

Pathways Care Group Limited

Thurston House

Inspection report

90 High Street
Newport Pagnell
Buckinghamshire
MK16 8EH

Tel: 01908617173

Date of inspection visit:
15 April 2019

Date of publication:
10 June 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Thurston House is a residential care home that provides accommodation and personal care for up to seven people living with mental health needs. At the time of the inspection, three people were living at the service.

People's experience of using this service:

Changes in the management of the service had impacted the timeliness of responding to concerns raised in the previous inspection, however, these had been completed at this inspection

People felt safe and happy living at Thurston House. Staff understood how to keep people safe from harm or abuse and understood their responsibility to raise concerns if they were to witness poor or abusive practice.

Medicines were administered safely, and records kept were accurate.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

People told us that they received the support they required. Staff were trained to support people effectively. Staff were supervised and felt confident in their roles.

People were supported by staff to maintain adequate food and fluids.

People and their relatives were involved in reviewing care delivery to ensure it was meeting people's individual needs, regular keyworker reviews enabled people to discuss what was working and not working.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

The provider's quality assurance processes were effective and resulted in improvements to the service.

The service had improved since the previous inspection and met the characteristics of a good rating in most

areas. More information is in the full report.

Rating at last inspection:

Requires improvement. Published July 2018

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Thurston House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Thurston House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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, however they had just left this employment and a new manager was in post who was applying to become the registered manager. 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:

This inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During our inspection we spoke with three people using the service, two care staff, the manager and the

regional manager. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service. These included staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

Some people living at the Thurston House had limited communication abilities, we therefore spent time observing interactions between them and the care staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

At the last inspection we identified concerns with window restrictors to ensure people's safety, infection control relating to food hygiene and the environment. At this inspection we saw that changes had been made and sustained.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with confirmed they felt safely supported by the staff. One person told us, "They [staff] know what they are doing. They help me with lots of things, of course I'm safe."
- Staff were knowledgeable about the different types of abuse and how to report any concerns. Staff confirmed they received safeguarding training and were confident to report any concerns.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken to ensure people's safety.

Assessing risk, safety monitoring and management:

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. Assessments covered behaviour that may challenge, personal care, the home environment, and medicines administration.
- People and the staff we spoke with told us they thought that risk was assessed safely, and that all care tasks were carried out by staff who followed procedure and understood what risks were present.

Staffing and recruitment:

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. Staff confirmed the checks took place before they commenced employment in the home.
- People and staff told us they felt there were enough staff working for the service, and they did not have any days where there wasn't enough staff. One person said, "The staff are great, they know me well and they take me to football."
- The service was using minimal agency staff at the time of the inspection. The agency staff used were regular care staff at the home and knew people well. One agency member of staff told us, "I work here three days a week, I prefer to work here because I know the guys (People) really well."

Using medicines safely:

- People's medicines were managed safely. Staff told us, and records showed, they received training in the safe handling and administration of medicines.
- Records showed the medicines administration records (MAR) were completed accurately by staff after giving people their medicines.

- Thorough audits took place which picked up any minor errors in recording, and actions were set with staff for improvement.

Preventing and controlling infection:

- People told us that staff followed infection control procedures.
- Staff told us, and records showed, they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong:

- Incidents and accidents were recorded by staff accurately. We looked at these records and saw that appropriate actions were taken in response to any accident, and follow up actions were taken when required to learn from any accidents.
- A system was in place which ensured that incidents were brought to the attention of management, and trends could be identified and monitored.
- Staff told us if incidents and accidents occurred they were confident the manager would share learning through team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they moved into the service to ensure they received the right care and support. This involved a transition in to the service that was completed at a pace suited to the person.
- Assessments took full account of people's social and cultural needs and considered compatibility with other people living in the service.

Staff support: induction, training, skills and experience:

- People were supported by a staff team who were trained and well supported. Training for staff included fire safety, infection control, moving and handling, positive behaviour support, safeguarding and risk assessing. Staff told us they were encouraged with their professional development and were encouraged and supported to undertake training.
- Staff induction procedures for new staff included shadowing with more experienced staff and completing the Care Certificate. The Care Certificate is a course which covers the basic standards required in care.
- Staff said they could contact the manager or provider for support at any time. Regular supervision took place which included the manager conducting spot checks on staff to monitor and assess competency.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to maintain a healthy diet. We spoke with one person who told us they enjoyed the food they had at the service, were able to have a variety of choices and enjoyed going out to buy different food with staff support.
- Nobody living at the service had any specialist dietary needs, however, one person's food intake and weight was monitored because they were underweight and we saw records accurately reflected this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were supported to engage with their local community for both health and social well-being. This included booking and attending appointments when required to the G. P's, psychiatrists and dentists.
- Staff had a good knowledge of people's health care requirements. One staff member said, "[Name] has regular health appointments for blood tests and we all make sure we are up to date with the visits and any changes there may be." A log of contact people had with healthcare professionals was kept in their files to ensure all staff were up to date with these needs.

Adapting service, design, decoration to meet people's needs:

- The home had undergone some refurbishment. Two bedrooms had received a complete redecoration including new en-suites. On the day of the inspection decorators were painting the lounge/dining room and

people told us they had chosen the colour scheme.

- People had their own rooms which were decorated and personalised to their own needs and preferences.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- Staff were able to tell us how they always sought consent from people to provide personal care to them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection we identified concerns with storage of confidential information. At this inspection we saw that changes had been made and sustained.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they felt cared for. One person said, "The staff are great, and I have a key-worker. I like all the staff."
- Staff respected equality and diversity. This included respecting people's religious beliefs and backgrounds. One person told us, "I do like to go to church sometimes; but not often. The staff always take me if I want to go."

Supporting people to express their views and be involved in making decisions about their care:

- People told us they were able to choose how they spent their time. Staff checked with people before providing support and encouraged them to express their views and wishes at all times.
- A 'Keyworker' scheme was in place. This meant that individual staff members had the responsibility to work with a certain person, check on their care, update their care plans, and generally involve people in their plan of care.
- People had the opportunity to be involved in regular house meetings to discuss ideas and any proposed changes that affecting everyone living at the service. For example; recent meetings evidenced that people wanted a fish tank in the lounge. We saw this had been purchased.
- People had access to advocacy support if they required it and Information on advocacy was available for people. An advocate is an independent person who can help support people to express their views and understand their rights. Advocacy information was available for all people.

Respecting and promoting people's privacy, dignity and independence:

- People felt their privacy and dignity was respected. We saw that staff knocked on doors and asked people for permission before entering.
- People were encouraged and supported to be as independent as possible. For example; people who were able to go independently into the community were encouraged and supported with ensuring their mobile phone was charged.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's goals, aspirations, likes and dislikes were set out in person centred plans. It was clear these plans had been reviewed and updated to reflect people's up-to-date needs.
- People, and where applicable their relatives, were fully involved in developing and reviewing support plans.
- Care plans included sections such as things that were important to know about the person, health needs and how the person liked to be supported. One person told us, "My care plan will tell you everything about me, including how much I love football."
- People were given the support and time they needed, and could take part in various activities, both inside the house and in the local community. People told us there were plenty of choices for activities. In recent months, they had enjoyed cinema, swimming, visiting a drop-in centre, pub meals and art therapy.
- The provider understood the requirement 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 (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider ensured this information was available to people when necessary. For example, easy read complaint information.

Improving care quality in response to complaints or concerns:

- People said they knew how to complain and felt confident that the registered manager would listen to any concerns raised. There was an easy read complaints procedure in place. One complaint had been received since the last inspection and we saw detailed records and action taken as a result of the complaint.

End of life care and support:

- No end of life care was being delivered. We saw that people had been able to record their end of life wishes, including funeral arrangements. The manager was aware of the care that people may require should their needs change.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the previous inspection, we identified concerns about the leadership and management of service. At this inspection we saw that changes had been recently made, however, they had not yet been embedded in to the service.

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

- In the previous 12 months there had been three changes of managers and this had impacted on the quality of the service and the support that people and staff had received. Staff told us that supervisions, meetings and leadership had not been consistent and it had been an unsettling period.
- Timely action had not always been taken in relation to the environment and maintenance and quality assurance feedback had not been sought from people, their relatives or other people involved in their care.
- However, in the previous two months, a new manager and regional manager had commenced working at the home and had made a positive impact. Staff and people told us the atmosphere had changed. One member of staff described it as "positive energy" and said they felt changes had already taken place and outcomes for people were already better.
- The new manager and regional manager had clear plans of action in place and were supported by the provider in developing a business plan to ensure better outcomes for people. The manager and area manager were focussed on embedding the new changes into practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff were clear about their responsibilities and the leadership structure that was now in place. People said they knew who the new manager was and said they were helpful, kind and fun. Staff told us they felt well supported by the new manager and regional manager.
- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People had been involved in the recruitment of staff. One person told us, "I interviewed three people and I asked my own questions, it was good fun."
- Staff told us that since the new management change, they felt listened to, valued and able to contribute to the running of the service.
- Information was made available to people in different formats to ensure they could access it. For example,

pictures were used to explain information. This was in line with the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss.

- The new manager had met with people on an informal basis to gain their views about the service provided and had plans in place to send out questionnaires to relatives and external stakeholders to gain feedback.

Continuous learning and improving care:

- Team meetings were scheduled to take place and the manager told us they valued the feedback from staff working at the service.
- The manager told us that in the future, it was important that new people referred to the service were compatible with other people already living there. Previous placements for people had not always been successful because of incompatibility.

Working in partnership with others:

- The manager worked in partnership with others and was receptive to, and understood, the areas for improvement that were identified.
- When required, the service worked in partnership with other health and social care professionals involved in people's care.