

Pathways Care Group Limited

Thurston House

Inspection report

90 High Street
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Tel: 01908617173

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 January 2018 and was unannounced.

Thurston 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.

Thurston House is registered to accommodate up to seven people. The service supports people with mental health needs and additional learning disabilities. The service is a three-storey house with bedrooms and communal living areas, in a residential area in Newport Pagnell. At the time of our inspection, seven people were receiving care.

At the last inspection in November 2015 this service was rated good. At this inspection the service is rated as requires improvement. This is the first time the service has been rated requires improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to people had not always been recognised and assessed. Window restrictors were not in place on the first and second floor of the building and window pulleys were broken.

The premises was not always adequately clean and maintained. A bathroom was unclean; the ceiling and walls contained mould. Food hygiene practices required improving and routine testing of the fire alarm system had not been undertaken as often as required.

People's privacy and dignity was not always protected and confidential information was not kept securely. We have made a recommendation about keeping records confidential.

Audits in place to monitor the quality and safety of the service were not effective and the registered manager and provider lacked oversight of the service.

There was enough staff to meet people's needs and safe recruitment procedures were followed. There were safe systems in place for the management of medicines and accidents and incidents had been recorded and investigated appropriately.

Care plans contained information about people's assessed needs and their preferences and people and their relatives were asked for feedback on improving the service.

People's health and well-being was monitored by staff and they were supported to access health professionals. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

All staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The premises had not been adequately maintained and kept clean.

Infection control procedures required strengthening.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs and staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received support from staff who received effective support and guidance from the registered manager.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's privacy and dignity was not always protected and promoted.

Confidentiality was not always maintained.

People were encouraged to maintain or develop their independence.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was a lack of oversight by the management team in the day to day culture of the home.

Records were not maintained in accordance with the Data Protection Act.

Audits relating to the quality and safety of the service required strengthening.

Thurston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced comprehensive inspection of Thurston House took place on 5 January 2018 and was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection we spoke with four people who lived in the home. We spoke with six members of staff; this included; four care staff, the deputy manager and the registered manager.

We observed care and support in communal areas including meals being served. We looked at the care records of four people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, feedback from people, relatives and professionals, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

The service was not always safe. During our inspection, we were shown around the building, including people's bedrooms. We found that window restrictors had not been fitted to any windows. Most of the windows were large sash windows and opened vertically more than 60 centimetres in height. The Health and Safety Executive guidelines states that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. The window pulleys that were in place to enable windows to remain elevated were broken resulting in other objects being placed under the window to keep them open. There is a risk of harm unless suitable precautions are taken.

A bedroom with an en-suite contained black mould on the ceiling, walls and electrical casing. The shower cubicle was not visibly clean. There was a dip in the bathroom floor in front of the basin approximately two feet wide, which raised concerns about the stability of the support beams. In the kitchen of the home, a portable radiator had not been routinely cleaned. There was evidence of spilt food and fluids and a build-up of dirt.

We spoke to the registered manager about our concerns who informed us that window restrictors had not been considered as required and the window pulleys had not been identified as broken. The registered manager had completed an environmental audit of the en-suite bathroom in November 2017 but had not identified the concerns raised. We spoke with the registered manager and area manager after the inspection who informed us that quotes were being sourced to replace the windows and to have window restrictors fitted. We were also informed that the en-suite bathroom had been deep cleaned and mould removed; the ventilation issue had also been rectified.

The provider failed to ensure that the premises and equipment used were clean, secure and properly maintained. This was a breach of Regulation 15 (1) (a)(b)(e) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a communal lounge and dining area that people were able to access and use. However, there was a chair in the lounge that was in a state of disrepair and was not safe to sit on. We requested the chair be removed from the lounge immediately to ensure people's safety. The garden contained two discarded mattresses, a sofa and chairs. This did not create a welcoming place for people to enjoy. In the dining room there were three locked storage cupboards, in which staff stored their personal belongings. We spoke to the registered manager about how people's shared communal dining room was not the appropriate space for staff to store their personal items. The staff and registered manager told us there was no other appropriate space in the building; however there were other areas identified throughout the discussion that would be more appropriate and did not affect people's shared living area.

People were not protected from a service that practiced satisfactory infection control. We were informed and viewed records relating to checks that took place to identify out of date food in the kitchen fridge. The checks had been signed to say that they had been undertaken on the day of the inspection. However, upon

checking food in the fridge it was noted that five foods were out of date by more than two days, including fresh meats and sandwich fillers; jars of food had been opened and stored longer than recommended on the jar or bottle.

There was a lack of guidance in place for care staff to follow to enable them to identify what checks they were undertaking in relation to infection control. For example, care staff were ticking a box and signing to say they had completed kitchen checks, but there was no list of what kitchen checks should include. However, the staff confirmed that they had checked the fridge for out of date food on the day of the inspection and concluded they 'must have missed some items in the fridge'. The registered manager informed us that they would be monitoring the kitchen checks more closely.

People were not always protected from identified risks. The registered manager informed us that kitchen knives were kept locked in a cupboard because there was a risk that people could potentially use knives to harm themselves or others. However in the garden there was a summerhouse, which was used to store garden equipment and also as a smoking shelter for people using the service. In the summerhouse was a large pruning saw and a pair of garden shears, which had the potential to cause harm to people or others. The registered manager informed us that the garden equipment would be stored in a different place.

People were not always safe because procedures were not always followed. The procedure for ensuring the fire alarm was working effectively detailed that the fire alarms should be tested on a weekly basis. Fire drills should occur six monthly and a record to be kept detailing how long it took everyone to evacuate the building. We viewed records and the deputy manager confirmed that fire alarm tests had not been undertaken for four weeks. The explanation given was that the paperwork where the tests are recorded had no space left to record that a test had taken place. We asked if a test had taken place and not been recorded and it was confirmed tests had not taken place for four weeks. There was no record that fire drills had been undertaken. The registered manager informed us that the maintenance person undertook fire drills; however records were not available for the inspector to view.

The provider failed to ensure that known risks were mitigated, ensuring the safety of the premises and detecting and controlling the spread of infections. This was a breach of Regulation 12 (2)(b)(d)(h) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living within the service, and with the support that staff gave them. One person said, "Yes I feel very safe." We observed that people appeared comfortable with the support staff were giving them, and staff were able to identify when people may be feeling uncomfortable and therefore more likely to display behaviours that may challenge.

We talked with the staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would report anything I was concerned about to the registered manger, and they would take it further. I could also report it within the organisation." We saw that staff had been trained within this area, and were confident that concerns were always followed up promptly by the registered manager.

The service supported people with mental health needs, who may at times display behaviours that challenge. We saw that comprehensive risk assessments had been created to identify risks that were present for each person. Risk assessments were personalised to each individual and clearly explained how staff should support them. Environmental risks were assessed to include each person's road safety awareness, and risks that may be apparent within the community. Behavioural support plans were in place to describe what might trigger a certain feeling or behaviour for a person. This included the social and emotional

support for people with complex needs, and promoted people's independence as much as possible.

There were enough staff to meet people's needs. One person told us, "There is always enough staff here." The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. One staff member said, "We are lucky here and we have a stable staff team, we all cover for each other when staff are sick or take annual leave." The registered manager told us that no agency staff were used. Rotas we looked at confirmed that staffing was consistent and people's needs were being met.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. All the staff we spoke with confirmed that these checks took place and they were not able to start work until the results had come back clear.

People were supported safely with their medicines. One person said, "I get my tablets on time; I'm hoping to start doing [administering] them myself soon." The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used, and regular temperature checks took place within the storage area. We looked at stock levels of several medicines, and saw they were accurate.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. One staff member said, "If there have been any incidents, we talk through them as a team and work out what improvements we can make."

Is the service effective?

Our findings

People were pre assessed before receiving any care, to make sure the staff were able to provide the correct care and to fully understand and meet their needs. The registered manager told us they would work with the local authority commissioning team in assessing referrals, and then personalise a transition for each person. This would consist of a full assessment of needs, and visits to the service to ensure they were happy, and that they could be supported effectively. We viewed pre assessment documents and found that these covered all aspects of a person's life including how they communicated, religious and cultural beliefs and their preferences.

People told us that the staff were skilled and were able to deliver care effectively. One person said, "The staff are good; they know how to calm me down if I am having a bad day."

Staff received induction training before starting work within the service. The staff we spoke with confirmed that this included the providers basic mandatory training such as safeguarding adults, moving and handling, infection control, food hygiene and more. One staff member told us, "When I first started I had lots of training, shadowed more experienced staff and got to know the residents living here." The registered manager told us, "Shadow shifts can be extended if people request more to feel more confident." All the staff we spoke with confirmed they took part in this induction process.

All staff told us they received on going supervision and support from the registered manager, which included one to one support. One staff member told us, "I have supervision, I can discuss any concerns I have or talk about anything that is working well or not working. The supervision charts we saw confirmed that regular supervision and support took place.

People were supported to eat and drink and maintain a healthy and balanced diet. One person told us, "I like the food. We choose the menu every week and we all have one of our favourite meals." We saw that pictorial guides were available for people to choose what they wanted to eat. A staff member told us, "We know what people's preferences are so with that in mind we sit down once a week with everyone and we devise a menu and shopping list." We saw that there was a pleasant and calm atmosphere created for people to enjoy their food at their own pace. People's care plans clearly documented what their preferences were, and any dietary requirements were observed by staff.

The service worked and communicated with other agencies and staff to enable effective care and support. For example, mental health professionals. We saw that records were kept by the service in relation to other professionals involved in people's care, and that the service was able to communicate effectively for the benefit of the people using the service.

People had access to the health care support they needed. One person said, "I see the doctor and dentist, the staff go with me." Another person told us they had visited the local GP surgery on the morning of inspection. We saw health requirements were recorded in detail in people's files, and the staff we spoke with had a good knowledge about the individual health conditions that people had, and how best to support

them.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been undertaken with people and best interest meetings had been held where appropriate. No one currently using the service was deprived of their liberty as defined within the Mental Capacity Act.

Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out and whether they wanted staff support to undertake certain tasks. Staff made sure to give people choice, wherever it was possible.

Is the service caring?

Our findings

People's privacy and dignity was not always protected. There was a shift plan for staff to follow on a notice board in the dining room. This contained a summary of the requirements staff needed to undertake. For example, administer medication. However the shift plan also documented what people required support with personal care. We spoke to the registered manager about how this infringed on people's right to privacy and dignity, they told us that care staff did not complete all the delegated tasks unless it was on display for them to view. The registered manager informed us that this would be readdressed in supervision with the staff.

People's confidential information was not stored appropriately. People's care plan documentation that included confidential details about a person's life, medical history and family were stored in an unlocked cupboard in the lounge. When we spoke to the registered manager about our concerns they told us that people were able to view their care files at any time. The registered manager had not considered that people could also view other people's care files and this would breach every person's right to confidentiality. The cupboard was locked towards the end of the inspection but it was evident that an unlocked cupboard was normal practice within the service. The registered manager was aware of the policies and procedures in place that gave information to people about how request to view their personal files; so the practice of locking the care files in a cupboard was not restrictive.

We recommend that the service seek advice and guidance from a reputable source, about protecting people's confidential information in line with the data protection act.

People using the service and their relatives were all positive about the quality of care provided by the staff team. One person said, "The staff are nice and fun." Other comments from people living at the service included the following "I get on well with everyone and [registered manager] always gives me time to talk after I have had a difficult day." We viewed feedback from a relative which said, 'Staff are very helpful and kind and always willing.'

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. We saw many examples on the day of inspection where care staff were accurately predicting people's responses to situations and were able to positively distract and refocus people on other tasks. Care planning documented the personality and skills of each person. Goals and aspirations were recorded so that staff could support people to achieve what was important to them.

People felt involved in their own care and support, and relatives of people were involved in people's care when they could not be. One person we spoke with said, "I am fully involved with my life; the staff support me but the choices are mine." Staff members were given the role of 'keyworker' which meant they took a lead in making sure people were as involved in their own care as they could be. The keyworker role included ensuring people's care plans were reviewed with them, following up on any appointments and supporting people to purchase personal items.

People were able to express their views in residents meetings. We viewed minutes to the meetings that had been held and saw that discussions had taken place about the environment, activities, menu planning and complaints.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had care plans in place, which documented their care in a personalised way. This included information such as lifestyle choices and preferences, religious beliefs, family and personal history. For example, it was clear in people's care plans if people had a preference to what gender of staff supported them with personal care; staff also confirmed they were aware of people's preferences.

People were able to have as much independence and choice and control as possible. We saw in one person's care plan that they were now able to access the community independently on routes that were familiar to them. It was evident that care staff had supported the person consistently with accessing the community, understanding bus timetables and what to do in the event of an incident. This consistent and positive approach enabled a young adult to travel independently so they could participate in activities of their choice.

People were able to take part in activities that were important to them. For example, people told us about a local disco they enjoyed attending, football training, swimming, cinema and shopping trips. People were also supported to visit their family. One person told us, "I visit [relative] every couple of months in London, I stay overnight and one of the staff support me." We also saw that people had opportunities to be involved in voluntary work and access to work opportunities in local shops and businesses.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that there were many examples of easy read and pictorial guides for people to use to understand information and make choices.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person told us, "I haven't made any complaints, but I would just talk to [registered manager]; she is on the ball and would sort it for me." We saw that the service had a complaints procedure and policy that was used to record and respond to all complaints. For example, a complaint was made from a neighbouring property in relation to a tree; we saw that the tree had been cut back following on from the complaint. Complaints that were made were recorded, and responses were documented with any actions taken to improve quality when required.

No end of life care was being delivered at the service, but there were policies and procedures in place to help guide staff in completing end of life care plans if and when required. People were given the option to discuss advance wishes. People we spoke with confirmed they did not wish to discuss end of life care.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The registered manager lacked oversight of what the day to day culture and practice was like in the home. Although people received care that was person centred, the culture of the service was inward looking. The registered manager and staff we spoke with had not recognised how their practice had resulted in them becoming complacent. For example, not taking appropriate action when windows were held open by pots of cream, ticking checklists stating that tasks had been completed when they had not been undertaken to the required standard.

There was a lack of ownership and responsibility across all levels of staff at the service. All staff who had supported the person in the en-suite bathroom that was not adequately maintained or cleaned had failed to recognise this. Care staff had not reported their findings to the registered manager or a representative of the provider. The registered manager had completed an audit on the en-suite in the previous couple of months and had failed to recognise that it was inadequate and unacceptable for a person to use. All staff in the home on the day of the inspection were able to see that the chair in lounge was not safe, the seating support straps were broken and touching the floor, however all staff either failed to see the risk or failed to take appropriate action. The portable radiator in the kitchen had been unclean for a period of time, all staff had failed to recognise this and take any action.

The majority of staff had completed infection control and food hygiene training but had consistently failed to recognise out of date foods stored in the fridge. The majority of staff had completed a national vocational qualification or the care certificate; both qualifications cover confidentiality and data protection, privacy, dignity and respect; however all staff had failed to recognise that the storage of care plans in an unlocked cupboard breached the data protection act.

There were audits in place to monitor the quality and safety of the service; however these audits were not effective. For example, audits had been completed on each room in the home but failed to identify the mould on ceiling, window restrictors were not in place, window pulleys were broken and equipment that was not visibly clean. The audits failed to take in to account the impact on people. For example, cupboards in peoples shared dining room that could not be accessed by them and contained staffs own personal possessions. A shift plan pinned on a communal notice board detailed who required personal care.

The area manager completed monitoring visits on a regular basis in the home and had not identified the concerns raised on the inspection.

There was a lack of oversight by the provider and registered manager to effectively assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 (1) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service sought feedback from people and their relatives. The feedback was positive and included, "The staff are very helpful" and "The staff treat me nice."

The staff were positive about the support they received from the registered manager and felt supported in their role. One care staff said, "I can discuss anything with [registered manager], they are approachable and they know all of residents really well."

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts had been raised with the local authority when required and the service had provided information as requested to support investigations.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Known risks had not always been acted upon. Infection control practices required improvement and fire tests had not been undertaken as per the providers own procedures. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of oversight by the provider and registered manager to effectively assess, monitor and improve the quality and safety of the services provided. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>There was a risk of harm because appropriate precautions had not been undertaken in relation to ensuring window restrictors were in place on windows on the first floor and above.</p> <p>The premises had not been adequately maintained and was not visibly clean.</p> |

The enforcement action we took:

We issued the Registered Manager and provider with a warning notice and gave a timescales of when they were required to be complaint with the regulation.