

# Huntercombe (Loyds) Limited

## Pathfields Lodge

### Inspection report

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20 September 2016

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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

Pathfields Lodge is registered to provide care for up to 48 people with learning and physical disabilities and people living with dementia. At the time of our inspection the registered manager informed us that 31 people were using the service.

The inspection took place on 16 September 2016 and it was unannounced, further documentation to complete the inspection was received from the provider on 20 September 2016.

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

People were protected from the risks of abuse. Staff understood what constituted abuse and the safeguarding procedures to follow to report abuse both internally and externally. People were supported to express their autonomy and make informed choices when taking risks.

Staff were employed following safe and robust recruitment procedures. There was sufficient numbers of suitable staff to meet people's assessed needs. Staff received appropriate training to ensure they were equipped with the right skills and knowledge to support people using the service. Staff supervision systems ensured that staff had regular supervision meetings to reflect on their work practice and plan their learning and development needs.

Suitable systems were in place to safely manage medicines. Medication risk assessments took into account people's capabilities to manage their own medicines and when staff needed to take on the responsibility. Regular medicines audits ensured that any areas for improvement were identified and action was taken to address them.

People's consent was sought before staff provided their care. People who lacked capacity to make decisions were supported following the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had a balanced and varied diet and their dietary needs were assessed and monitored. They had regular access to healthcare professionals and were supported to attend health appointments to ensure their health and well-being needs were met.

Staff treated people with kindness, compassion, dignity and respect. Independence was promoted and people were enabled to make and maintain relationships. Individualised care plans were in place that reflected people's needs and choices on how they wanted their care and support to be provided.

People and their representatives were encouraged to provide feedback on the service and their views were

listened to and acted upon. Suitable arrangements were in place to receive and respond to complaints.

The vision and values of the service were person-centred. People and their representatives were supported to be involved and in control of their care.

Suitable governance and quality assurance management systems were in place to monitor all aspects of the service provision.

## 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.

Staff were aware of the safeguarding and whistleblowing procedures to report any concerns of abuse.

Sufficient numbers of staff were available to meet people's current care and treatment needs.

The staff recruitment systems ensured that staff employed to work at the service were suitable.

Appropriate systems were in place to order, store, administer and dispose of people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

Systems were in place to ensure that staff received regular supervision and support.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they were put into practice.

Systems were in place to effectively monitor and meet people's nutrition and hydration needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their privacy was respected.

Their needs were assessed and the care plans guided the staff on how people preferred to be supported.

People's privacy and dignity was respected.

People were supported to maintain relationships and their relatives and visitors were made welcome at all times.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and their care plans identified their current needs.

People and their representatives were involved in the on-going care reviews.

People had opportunities to pursue their own interests and hobbies and choose what activities they wanted to participate in.

Appropriate systems were in place to receive and respond to any complaints and they were used as opportunities to learn and develop the service.

### Is the service well-led?

Good ●

The service was well led.

People using the service, their representatives and staff were actively involved in developing the service.

Staff understood their roles and responsibilities and knew what was expected of them.

Systems were in place to effectively monitor and continually review the quality of the service.

# Pathfields Lodge

## **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.

This inspection took place on 16 September 2016 and was unannounced, further documentation to complete the inspection was received from the provider on 20 September 2016. The inspection was undertaken by one inspector.

We reviewed information we held about the service that included statutory notifications that had been submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events that the provider is required to send us by law. We also received feedback from the local authority contract monitoring and commissioners.

We spoke with six people using the service and one visiting relative. We also spoke with the registered manager and three care staff.

We reviewed the care records for three people using the service. We also reviewed four staff recruitment files and records in relation to staff training and supervision and other records in relation to the governance and quality monitoring the service.

# Is the service safe?

## Our findings

People told us they felt safe and protected from abuse. One person said, "I feel that the staff really look after me well, I have never had any reason to feel I am not safe." Another person said, "I see that some residents have one to one care, without the additional staff support I think they might find themselves in sticky situations with other residents." A relative said, "[Name of person] is really settled here, I visit every day, at different times of the day. I see different staff on different shifts and have never had any cause for concern about [name of person's] safety here."

The staff told us they received training on safeguarding and the whistleblowing procedures and they were knowledgeable about the different types of abuse. One member of staff said, "I have used the whistleblowing procedures when I worked at a previous home; if I ever thought people were not being protected here I wouldn't hesitate to use it again." The training records confirmed when staff had completed safeguarding training and when refresher training was due to be completed.

Risk assessments were in place to promote and protect people's safety. The staff were knowledgeable of the specific risks that were presented for people using the service and we found the risk assessments identified the risks and how they were to be appropriately managed. Accidents and incidents were recorded in line with the provider's policies and they were regularly monitored to detect any trends in incidents, so that measures could be put in place to minimise the risks of repeat accidents or incidents. Skin tissue viability assessments had identified people that were at risk of developing pressure sores and we saw that pressure area care plans had been put in place and appropriate pressure relieving equipment had been put in place to minimise the risks of any skin tissue breakdown.

People had personal emergency evacuation plans (PEEP) in place, which contained accurate information to ensure in the event of an emergency people they could be safely evacuated out of the building. The registered manager and staff told us that the day before our visit they had completed practical fire training that had involved using the fire fighting equipment. The registered manager told us that it had been identified that another evacuation chair was needed and an order had been immediately placed for one.

There was sufficient staff to meet people's care and treatment needs. One person said, "Agency staff are still used but it is nowhere near what it was like before. We always tend to have the same agency staff coming in." A relative said, "I generally see the same staff when I visit, there is the odd agency worker, but they seem part of the team."

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. We saw that written references were obtained from previous employers and checks were carried out through the government body Disclosure and Barring Service (DBS). In addition qualified nursing staff employed at the service had checks carried out with the Nursing and Midwifery Council (NMC) to ensure they were registered to practice nursing in the United Kingdom. One person said, "We have a really good bunch of staff working here." The registered manager told us they chose staff very carefully before employing them as it was important they only employed staff that had the right attitude, skills and knowledge to care for the

range of people using the service.

Established medicines management systems were in place to ensure people received their medicines safely. We saw that systems were in place for the timely ordering and receiving of medicines and the medicines were stored appropriately. They were administered by qualified nursing staff whose competency to safely administer medicines was regularly assessed. One member of the nursing staff said, "When I first started working here I asked if I could shadow the nurse administering medicines for a further week, as I felt I needed more time to familiarise myself with the people and the medicines systems, before I did them on my own." They said their request was arranged without question by the provider.

One person told us they managed their own medicines. They said, "I manage my own medicines, I keep them in a locked cupboard in my bedroom. It gives me the flexibility of when to take them, I take on the full responsibility, I like it that way."

We observed the nursing staff administered people's medicines in line with the medicines procedure guidelines. We saw that the medication administration records (MAR) had been signed appropriately by staff on administering the medicines to people. Protocols were in place for the administration of medicines prescribed to be taken, when required (PRN), such as pain relief medication, so as to ensure that people were only given the medicines when they needed them. We observed the staff respected people's choice as to whether they needed to administer the PRN medicines.

Controlled drugs (CD) medicines were in use for some people using the service. They were stored safely and securely and records of their administration were recorded within a CD register book. The register and stock balance was checked twice a day by the qualified nursing staff. During the inspection we checked the CD medicines and found the medicines held in stock tallied with the records within the CD register book.

# Is the service effective?

## Our findings

People's care was provided by staff that had the right skills and knowledge to meet their care and treatment needs. One person said, "The staff are really nice, they know me and my little ways." Another person said, "We have a good bunch of staff here, they seem to know what they are doing and want to do things well." A relative said, "I have been very impressed by the staff, I see the way they care for [name of person] they meet their needs really well."

The staff told us when first taking up employment at the service they were provided with induction training. They told us this included areas such as, moving and handling, fire safety, food hygiene, and promoting people's rights, choice, dignity and independence. They also said they had worked alongside an experienced member of staff on a number of shifts before providing hands on care.

They told us they were provided with training that covered health and safety, infection control, behaviour and risk management. They said the training was provided through face to face and e- learning. Staff also told us they were provided with the opportunity to obtain a recognised accredited care qualification through the Qualifications and Credit Framework (QCF). We saw records of training that demonstrated that staff training was on-going.

People's needs were met by staff that were appropriately supported and supervised. One member of staff said, "I haven't been working here very long, but I feel I have been made really welcome by everyone, any questions I have asked have been answered, I feel very supported." The staff said the registered manager was approachable and always willing to offer her advice and support and practical help whenever needed. They told us that staff meetings had taken place to meet with their peers to discuss issues. We saw records that demonstrated that the staff meetings had taken place regularly and that one to one meetings and annual appraisals were scheduled in the calendar between the staff and their supervisors.

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 service was working within the principles of the MCA and DoLS and that the conditions on authorisations to deprive a person of their liberty were being met. The registered manager was fully aware of their responsibilities to work within the MCA and DoLS legislation. We saw that they had submitted DoLS applications to the Local Authority (LA) as required and informed the Care Quality Commission (CQC) of the people using the service that the LA had authorised for their liberty to be restricted. The registered manager had ensured that where this was the case the least restrictive practice was used at all times.

We saw that people had signed their care plans to give their consent to their care and treatment. We spoke with an advocate who visited the service regularly, they said the feedback they received from people using the service was positive and that staff operated in a way that assumed people had capacity unless it was assessed they did not have capacity. Throughout the inspection we observed the staff took time to explain to people what they were doing and gave people time to understand what was said before providing their care and support. They interacted well with people who had limited verbal communication, responding to gestures, sounds and body language used by people to communicate their needs.

People had regular opportunities to see their GP and other health & social care professionals whenever needed. One person said, "The staff will always call the doctor if I say that I need to see them, we have transport available if I need to go to any outpatient appointment, that's really useful." We saw within people's care files that records were kept of when health and social care professionals had visited people using the service and when people had attended external appointments. For example, visits to the dentist and health screening appointments. We saw that the staff acted on the advice given from the health professionals to support people using the service.

People were supported to eat and drink and maintain a healthy balanced diet. People told us they were pleased with the meals and snacks they received at the service. One person said, "If I don't fancy what is on the menu, I can choose to have something else, they always accommodate it." One relative said, "I think the food is quite good here." They said their family member seemed satisfied with the choice and quality of the food available. Throughout the inspection we observed the staff offered and provided people with drinks and snacks.

People had nutritional assessments carried out to identify whether they were at risk of poor nutrition and hydration, whether due to ill health or swallowing difficulties. In such cases the GP had been consulted and the support of dieticians and speech and language therapist (SALT) had been arranged to ensure that people received the right diet for them. We also saw records that demonstrated that people's weights and their food and drink intake were closely monitored. The recording system for monitoring people's food and fluid intake had been revised, which included each person having a monitoring booklet for staff to record their daily food and fluid intake.

We observed that in between meals people were offered a choice of hot beverages, fruit juices and snacks. The staff gave support to people who needed assistance to eat and drink. We also observed people receiving their meals over lunchtime; some people were seated at the dining tables, whilst some people chose to have their meals in the armchair using an occasional table. The staff also offered people a choice of meal and a choice of drinks. They sat beside people that needed assistance offering discreet support to enable people to maintain their independence with eating and drinking as much as possible.

The staff explained to us how they provided care for a person who used a percutaneous endoscopic gastrostomy feeding system to receive their nutrition and hydration. They were knowledgeable of the needs of the person and how to ensure the feeding system was maintained so that it functioned correctly.

## Is the service caring?

### Our findings

People said they received care from staff that treated them with respect and dignity. The comments we received from people using the service were positive about the staff that provided their care. One person said, "Where I used to live the staff were not very nice, but here they are so different, I feel like I am treated as a human being." Another person said, "We have had quite a lot of staff changes, which I think is for the better, the staff working here do seem to really care." A relative said, "The staff are really friendly, very approachable, they go the extra mile."

We observed interactions between people using the service and the staff. We saw the staff worked at a relaxed pace and spent time with people sitting and chatting. They took time to explain to people what they were doing, for example, when assisting a person to transfer from the wheelchair into an armchair using moving and handling equipment. They explained what they and the person needed to do to make sure the person was moved safely. We observed a number of interactions between staff and people that demonstrated that staff and people using the service had positive relationships. Discussions with the staff demonstrated that they knew and understood their needs, their knowledge of the person was also reflected within the care plans we looked at during the inspection.

Meetings regularly took place for people using the service and their relatives. One person said they always attended the meetings as they liked to be involved in decisions about the service. They told us the meetings were chaired by an external advocate. One person said, "It's healthy to have somebody from outside of the home to chair the meetings, [name of person] is very good, she always feeds back our comments to the manager. We discuss things like activities and outings, redecoration of the home and what type of things we want for meals, that sort of thing." We spoke with the advocate during the inspection, they said they made sure that people unable to make the meetings for whatever reason also had the opportunity to have their say, and as such they visited them independently. We heard one member of staff ask a person who had been unable to attend a recent meeting whether they wanted them to read the minutes of the meeting to them, to which the person agreed and the member of staff sat beside them reading the minutes. The registered manager said she attended the meetings on the invite of people using the service, and they had attended a meeting that had recently taken place.

People were supported to maintain relationships with people that mattered to them. People told us they had made friendships with other people using the service and that they were supported to maintain contact with their families. We observed people had developed friendships with other people and that they were comfortable in each other's company, smiling and laughing and it was evident they got on well with each other. One relative said, "I can visit whenever I want, I come here at different times of the day and I am always made welcome." We observed staff welcoming visitors to the service, offering people tea, coffee and biscuits.

## Is the service responsive?

### Our findings

People using the service confirmed they had been involved in the assessment, planning and on-going reviews of their care. One person said, "I am very involved in deciding how my care is delivered and in reviewing my care plan." Each person had a care plan screening tool in place to identify the areas where support was required to meet their care and treatment needs. Where possible people had signed their care plans to show their agreement with the information contained within them. Where this was not possible to the person's capacity to understand the information a representative or family member had signed them on their behalf.

We saw that people's care plans contained current information on their care and treatment needs and how they were to be met. They gave information on areas where closer monitoring was needed, such as, food and fluid intake and pressure area care. We also saw that the care plans had been reviewed and updated on a regular basis.

People were encouraged to share information about them for the staff to be aware of. We saw the care plans had an 'about me' section, which gave information about the person's likes and dislikes, hobbies, interests and occupations. This was so that activities could be geared towards people's individual taste and preferences.

People told us they had opportunities to go out of the home with friends and family, alone with a member of staff or with other people using the service. One person said, "We have a new activity person, she is doing a terrific job. We now have regular entertainment taking place, and regular outings. We have even got a new car; which is great." People told us they had opportunities to go out shopping and for pub lunches. We observed the activity person spending time with people, looking at the daily newspapers and generally holding conversations with them about current affairs and the headlines. We saw that outside entertainers had been arranged to visit the home, one person said, "We have a Frank Sinatra tribute act coming to put on a show for us, we are also going to have a Christmas Ball, I'll have to go out and get a posh frock to wear." The registered manager told us that a fundraising summer fete held at the service had been hugely successful, resulting in £900 being collected, raising money for the residents social fund and money donated to two national charities.

The service routinely listened to and learned from people's experiences, concerns and complaints. There was a complaints procedure in place and the people we spoke with were aware of how to raise complaints. Complaints were a regular item on the agenda at the resident meetings. We saw they were logged onto an electronic recording system and the investigation and outcomes of complaints were closely monitored by the registered manager and a senior representative from within the company.

Information posters and leaflets were on display that gave people information on how to raise a complaint. In addition the advocate that regularly visited the service and chaired the meetings raised concerns on people's behalf directly to the registered manager. A report was produced by the advocate to demonstrate that appropriate action was taken by the registered manager to address any concerns or complaints.

## Is the service well-led?

### Our findings

People using the service, their representatives and staff were actively involved in developing the service. People and relatives told us they felt their views were listened to and regular meetings took place to seek their views. An independent advocacy service also supported people to express their views. Based on the outcomes of the feedback action plans were put in place with timescales for completion. For example, in a recent survey people had said they wanted to be involved in staff interviews. In response, with the support of the advocate people had decided on questions to be asked at the staff interviews. People had also said they wanted more activities to be made available for them at weekends. In response the activity co-ordinator was now also covering some weekends and when not working activity at the weekend activity schedules had been put in place for staff to follow.

Staff understood their roles and responsibilities and knew what was expected of them. They were motivated and had confidence in the way the service was managed. Their comments about the management of the service were all positive, indicating they were happy working at the service and felt supported. One member of staff said, "I feel very supported by the manager and the senior staff, it is a brilliant team." The staff told us they felt their views were taken into account. One member of staff said, "The manager and senior staff are very good, they always take time to listen and offer their support." Another member of staff said, "It is a lovely place to work, the manager really listens to us." We saw that staff surveys had been carried out to seek their views on improvements to the service. Their views were listened to and acted on. For example, staff had expressed that communication needed to be improved. In response the provider had introduced a staff handover information tool that each member of staff signed to confirm they had received the handover. In addition the frequency of staff meetings had been increased to take place every two months and all staff received a copy of the minutes.

The staff were aware of their safeguarding responsibilities and what to do if they needed to bring any safeguarding concerns to the attention of the Local Authority Safeguarding Team or the Care Quality Commission (CQC) under the whistleblowing procedures. We saw that 'speak up' posters were clearly on display within the service and they contained the Freephone number for staff to use.

The vision and values of the service were displayed on posters to remind and promote the organisational values. The registered manager's positive leadership style fostered openness and transparency. They said they promoted the same behaviour from all grades of staff and that lessons learned were discussed at regional integrated governance meetings. The staff told us they had regular team meetings and that they were used to share information and ideas. We saw minutes of the meetings that demonstrated staff discussed care practice, training and areas identified for improvement from the feedback received from them and people using the service.

Relatives told us they were involved in making day to day decisions about the care of family members' who lacked the capacity to make their own decisions. They told us they were kept informed about their family members changing needs and that the communication with the service was good. The feedback we received from visiting professionals involved in monitoring the service was also positive, they said the

communication with the staff was good.

We saw that all accidents, incidents and near misses were logged onto an electronic recording system and monitored by head office. Incidents were analysed to identify any trends so that action could be put in place to reduce the likelihood of further occurrence. The registered manager had kept the Care Quality Commission (CQC) informed of 'notifiable events' as required by law under the registration regulations.

Records showed that established quality monitoring audits took place to continually review the service. We saw they included health and safety areas, care plans, risk assessments and health monitoring records, medicines management, accidents and incident reports and staff recruitment and training records. The governance of the service was also overseen by a senior representative from within the organisation. Areas identified for attention had action plans with timescales put in place and they had been addressed within the timescales.