

Pathway Healthcare Ltd

# Livingstone House

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Livingstone House is a residential care home providing personal care to five people with learning disabilities and associated behaviours which may challenge. The service can support up to six people in a six bedroom house, each with their own bathroom.

### People's experience of using this service and what we found

People told us that staff were kind and helped them to keep safe. Family members told us their relatives were safe. Staff understood their roles in safeguarding people from harm. Risks to people were assessed and emerging trends were identified. There was guidance for staff on how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns. Staff followed good infection control practices and government guidance in relation to COVID-19.

The service applied the principles and values of: Right Support, Right Care, Right Culture and other best practice guidance. These ensured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes that included control, choice and independence.

The provider used effective systems of quality assurance and governance which improved people's experience of care. Building safety was regularly audited and regular health and safety checks were completed by staff and by external professionals, who adhered to COVID-19 safety restrictions.

The registered manager openly engaged with external agencies. Family members and a health care professional were complementary about the management and culture of the home. Staff told us they felt supported by the registered manager who encouraged their development and was always available to them for advice and reassurance.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

### Right support:

- People in Livingstone House were supported to access local shops and amenities, as well as countryside walks. Staff were observed to enable people to make day to day choices, including around food choices and activities. The provider engaged with local commissioning partnerships in order to strive for continuous improvement.

#### Right care:

- Staff understood people's specific care needs and preferences and supported people in a person-centred way. We saw that people's dignity was respected and any personal care required was done discretely and the person's dignity was not compromised. Staff enabled people to make choices about how they wished to communicate and how to be supported in any given activity. People had been supported to personalise their own rooms and communal areas.

#### Right culture:

- The leadership team and staff showed commitment and respect to those whom they supported. They spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible. Staff told us how the needs and views of those whom they supported were paramount and must be respected at all times. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 06 September 2019 and does not currently have a rating.

#### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people from the risk of abuse. We found no evidence during this inspection that people were at risk of harm in relation to these concerns. Please see the Safe and Well-led sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

This service was registered with us on 06 September 2019 and does not currently have a rating. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

This service was registered with us on 06 September 2019 and does not currently have a rating. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Livingstone House

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had about the safe care of people.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Livingstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We monitored information received about the service and used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service and one relative about their

experience of the care provided. We spoke with four members of staff including the registered manager, home manager, senior care worker and care worker.

We reviewed a range of records. This included two people's electronic records and two staff records in relation to training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence submitted and looked at quality assurance records. We spoke with one relative and two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The purpose of this inspection was to check a specific concern we had about whether people were cared for safely. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person commented, "They [staff] are very kind to me and keep me safe. When I was sick with COVID, they made sure I was not lonely when I had to stay in my room."
- Some people were not able to verbally express their views. We observed that their interactions with staff were relaxed and demonstrated trust and confidence in the members of staff. They were able to indicate their needs either through use of a communication device, or by physically demonstrating to staff what their current need was.
- A family member said, " Overall it is a very good place for my [relative] and I feel they are on the right track with them. They are most definitely safe and when I see [relative] with members of staff, they are relaxed and very happy in their company."
- Another family member said, "[Relative] is really enjoying themselves at Livingstone House. I can't thank the staff enough for this. I am sure that they know how to keep [relative] safe and they are treated very well, [relative] would make sure to tell me if not."
- We saw that accidents and incidents were recorded electronically as soon as possible by all members of staff and reviewed within 24 hours by the registered manager, in accordance with the provider's policy. The provider's positive behavioural support specialist reviewed them within 48 hours and made additional recommendations to minimise recurrence.
- Records confirmed that staff had regular safeguarding training. There were established policies and procedures in relation to safeguarding, including information in an easy read format, available to people living in the home.
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. There was information visibly available to staff on who the lead safeguarding agency was and how they would report concerns. The registered manager had sent notifications to the safeguarding agency as well as to the Care Quality Commission.
- One member of staff said, "The registered manager and home manager are very good listeners and take concerns very seriously. In this job we must be on point with anything people raise and investigate thoroughly."
- Another member of staff told us, "I am so on it [safeguarding]– nothing would prevent me from reporting concerns. I've never had to do it, but I know that I would be listened to and the managers would take actions to investigate."

Learning lessons when things go wrong

- Lessons were learned, and actions were taken to prevent re-occurrence if things had gone wrong. The

registered manager reviewed them and made recommendations for how future occurrences could be minimised. For example, how certain staff should adapt their interactions with people in response to certain behaviours.

- Accidents and incidents were reviewed each month in order to identify any developing trends. This trend analysis was discussed by the registered manager, the nominated individual [person responsible for supervising the management of the service on behalf of the provider] and a clinical psychologist. Findings were shared with staff during team meetings along with guidance on how to minimise any future recurrence.
- A member of staff described how any accident or incident must be recorded on the electronic system without delay. They said, "I never worry about recording, the manager says it is an opportunity to learn [from incidents] in order to do our jobs better."
- Another told us they discussed all incidents at the weekly staff meeting and devised ways in which to minimise repeat occurrences. This was done in conjunction with the registered manager, home manager and positive behavioural support specialist.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The purpose of this inspection was to check a specific concern we had about whether concerns raised with managers were properly investigated. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There were robust quality assurance processes that ensured continued oversight of people's care and the service. This included regular managerial reviews of the environment, staff documentation, complaints and incidents. Records demonstrated that issues were identified and addressed promptly. The registered manager understood their responsibilities under the duty of candour and was aware of the need to notify CQC of certain important events.
- Each month, the registered manager, nominated individual [person responsible for supervising the management of the service on behalf of the provider] and positive behavioural support (PBS) practitioner reviewed whether any physical interventions, 'as required' medicines or incidences of avoidable behaviours had occurred. The registered manager told us that by doing this, any developing trends were detected and acted on immediately.
- We reviewed minutes from staff meetings and saw that the PBS practitioner attended each meeting and shared good practice guidance they had developed in response to any identified trends. For example, where incidences of avoidable behaviours were identified, a staff member told us how they learned how to adapt their practice in accordance with the guidance.
- Staff we spoke with were aware of their roles, and the roles of senior members of staff. Tasks and responsibilities were allocated at the beginning of each shift. One member of staff said, "I follow the guidelines. At the start of each shift, we are allocated our tasks, so we are always clear about our areas of responsibility. The senior reminds us to log all the happenings [during the shift] and handover concerns to the senior and manager."
- A family member told us that, "The registered manager and [manager] are pretty good at communication; they always get back to me whenever I have something I need to say or find out."
- A member of staff told us, "The management is very good here; they do everything by the book but manage to personalise things to each resident....[manager] expects good quality care at all times. I have no hesitancy about discussing any issues with them."
- The registered manager worked collaboratively with external agencies to continuously improve positive outcomes for people. One health care professional told us, "The registered manager and the home manager always want to cooperate, share their concerns and are transparent. There is a very positive culture within the home and positive regard for all. ....I am really impressed by the high level of support offered to people."
- The registered manager attended regular meetings with managers from other homes run by the same provider. They told us this was a helpful forum in which to learn from each other and share good practice. It also helped to reinforce the provider's identity and philosophy towards maintaining a consistently high

standard of care for their service user group.