and chat to them."

Comments from staff included, "Everyone has the service users' needs at heart," and "It feels like one big family here." Throughout our inspection we observed interactions between people and staff that were caring, warm and respectful. Staff spoke with people in a kind, friendly and respectful manner, showing understanding of people's personalities and sense of humour. We saw that staff would take breaks in the communal areas and would engage in conversations and banter with people using the service as they passed.

Staff were able to tell us a little about people's life before they came to the service, their work and their interests and how they used this information when supporting them. For example, several people had dogs as pets in the past and enjoyed their company. One of the registered managers had trained and registered their dog as a 'therapy dog' and brought it to work so that people could spend time with it.

People and their relatives told us they were actively involved in planning their care. One person told us, "I am involved in making decisions about my care plan." Another person said, "I am involved in my care. I know what, why and when. I'm told what is going on all the time." We were also told by another person, "I am encouraged to show my independence, it is easy to express my opinions." A relative told us how they were involved in supporting their family member in making decisions about their care. We spoke with a relative who was visiting the service for the first time. They told us they had been very impressed with the way they were able to give input to their family member's assessment and were confident that they were going to be able to be involved in their family member's care plan too.

A staff member described how they always sought to involve relatives in the planning of people's care. Another shared the success of how someone's relatives had designed a daily schedule of the person's familiar routines, which staff followed. Staff also told us that it was important to involve people as much as possible so that they could retain their independence. We observed staff included people in decisions that affected them and offered choices. For example, one person was asked if they wanted to propel their own wheelchair outside, or if they wanted support. We saw other people were asked if they wanted to join in with activities that were organised. A registered manager told us that wherever possible people were able to choose which room they stayed in. This was especially important to those people who came to the service for regular short stays due to the layout of the building.

Everyone we spoke with told us that they were treated with dignity and respect by the staff. "The staff are respectful and always look after my dignity," one person told us, while another person said, "Staff respect my dignity all of the time." A relative confirmed this saying, "All staff take care with personal belongings."

During our visit we saw people being treated with dignity and respect. For example staff spoke with people close by so that others could not hear what was being said. Doors were closed so that people's privacy was maintained while they were receiving care from staff and we saw that terms used in people's records were respectful.

People had access to their bedrooms as well as several communal lounges and meeting places so that they could choose to be alone or with others. Visitors were able to come to the home at any time and we saw people receive visitors during our inspection. People told us they were able to invite their friends or relatives to eat with them while visiting if they wished.

Good

Is the service responsive?

Our findings

Some of the people who spent the majority of their time in their rooms and did not take part in organised activities told us they felt lonely and bored. Relatives also told us they felt that boredom was a concern where their family members remained in their rooms. A member of staff also told us that they felt, "Those who do not need one to one care can fall through the cracks." This was because activities were not widely offered on a one to one basis to people who did not want to take part in the program of organised group activities. However other people told us how they enjoyed accessing on line games and activities when they were alone in their room as there were internet connections that they could use for this purpose. Furthermore some people had additional funding agreed for them to receive one to one support to enable them to participate in their chosen leisure pursuits.

We found the home had a program of regular group activities, which people could join in with if they wished to and were able to. These were planned for each weekday morning and afternoon as well as occasional evenings. Some activities took place in the home, and others were out in the local community. We saw a 'curling match' that had been arranged taking place in the home and a seated exercise session which people appeared to enjoy. There was also a program of trips out and cultural celebrations. We saw photographs of the recent Halloween party on the wall and people told us about the Christmas shopping trip to a shopping centre the weekend previous to our visit. One of the people living at the home who we spoke with told us how they arranged an annual dog show.

When we spoke with people about the care they received, people felt they received the care they required and that it was responsive to their needs. One person told us, "My care is tailored to my individual needs." Another person said, "My care is reviewed regularly." Someone also told us how staff would take them where they wanted to go and we saw this happening during our visit. A relative told us that they felt care was given when needed, and another said, "The service is very responsive to [my family member's] needs."

Information about people's care needs was provided to staff in care plans. Routine updates were made to these by the nursing staff. When people's needs had changed between routine updates, peoples care planning records were not always updated immediately to take account of these changes. However, measures were put in place to ensure that people received the correct care and staff were made aware of any changes so that they could ensure that people's needs were met. For instance, in one person's care planning records we saw a hospital discharge letter which stated an optimum amount of daily fluid intake. The persons fluid intake was monitored using fluid charts so that staff could be sure that they had been given sufficient fluids to keep them healthy.

People knew who to speak with and how to raise a complaint if they felt the need to do so. A person told us when they had raised a complaint it, "Was acted on instantly." Another person told us that they had been reluctant to make a complaint, but when they did, "It was acted upon straight away," and they were happy with the outcome. We spoke with some family members who had made complaints. They said that they had been resolved quickly and also said that when they spoke to staff about "niggles", these were resolved.

We reviewed the record of complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainants and appropriate responses were sent. Where the complaint was not upheld, the complainant had also been notified. Outcomes of the complaints were well documented and this included any lessons that had been learnt to improve future practice. These were shared with the leadership team at the service during a weekly leadership meeting.

Good

Is the service well-led?

Our findings

There was an open culture in the home and people felt comfortable and confident to speak with the staff that were supporting them. The staff we spoke with during our visit were friendly and approachable. They told us there was a culture within the service of, "Putting people's needs first." They understood their roles and responsibilities and their interaction with those who used the service was very good. Staff spoke highly of the registered managers and the leadership team. They told us they felt well supported by the nurses, the registered managers and other managers at the service and had confidence that they would get the support they needed if they had a problem

The position of the offices within the service meant that the leadership was visible and accessible to those who used, visited and worked in the service. Everyone on the staff team we spoke with had confidence that they could raise issues if they needed to and that the appropriate action would be taken. They knew where matters could be raised higher up within the organisation, or if they felt that matters were not being resolved within the service they knew who to speak to outside of the organisation.

Clear communication structures were in place within the service. There were regular staff meetings which were mandatory for all staff to attend. This enabled the registered manager to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. For example, during these meetings, time was taken to discuss the learning from any incidents in the home since the last meeting.

People were able to benefit from strong links that had been forged with the local community. One of the people who lived at the service told us how they organised a dog show each year to raise funds. People were able to participate in activities that happened locally if they wished, some of which had been set up with consideration of the physical needs of those using the service to promote inclusion. We saw that the service had formed a partnership with a local ladies football club, who supported, and also received support from the service.

The home was led by registered managers who ensured that the aims and values of the service were maintained at all times. There was a clear staffing structure in place and the registered managers appropriately delegated key responsibilities to staff that they felt were confident and able to carry them out. For example, the reordering of medicines was undertaken by the pharmacy technician. There was also an on-going programme of redecoration and refurbishment to the building including some bedrooms. We saw key staff being involved in plans for future developments of the service.

People were supported by staff who were clear about what was expected of them. A staff member told us, "We are a team that works well together, support is always available from the nurses and managers." Policies and procedures governing practice were available, and summarised in a staff handbook. Each staff member had a copy, which meant that they could develop a clear understanding of key documents and access the guidance quickly if they needed it.

The conditions of registration with CQC were met. To ensure the smooth running of the service, there were three registered managers at the time of our inspection. Each of the registered managers understood their responsibilities to CQC and also their delegated responsibilities within the service.

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way. The providers of the service had a strong presence at the service to support the registered managers. There was clear delegation of tasks among the leadership team with each member knowing what was required of them. In turn, staff understood who was responsible for what in the running of the home.

One person told us, "This is the best care home I have ever been in." There was a comprehensive system of audits in place to check that the home was of a high quality to ensure that internal standards were met along with other regulatory requirements. This included audits that had been completed in areas such as health and safety, medicines administration, infections, accidents and fire. Records were also kept of other indicators which could impact on people's well-being such as the number of hospital admissions and the range of professional practitioners visiting the home. The findings of these audits were reviewed by one of the registered managers to help inform decisions that they made in the running of the home.

Good

Is the service well-led?

Staff told us that they did ask those using the service for their feedback on specific issues and we saw collection boxes for people to leave written comments. Recent feedback of people's experiences was displayed on a noticeboard. For example, outside the dining room, a noticeboard displayed feedback on what people had said about changes to the menu for the winter which had been made prior to our Inspection.