

Pathways Care Group Limited

44 Sedgley Road

Inspection report

44 Sedgley Road
Dudley
West Midlands
DY1 4NG

Tel: 01902887630

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08 December 2015

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection was unannounced and took place on 8 December 2015.

A new provider had been registered for the home in May 2015. This was their first inspection.

The provider is registered to accommodate and deliver personal care to five people who lived with a learning disability or associated need. Four people lived at the home at the time of our inspection.

The manager was registered with us as is required by law. 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.

Staff knew what they needed to do to ensure the risk of harm and abuse but they had not notified us of an incident that had occurred that they were required to.

Medicines were managed safely and were given to people as they had been prescribed.

Staff received induction and the day to day support they needed to ensure they met people's needs and kept them safe.

Kind and caring staff were available to meet people's individual needs. Staff had received the training they required to fully equip them with the skills they needed to support the people in their care.

Recruitment processes ensured that unsuitable staff were not employed.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

People felt that they were offered and enabled to engage in recreational activities that met their preferred needs.

Systems were in place for people and their relatives to raise their concerns or complaints.

People, relatives and staff felt that the quality of service was good. The management of the service was stable and staff and relatives had confidence in the leadership of the home.

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 consistently safe.

The provider had not fully followed their procedures as they had not reported to us an incident of aggression.

There was some outstanding work regarding emergency lighting and gas equipment that needed to be addressed to ensure people's full safety.

Medicines were given to people as they had been prescribed.

Recruitment systems helped to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good 

The service was effective.

People felt that the service was effective and met their needs.

Staff had the knowledge they needed to meet people's needs in the way that they preferred.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

Is the service caring?

Good 

The service was caring.

People and their relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good 

The service was responsive.

People and their relatives felt that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Good ●

The service was well-led.

The management of the service was stable. Regular audits were undertaken to determine shortfalls or see if changes or improvements were needed.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager. Staff felt adequately supported by the management team.

People and their relatives knew who the registered manager was and felt they could approach them with any problems they had.

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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.

Our inspection was unannounced and took place on 8 December 2015. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

The deputy manager was involved in the inspection as the registered manager was on leave at the time. We met and spoke with all four of the people who lived at the home. We spoke with four care staff, the deputy manager and the relatives of two people. We looked at the care files for two people, medicine records for three people, training records, recruitment, complaints, safeguarding and quality monitoring processes. We looked at provider feedback forms that had been completed by the people who lived at the home and their relatives.

Is the service safe?

Our findings

A person told us, "Everyone is nice. Nothing bad". A relative said, "I have no concerns. No abuse". Staff told us that they were not aware of any abusive practice. A staff member said, "I would not allow abuse". All staff we spoke with told us that they had received training in how to safeguard people from abuse and this was reflected on their training records. All staff we spoke with gave us a good account of what they would do if they were concerned or worried regarding abuse. They knew that they could report to the police or social services if they were concerned. Staff told us and records confirmed that if there had been incidents between the people who lived there in the past these had been reported to the local authority for investigation. However, accident records that we looked at highlighted that an incident of physical aggression had occurred between two people in August 2015. Although the local authority had been informed of the incident the provider had not informed us as they should have done.

We checked the records and money held in safe keeping for two people and found that the money balanced correctly against the records that we saw. Only a limited number of staff had access to the money. The deputy manager told us that there was a hand over process between staff shifts to ensure that the money was correct. We observed the handover of the money taking place. This ensured people's money was safeguarded.

We saw that service certificates were available to confirm that most fire prevention equipment was safe. However, we saw that the engineer had highlighted that some replacement bulbs were needed in relation to the emergency lighting. Work had also been highlighted as needing to be carried out on gas service report. Records that we looked at highlighted that the staff had asked for a panic alarm to be installed in the kitchen. This was so that they could summon assistance if they needed to when supporting people in the kitchen. The records read, "The manager will look into this". However, the deputy manager told us that this had not been achieved and the work highlighted in the emergency lighting and gas reports had not yet been completed. This highlighted that attention was needed to fully ensure people's safety and well-being.

We found that one person's Medicine Administration Record (MAR) did not highlight which eye their eye drops should be instilled in. This meant that there was a risk that staff could have instilled the drops into the wrong eye. By the end of our inspection the deputy manager had communicated with the pharmacist who updated the MAR to highlight which eye the drops should be applied in.

A person told us that they were happy that the staff managed their medicine. They said, "I don't like that" [doing their own medicine]. Records we looked at highlighted how to take their medicine. One gave an example of with water. This showed that staff ensured that people took their medicine in their preferred way.

We found that the MAR highlighted and carried over any left over medicine from the previous month or months. This meant that there would always be a record of the exact amount of medicine available for each person. We counted two people's medicines to see if the number of medicines available balanced correctly against the MAR and found that they did.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. We also saw that most staff who managed medicines had been assessed as being competent to manage medicine. This was to prevent risk to people from unsafe medicine practices.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that there were processes in place for ordering and returning unused medicine to the pharmacy. Staff we spoke with and records confirmed that medicine audits were undertaken regularly to ensure that medicine systems were safe and that people were being given their medicine as they had been prescribed. During our inspection the pharmacy provider visited and carried out a medicine audit.

We saw that two people's MAR highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were protocols or care plans in place to instruct the staff when the medicine should be given. This ensured that staff gave people their medicine when it was needed and did not give medicine if it was not needed.

People told us that they felt safe living at the home. A person said, "I feel safe". Both of the relatives we spoke with told us that their family members were safe. One told us, "They are safe. If I thought that they were not they would not be there". A staff member told us, "I think all people here are safe". We saw that risk assessments had been undertaken to explore any risks these included going into the community and people cooking in the kitchen. To reduce the risks the assessments highlighted how many staff were required to support people when they were out in the community and how staff should support people in the kitchen. These actions meant that people should be at less risk of accidents and injury.

People told us that there were enough staff to meet their needs. A person said, "There are enough staff". A relative said, "There always seems to be enough staff. When we visited last weekend there was a staff member for each person and two extra". Staff we spoke with told us that in their view there were enough staff. We observed staff were available during the day to supervise people, keep them safe and allow them to go out into the community. The deputy manager told us that staff covered each other during holiday time. This was confirmed by staff we spoke with. The deputy manager and staff told us that agency staff were not used. This meant that people would be supported by staff who were familiar to them and knew their needs and risks.

A staff member said, "I had all my checks done before I could start work". All staff we spoke with told us that checks had been undertaken before they were allowed to start work. This was confirmed by the deputy manager who told us that the checks included the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. The deputy manager told us, "A while ago one applicant could not give us a full employment history to evidence that they would not be a risk to the people here. Because of this we did not give them a job". These actions minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

A person told us, "I do like it here". Another person said, "It is good". The two relatives who we spoke with also told us that the service was good. One relative said, "It is a good place". The other relative told us, "Very good the staff do a good job". A staff member told us, "All people here are looked after well".

A new staff member told us, "I had induction when I started. I looked at policies and people's care plans. I met the people and worked with experienced staff for a couple of weeks". The staff member and the deputy manager told us that the provider had introduced the new 'Care Certificate'. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work.

The new staff member said, "The manager and all staff have given me so much help and support. I really love working here". All other staff we spoke with also felt supported on a day to day basis. A staff member said, "The manager is brilliant so supportive". A staff member told us, "I have regular supervision sessions with the manager". Other staff we spoke with also told us that they had supervision regularly. Records that we looked at confirmed this.

People we spoke with said, "The staff look after me". A relative told us, "The staff have the knowledge they need". All staff we spoke with told us that they had the training they needed to enable them to do their job. A staff member said, "The manager is very strict about training. They make sure we do our training". Another staff member said, "I feel confident to do my job as I have been trained to do so". Records that we looked at confirmed that staff had received mandatory and specialist training for their role which would ensure they could meet people's individual needs.

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 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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The deputy manager told us and records that we looked at confirmed that one person had a DoLS approval on their file. Staff told us, and records confirmed that, DoLS applications had been made for the remaining three people. The local authority had not to date made a decision about these. Staff we spoke with were aware of the principles of MCA and DoLS. The staff knew the reason for the current DoLS approval and knew that the person should not be restricted for reasons other than what had been approved.

A person told us, "The staff ask me". Staff we spoke with were clear that they should ask people's permission before they provided support. A staff member said, "We must always explain to people and ask their view

and permission first". We heard staff say, "Shall I get your lunch now or later?" and, "Do you want me to help you?".

Is the service caring?

Our findings

A person smiled when they said, "The staff are nice". A relative told us, "The staff are good, caring and kind". A staff member told us, "I think all of the staff are kind and helpful to the people and to each other". We saw that staff were friendly towards people when interacting with them. We saw that people were calm, smiling, and laughing. We found that the atmosphere was happy and welcoming.

We heard staff asking people how they were, what they wanted to do, and showing an interest in them and their interests. People told us that staff encouraged them to make everyday choices. A staff member asked one person, "Do you want to go out now or later?" and, "Would you like to go back to your room?" We also heard staff asking other people what they wanted to do and where they wanted to go.

Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. We saw the provider's confidentiality policy. Staff we spoke with confirmed they read this and followed it at all times. A staff member told us, "We don't talk about the people who live here".

A person said, "I wear what I want to wear". A staff member said, "People here can choose what they want to wear. We support them to go shopping to buy new clothes". We saw that people wore clothes that were appropriate for their age, gender and the weather. Staff knew that people's appearance was important to them. A person liked their hair styled by staff and records that we looked at confirmed that staff did this each day.

A person said, "I do vacuuming and cleaning". This was confirmed by the staff we spoke with. Another person liked to help staff to prepare food. Their relative said, "They [their family member] like to help the staff". Records that we looked at confirmed that people were encouraged to undertake a range of daily living tasks which was confirmed by staff we spoke with. Staff we spoke with all told us that they only supported people when it was needed. A staff member said, "We encourage people to be as independent as possible".

People confirmed that staff communicated with them in a way that they understood. Staff told us that all people could communicate their needs and wishes verbally. Records that we looked at confirmed this. A care record read, "I can speak well and communicate with everyone". Our observations during the inspection demonstrated good communication between staff and the people who lived there. We observed a staff member communicating with a person using verbal communication. They also used signs and symbols to promote the person's understanding. We saw that the person responded to the staff member and clearly understood what the staff member had communicated to them. We heard and observed staff communicating verbally with other people. People responded appropriately to what the staff had said either by responding verbally or by undertaking a task which illustrated that they had understood.

A person said, "I like to see my family". Staff told us that people could have visitors whenever they wanted to.

A relative told us, "We can go and visit at any time and we are made to feel comfortable and welcome".

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The deputy manager told us and records confirmed that one person had the input of an advocate at the time of our inspection.

Is the service responsive?

Our findings

A person told us, "They [the staff] know me". A relative said, "The staff know them [person's name] well and meet their needs. A staff member told us, "I am new but already feel that I know people well. I looked at the care plans and have worked with all of the people here".

Relative told us, "We are always involved in their [person's name] care planning. We are also invited to reviews of their [person's name] and are listen to, changes are made where appropriate". Staff told us and records that we looked at confirmed that people were involved in their monthly care plan evaluations.

Staff told us that they were aware of what was written in people's care plans. When we asked staff about people's needs they had a good knowledge and told us how each person needed to be supported. The care plans and records that we looked at were individualised and reflected people's needs. They highlighted that care had been planned around likes and what was important for them.

Staff told us that no person wished to follow their preferred faith or attend any religious ceremonies. However, staff confirmed that if people changed their mind they would be supported to follow their faith.

A person told us, "I go out". A relative told us, "They [person's name] were not happy to go out. The staff have given a lot of support and encouragement and they have started to go out and enjoy it". People could access the community on a daily basis to shop, go to chosen places of interest or eat out either with staff or their families. During the day we saw people going out with staff and returning. People told us that they had enjoyed going out and were smiling. At home people had their own interests. One person enjoyed watching films. We heard them singing along to the music on the film. Another person liked to listen to music in their room.

People told us that staff asked their views about the service provided. A person confirmed that they could attend meetings. We saw recently completed provider feedback forms on care files that had been completed by relatives. The overall feedback was positive and confirmed that they were happy with the service provided.

People told us that they knew how to complain. One person said, "I'd tell staff". Relatives told us that they were aware of the complaints procedure. A relative said, "I would not hesitate to complain or make my views known if I was not happy about something". We saw that complaints procedure was available. It had been produced in pictures and words to make it easier for people to understand. One complaint had been made by an unknown source. This had been looked into by social services staff who had not upheld the complaint, but had made some minor recommendations, that we found had been addressed.

Is the service well-led?

Our findings

A person said, "Good place". A relative said, "I am very pleased. It is a good service. The manager makes sure that the staff work to meet people's needs". Another relative said, "I am happy with the service provided". Staff we spoke with were positive about the service and told us that they felt it was well-led.

The provider had a management structure that staff and relatives understood to promote a good service for the people who lived at the home. The registered manager was supported by a deputy manager. A relative said, "The manager is excellent they listen to us". Another relative said, "Since this manager has been in post things have improved so much. We feel comfortable to approach and speak with them at any time". A relative told us, " Before this manager came the place was not good. Now the organisation is so much better. The staff are much better managed and are there for the people rather than themselves".

All staff we spoke with were very positive about the manager. A staff member said, "I feel supported". Another staff member said, "We have regular meetings and are given direction". Staff told us that they were listened to by the provider and registered manager and they felt valued. A staff member said, "We have worked as a team to develop and improve things here. There have been so many positive changes since the new manager came to work here." Another staff member told us, "There is an on-call rota all staff know that outside of core business hours we only have to ring for advice".

We saw that audits were undertaken that included the safe keeping of people's money and medicine management. We saw that an analysis of accidents and incidents that included minor injuries and incidents of aggression were monitored to determine patterns and trends to reduce these.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager straight away. If I was not happy with what was done I would go to social services I did that before in my other place". Staff told us that a whistle blowing procedure was in place for them to follow and they would use it if they had a need.