

Pathways North West Limited

Pathways (North West) Limited - Oswald House

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 ●

Summary of findings

Overall summary

We carried out an unannounced inspection at Oswald House on the 1 August 2016.

Oswald House is registered to provide accommodation, rehabilitation, care and support for up to nine people with complex mental health issues. The home is a large detached cottage located in the village of Oswaldtwistle, Accrington.

Over the four days of the last inspection which took place on the 29, 30 October 2015 and 02, 08 November 2015 we found the provider to be in breach of three of the Health and Social Care Act (Regulated Activities) Regulations 2014 and one of the Care Quality Commission (Registration) Regulations 2009. We asked the provider to make improvements around individual environmental risk assessments and make adjustments and adaptations to the premises to recognise and mitigate any risk based behaviours. We also asked the provider to ensure that necessary referrals were made to the Commission and local authority informing of any safeguarding concerns and to review and follow procedural guidance in relation to pre admission and admission of people to the service.

The Commission is continuing to investigate matters connected to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as stated in the previous inspection report. As such the Commission is still not yet in a position to determine the actions that may be taken at the conclusion of those investigations. However during this inspection we found the provider had taken steps to ensure they were now compliant with all of the regulations that were reviewed.

At the time of this inspection there was a manager in post. The manager had started the application process to become registered manager with the Commission. 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 provider had ensured an acting manager was in post with oversight from the area manager, until a new registered manager was recruited.

People indicated satisfaction with the service provided and spoke positively about the staff team who supported them. People looked relaxed in the presence of the staff team. People told us they had "Settled in well". We saw evidence of people leaving the service without any restrictions placed on them.

We noted the service had developed processes and procedures to maintain a safe environment for people using the service and for staff and visitors. This included individual environmental risk assessments and daily 'housekeeping' and health and safety checks were also completed.

Fire audits were in date and compliant. Fire safety checks and fire exercises were carried out and staff had received fire training. The service had clear procedures to follow in case of an emergency. All people using

the service had a personal emergency evacuation plan (PEEP).

Staff displayed knowledge of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Training in safeguarding and whistle blowing had been completed and procedural guidance was evident to support this.

We saw an adequate staffing level at the time of inspection and throughout the rotas we reviewed. People corroborated this by telling us they had the support they needed when needed. We also observed a good level of staff interaction to support this. Staff told us they had the time to carry out daily tasks and support people safely on a day to day basis.

Safe and robust recruitment systems were in place which ensured the service took appropriate steps to verify people's previous employment and conduct, identity and any criminal record before being successfully appointed. Induction processes were also implemented to ensure the correct amount of training and support was given to new staff. Staff corroborated this by telling us the induction process was detailed and thorough. Procedures were in place to support the service in taking action in the event of staff misconduct.

The service had processes in place for appropriate and safe administration of medicines and staff were adequately trained. Medicines were stored safely and in line with current National Institute for Health and Care Excellence (NICE) guidance. NICE provides national guidance and advice to improve health and social care.

Care files were in date and regularly reviewed and detailed information which was personal to each person around the person's needs, wishes, feelings and health conditions. It was evident that the person had contributed to these files and had signed when appropriate.

Appropriate training was provided. Staff confirmed they received a variety of appropriate training to equip them to safely and knowledgeably support people living at the service. A training schedule was also in situ detailing training courses available for the following year.

The service was working within the principles of the Mental Capacity Act 2005 and ensured any conditions or authorisations to deprive a person of their liberty were being met. These provide legal safeguards for people who may be unable to make their own decisions. At the time of inspection these safeguards were being appropriately managed.

Meal times were very relaxed and people could choose what they wished to eat. People freely used the kitchen area to prepare meals, snacks and drinks with the support of staff when required. Weight management and dietary care plans were in situ when required and appropriate referrals had been made to health professionals.

During the inspection we noted positive staff interaction and engagement with people using the service. Staff addressed people in a respectful and caring manner and the service had a calm and warm atmosphere. We observed people enjoying each other's company, conversing and accessing the community.

People told us they were happy to approach the manager with any concerns or questions.

We found the manager to be very approachable and they assisted us professionally with our inspection by

providing us with any requested documentation without delay. The manager displayed an awareness of people's current needs and circumstances and was committed to the principles of person centred care and inclusion.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Processes were in place to ensure a safe environment was maintained for the people using the service, visitors and staff.

People were supported by staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

Processes were in place to safely support people with their medicines.

Staff displayed an appropriate understanding of their duty and responsibility to protect people from abuse. They were supported by and aware of procedures to follow if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

Processes were in place to train and support staff in carrying out their roles and responsibilities and a training plan had been developed for the following year.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

During our visit we observed friendly, respectful and caring interactions between people using the service and staff. People told us they were treated well and their privacy and

dignity was respected by staff.

Staff were knowledgeable about people's individual needs. And people were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and tailored to meet people's individual needs and requirements. Processes were in place to monitor, review and respond to people's changing needs and preferences.

People felt able to raise concerns and had confidence in the manager to address their concerns appropriately.

People were supported and encouraged when required to take part in a range of activities.

Is the service well-led?

Good ●

The service was well-led.

There were audit systems in place to monitor the quality of the service, which included feedback from people living in the home and house meetings.

Staff told us they felt well supported by the manager and directors and felt able to approach them with any concerns or queries.

The manager was approachable and responsive throughout the inspection and dealt with any requests from the inspector without delay. He was committed to the principles of person centred care and inclusion. □

Pathways (North West) Limited - Oswald 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 was planned to check whether the provider was 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 1 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were eight people receiving care at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed any information we held about the service and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with four people who used the service, three support workers and the acting manager. We also spoke with the area manager via the telephone.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent service user and relative satisfaction survey.

Is the service safe?

Our findings

People we spoke with indicated they were happy living at the service. When asked one person said, "Yes I am, I have settled in ok." People did not voice any concerns during the inspection about the way they were supported and everybody, although very quiet looked relaxed and settled in their environment. We saw people were able to leave the house alone when they wished and risk assessments were in situ to support this, with actions to follow in the case of somebody not returning. This ensured security and protection for all people using the service. Those with legal restrictions placed upon them were supported by staff to leave the house and pursue activities on a daily basis. At time of inspection we noted people were also on holiday with their family.

During the inspection we observed positive staff interaction with people which was caring and patient. People appeared comfortable and happy in staff presence.

At the last inspection, we found the provider to be in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which were as follows.

The provider had failed to follow their safeguarding procedures by not informing the Commission and local authority of notifiable safeguarding incidents. This was a Breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which was the legislation applicable at the time of the visit.

The provider lacked environmental risk assessments; therefore, had failed to recognise necessary adjustments and adaptations which were needed to the premises to mitigate any risk based behaviours displayed by people using the service. This was a Breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which was the legislation applicable at the time of the visit.

The provider had not followed their pre admission and admission policy in relation to the admission of a person to the service. Therefore had failed to highlight the risk based behaviours the person displayed at time of admission. This was a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which was the legislation applicable at the time of the visit.

Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found that all the necessary improvements had been made.

We looked at what processes the service had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. Housekeeping along with health and safety checks were completed and in addition to this each person had a personal environmental risk assessment detailing any known self-harming behaviours current and historic, whilst taking into consideration the environment and how this could impact on the person's safety. We also noted that all electrical and gas certifications were in date.

Fire audits were in date and fire safety checks were done. Appropriate fire signage and extinguishers were seen around the home. All bedroom doors were numbered. We noted training had been given to staff to deal with emergencies such as fire evacuation and personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate the premises in the event of an emergency.

Business continuity plans were in place detailing steps to follow in the event of any unforeseen or anticipated significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The service also had policies to support these procedures.

We looked at how the service protected people from abuse and the risk of abuse. The service had ensured appropriate referrals were made to the Commission and local authority, offering details about safeguarding incidents and concerns. Safeguarding training was in date and there were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. Staff we spoke with demonstrated they were aware of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Examples were given about contacting the Commission and local authority if required.

We found individual assessments and strategies were in place to guide staff in how to safely respond when people behaved in a way that challenged the service. Training in emergency first aid, the removal of ligature and dealing with behaviours which challenge had also been accessed by staff.

We looked at four people's care files and noted suitable risk assessments were in place which recognised and perceived risk behaviours and strategies on how to manage this and promote positive risk taking. Changes in people's behaviour were being recorded and monitored and people were supported to manage individual risk via a 'mental health recovery star tool'. This tool is used to promote positive risk taking and help people manage their own risk. It looks at areas in the person's life such as social networking, the management of their own mental health and self-care and identity. The manager recognised the true potential of this tool, stating, "The recovery star is a very empowering tool and I want to use it to its full advantage. Although it is being used now there is so much more we can develop with it to ensure ultimate empowerment for all the people who live here."

The service had adopted a thorough pre-assessment and transition plan. This considered areas such the person's wishes and feelings, background, perceived historical and current risk, aims and goals. The transition plan is agreed by the person and all professionals involved with the person's recovery programme and involve a series of visits to the service including overnight stays. The manager felt the pre-assessment and induction to the service was paramount. He stated, "Having the right mix of people is crucial. If you do not get that balance some of the good work can be undone. Therefore transitioning someone this way is very important to ensure it creates the right environment for them and other people.

Staff recruitment was in line with current National Institute for Health and Care Excellence guideline's (NICE). We looked at three staff files and noted saw evidence that appropriate checks had been carried out prior to employment and references and application forms had been completed appropriately. The three files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at how the service managed people's medicines. There were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

Medicines were kept securely and only handled by trained staff support workers. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines records we looked at were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, staff had clearly recorded the reason why medicines had not been given.

Is the service effective?

Our findings

People living at the service told us they liked the staff and felt they were good at their job. They felt they had the support they needed and when they needed it. People appeared comfortable in staff presence and we observed lots of 'chit chatting' throughout the inspection.

Staff confirmed they had received an induction plan prior to working unsupervised. They felt the induction was detailed and thorough and provided them with a good understanding of the role and what was expected of them. One staff member said, "I had lots of support from staff and the induction was really good. I felt well equipped and confident to do my job at the end of it." Two newly employed staff told us they were completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers.

We looked at how the service trained and supported their staff. The service had a training matrix and the manager evidenced a 'training schedule' which had been created showing dates and topics of training booked up until June 2017. Topics included record keeping, communication, equality and diversity, fluid and nutrition and infection control, dealing with behaviour which challenges, ligature removal and diversion techniques. Staff told us they received a good variety of training which they valued for their own professional development and felt it contributed to their understanding of working with people with a mental health diagnosis. Processes were in place to support the service in the event of any staff misconduct which may result in disciplinary action.

We looked at staffing rotas covering a month period and noted a sufficient amount of staff was evident. We observed a good staff presence during the inspection and people indicated they were supported effectively and without delay. Staff told us they never felt rushed and confirmed there was always enough time to complete their daily tasks.

The service followed a daily hand over process before each shift. This was to ensure essential information was handed over about each person using the service. Staff told us that this process was useful. The handover covered areas such as mood, how people had slept, activities they had been involved in, any visits by healthcare professionals and relatives and any changes to their medication. Any concerns were clearly recorded. This would help to ensure that all staff were aware of any changes in people's risks or needs. Each member of staff would also be allocated to their daily tasks. These included domestic chores and activities including outings.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make 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 or authorisations to deprive a person of their liberty were being met. At the time of inspection we noted the service was appropriately managing active DoLS. The manager and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority.

People's consent and wishes had been recorded in areas such as the provision of care and medicines management. Care plans and risk assessments were detailed and documented people's needs and how they should be met, as well as their likes and dislikes and had been signed by the person where appropriate. Staff displayed a good understanding of the needs and requirements of people. We noted staff routinely asking people for their consent and opinion when providing care and support.

Staff told us they received supervision, however, we did not see any evidence of recent supervisions in the staff files we looked at. The manager told us that some staff supervision sessions were behind due to the lack of manager; however he had identified this and was to address this as a matter of priority. The manager acknowledged the importance of regular supervision meetings which provided staff with the opportunity to discuss their responsibilities and the care of people who used the service.

It was evident that people had been encouraged to personalise their bedrooms and had input into the décor of the house along with soft furnishings. Each bedroom was individual to the person and contained their personal possessions such as small furniture items and ornaments.

Meal times were relaxed and people had the freedom to choose what they wanted to eat. We saw people freely using the kitchen to make themselves drinks and snacks and heard lots of discussion around food. People told us that they did not have a set menu as they would all choose on a daily basis. Staff supported people to the local shops and supermarkets so they could choose food and snacks.

We looked at how people were supported with their health. Records had been kept of healthcare visits including, the mental health team. Where appropriate people had plans in place such as, 'physical/ mental health wellbeing' and 'dietary requirements'. These provided detail to staff on how best to support the person to meet these goals. The plans had also been agreed with the person. Staff told us they had adapted healthy eating methodologies which people had agreed and were working towards.

Is the service caring?

Our findings

During the inspection we observed staff interaction which was caring and friendly. All people appeared relaxed in their environment and staff presence was welcomed by people in the communal lounge as they sat and conversed. People indicated they were well cared for and happy. Staff told us they did not enter a person's room without permission unless there was an emergency.

We heard meaningful conversation between staff and people using the service which was respectful and understanding. Staff ensured people were involved in routine decisions and ensured choices were offered. We saw positive staff interaction and staff consideration to those experiencing anxiety symptoms and one to one time was offered to the person to talk through their worries. This gave the person an opportunity to express their views and reflect on their feelings.

We saw people freely expressing their views and wishes during day to day conversation and choosing activities and daily living chores they wished to undertake. House meetings were also evident to allow people to voice any concerns and new ideas and to also keep people informed of proposed events, which meant people had the opportunity to be consulted and kept up to date with any new issues. The manager told us he was due to send out a house and relatives questionnaire to gather further views from people around the standard of care and conduct of staff.

Staff we spoke with displayed a sound knowledge and understanding of the needs of people they supported. Staff members added how they enjoyed working at the service and described it as a "Consistent" service to work for with a, "Brilliant client base and staff team."

The service had a 'key worker' system. This ensured each person had a named staff member who would provide oversight and support in the maintenance of toiletries, cloths and food. Although each person had a key worker people knew they could approach any member of staff at any one time.

We noted a lack of information displayed around the house for people to make reference to for example advocacy services. However, each person had received a 'service user guide' which covered such agencies and had unrestricted access to a computer. The manager informed us of his plans to have a board displayed with further information that would be useful for people's reference.

We noted that there was a strong emphasis on daily living, domestic and social skills being promoted. Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided. All activities were focussed on the person gaining their independence both in the house and in the community.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Is the service responsive?

Our findings

People indicated they felt listened to by staff. We observed people speaking freely and openly with staff about their concerns. We observed that people were involved in decisions and discussion about activities they may like to take part in and plans were made in partnership with people using the service for the day and weeks ahead. We saw evidence of weekly plans which we were told by staff could change throughout the week dependant on the person's choice. The manager told us he wanted to, "Foster a culture which is inclusive and asks the question to all people using the service, "What do you want us to do," to ensure it is more person led."

We noted the service had received no formal concerns over the past year; however, had processes and policies to follow in the event of a formal complaint being made about the service. This included timescales for responses. Contact details for external organisations including social services and the director of the service were also evident. Staff and people using the service were aware of how to make a formal complaint when required and were confident these would be dealt with thoroughly and professionally.

The provider had developed a robust initial assessment process which assessed and planned for people's needs, choices and abilities prior to living at the service. We also noted that a new robust policy had also been developed to ensure a safe and effective transition into the service. This was developed with the person which meant the person could take some ownership and make decisions about their transition. We noted the service also worked very closely with other agencies such as the community mental health team and psychologists to ensure robust care plans and risk assessments were created which captured the person's strengths and areas the person wished to develop.

Due to the nature of the service, the provider did not employ an activity co-ordinator. People who used the service pursued their own hobbies and accessed the community alone or with staff support on a daily basis. Staff were employed in a support role to assist with essential living skills and support with outings when required. The manager told us he wanted to develop a culture that was all about, "Inclusion and empowerment" and was currently looking at access to available groups in the surrounding areas, to inform the people using the service about, to give them more choice and variation.

Care files were written in a respectful and dignified way. We found adequate documentation to support the development of the care planning process and support the delivery of care. We saw that each of the plans gave a good picture of the person's likes, dislikes, health concerns and other matters relating to the person's individualised plan of care. We saw evidence that people had been part of their care planning process and reviews. This ensured people received the care and support in a way they both wanted and needed.

We saw recorded evidence in the care files we looked at that the service had liaised effectively with other agencies such as the community mental health team and the local authority. Liaison with health care professionals such as doctors and dentists was also evident. We also saw evidence that staff provided support to people to enable them to arrange appointments should they feel they needed to see a medical professional.

Is the service well-led?

Our findings

At the time of inspection there was a manager in post. The manager was not yet registered with the Commission due to the brief time period he had been employed with the service; however, had started the application process to become registered. Due to the small nature of the service the manager's constant presence was seen around the house and people were aware of his role and responsibilities. Staff told us they received a good level of support from the manager and felt he had, "Brought about a good structure and stability" for all staff and people using the service and "Had a good focus and new ideas." Throughout our discussions we noted the manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care and inclusion.

Throughout the inspection we found the manager very approachable and all documents we requested to see were easily accessible and provided to us without delay.

People and staff we spoke with indicated they felt able to approach the manager or directors with any questions or worries they may have and that these would be resolved effectively. Staff acknowledged that this had not always been the case and gave examples of previous managers not always being open and approachable; however they felt that this was no longer the case. The manager added that he felt, "They were developing well as a team." Staff comments supported this. One staff member stated, "The staff team are just brilliant."

The service had a wide range of policies and procedures. These provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We found that staff members spoken with were well informed of what was expected of them and they showed good working knowledge of their role, responsibilities and duty of care to the people they supported and each other. Staff indicated they had received relevant training to enable them to effectively undertake their roles as support staff. Staff comments included, "I am very aware of my roles and responsibilities, my induction and on-going support from staff and management have equipped me for the role."

The service had audit systems in place and these were kept up to date. Audits were split into monthly, weekly and quarterly and covered areas such as medicines documentation, health and safety, slips trips and falls, infection control, weekly fire alarms and other fire equipment. The manager told us he planned to hold a quarterly, "Get together" with the team to look at audits and ensure events and issues were being noted and acted upon.

The manager told us the service used a range of other systems to monitor the effectiveness and quality of the service provided to people and to seek people's views and opinions about the running of the home, such

as day to day discussions and house meetings The minutes of recent house meetings showed a range of issues had been discussed, such as activities and meals. The manager told us he was also due to send a quality questionnaire to people and their families.

We saw evidence of recent staff meetings. These meetings were used to discuss any issues and feedback any complaints or compliments. Good and bad practice was also noted and discussed in full. Staff told us their ideas were listened to and actioned if appropriate. Staff told us the meetings provided a good arena to discuss any practice issues and concerns.

The philosophy of the service was very much to, "Cultivate a professional and compassionate attitude in its staff team towards people with mental health issues and promotes a positive and organisational ethos to include respect, dignity which includes taking a person centred approach to care." The manager told us he respected these principles and would work to promote these key areas within the staff team.