

Pathway Care Solutions Limited

Little Acre - The Annex

Inspection report

Little Acres, Melton Road
Hickling Pastures
Melton Mowbray
Leicestershire
LE14 3QG

Tel: 0194981867

Website: www.pathwaycaresolutions.co.uk

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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

About the service:

Little Acre – The Annex is a residential care home that accommodates up to three people living with a learning disability or Autistic Spectrum Disorder. At the time of our inspection there were three people living at the service. The service has been designed to be a next step for the children's residential care home 'Little Acre'. The outcomes for people using the service reflected the principals of Registering the Right Support and other best practise guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen. 'Registering the Right Support' CQC policy.

People's experience of using this service:

Improvements had been made since our last inspection which was in October 2017 to address concerns and breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The risks to the quality and safety of the service had been identified and acted upon. People's records were well organised and checked to make sure that they included up to date and accurate information about people's needs. Information from audits and quality checks were used to drive continuous improvements to the service people received.

The breach of regulation at the previous inspection had been regarding unsafe staffing levels. The provider had worked with a dependency assessment tool, they had reviewed the recruitment process and employed additional staff to ensure the service had sufficient to meet the needs of people.

The environment was safe, clean and suitable for people's needs. Staff were well trained, and training had been kept up to date and monitored. Staff had regular supervision with the registered manager.

Staff supported people to enjoy a variety of activities and outings. The registered manager and the staff knew what people liked to do and had consulted with families and the people living at the service.

There were formal and informal ways the registered manager at the service gathered complaints and compliments. The registered manager was keen to act on any concerns promptly and welcomed feedback on all aspects of the service from relatives and professionals.

They were sensitive to equality diversity and human rights, and worked to ensure people's cultural needs were supported

Planning of care was outcome focussed and showed what people had achieved. This was reflected in all aspects of care planning and reviews including three monthly audit reports.

Rating at last inspection:

Required Improvement, the report was published on 11 December 2017.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service met the characteristics of good in all areas.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to re-visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Little Acre - The Annex

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, 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 was carried out by two inspectors.

Service and service type:

Little Acre – The Annex is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

We reviewed information that we had received about the service since the last inspection. This included checking incidents the provider notified us about such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

People living at The Annex were not able to share with us their experience of living at the service. Therefore, we spent some time observing staff with people in communal areas during the inspection. We spoke with two care staff, the assistant manager and the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We also looked at three staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Following the inspection, we spoke with one relative.

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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse and avoidable harm
- Staff told us that they had direct access to the safeguarding policy and had received training. One staff member told us "Safeguarding was included in the NVQ level 3 which was interesting." A relative told us that they felt that [name] was kept safe and that they trusted staff completely.
- Information on safeguarding was available to all staff and visitors and information on how to report concerns.

Assessing risk, safety monitoring and management

- The environment and equipment was safe and well maintained.
- Staff spoken with had a good understanding of people's needs and risks. Care planning was comprehensive and risk assessments had been maintained and reviewed. All equipment was regularly serviced by professionals and visually checked by staff at each use.
- The registered manager had good oversight in relation to risk and had comprehensive documents showing regular checks and audits. These included servicing of equipment and observational checks. Night time health and safety checks which staff carried out every evening.

Staffing and recruitment

- Staffing levels had improved since our last inspection. The registered manager told us that they had a recruitment drive. They now had four staff to three people using the service when each person was funded for one to one. One member of staff told us "There are always usually enough staff on duty but if we do need support, the manager or the assistant will come and help."
- We saw that safe recruitment was taking place and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. However, training on induction was not being carried out quickly enough which meant that staff were shadowing others rather than being able to work independently, this was not a good use of resources.

Using medicines safely

- Medicines management was found to be good and reflected national best practise guidance. Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medication.
- Medication administration records were completed with staff signatures when medication had been given. There was good information on the medication administered, what it was used for and possible side effects.

This include rescue medicine and medicine which could be administered 'when required'.

- Body maps were used to inform staff of the site of the application for the use of patches and topical creams.
- Protocols were in place for rescue medicine which is used for specific health conditions for example, those suffering with epilepsy who need medication to control seizures. This ensured that the staff knew when the medication would be needed and what amount to administer.

Preventing and controlling infection

- The service was clean and free from malodour.
- Staff used gloves and aprons consistently and were able to tell us the different types of bags used for contaminated laundry.
- Staff had received training in infection control. Information on how to prevent the spread of infection was available at the service.
- There was a regular infection control audit which was carried out by the registered manager. This included checking that all areas were clean which reduced the risk of infection and ensuring that staff were wearing appropriate PPE and hand washing frequently when providing personal care.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. One of the people living at The Annex was asked to go for an optician's appointment and to bring their glasses, the person had not had any glasses and the service had no knowledge that the person had poor eyesight. The registered manager arranged an eye test and glasses were ordered as a priority. The support plan was reviewed so further eye checks are part of the persons support planning.
- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. Staff were involved both in debriefing with the manager and being involved in discussions regarding prevention.

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

- Assessment of people's needs were comprehensive. The protected characteristics of the equality act had been considered to ensure people were not discriminated against.
- One person was supported to pray with a member of staff of the same religion. The religious book was available to them on CD so that they could listen to it when they wanted to. Staff were also learning different words in the person's own language so that they are able to communicate more effectively, and this had a really positive impact on the person.
- We saw evidence in care plans of guidance for specific conditions and staff were updated through meetings and individually when conditions changed. Care plans and risk assessments were regularly updated to ensure that they were current and relevant.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role, this included specialist training required to best support the complex needs of people. This included the care of PEG feeding and tracheostomy tubes.
- Staff were very positive about their work and said that they felt well supported. They had received extensive training and also been assessed to ensure that they were competent.
- Staff told us that they received regular supervision and an annual appraisal to discuss their performance and any development needs they had.

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

- People at the service were fed by a PEG tube. A medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
- Staff had received training on PEG feeding and the service worked closely with professionals on diet, nutrition and hydration. This was clearly set out in the care planning and risk assessments and staff knew how to maintain the PEG tube.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff were in regular contact with health professionals regarding people's needs. This ensured that people received timely care and referrals when needed.
- We saw extensive evidence in care planning from specialists, nurse specialists, dieticians, speech and language nurse practitioners, who all had regular contact with the service.

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

- The service was designed to provide care and support for those with complex needs and equipment was in place to ensure that people could be moved appropriately. Ceiling tracking was in place which made it easier for staff to transfer from the bedroom to the bathroom to give personal care.
- We observed one person stretch on a floor mat surrounded by interactive movable objects which they appeared to enjoy.
- The registered manager told us that people could use the full sensory room at the other home on the same site which they enjoyed doing.

Supporting people to live healthier lives, access healthcare services and support

- There was clear evidence that the staff and registered manager had good relationships with visiting health professionals. There was evidence in care planning which included a monthly summary laying out how the time had gone and who people had seen and what the outcomes were. All of the information was analysed and used for planning for the following month. This included planning activities, health needs, professional visits and appointments and planned outcomes.

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, 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. We found that two people had been authorised with no conditions and a third person had an application made to the court of protection. Staff were trained in MCA principals.

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.

Ensuring people are well treated and supported; equality and diversity

- We saw that staff spoke to people in a respectful manner, staff had time to spend with people and were reassuring and kind.
- Staff had cards for words translated into a different language so that they could communicate with people better when English was not their first language.
- Staff knew people well and how they wished to be cared for, they also knew what they responded positively to.
- People were supported in a variety of activities which they enjoyed. This included outings to the garden centre, weekly massage, arts and crafts and many sensory activities. We saw staff talk to people during activities and they knew the signs to look for from people which indicated they were happy.

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

- Staff talked to people constantly throughout activities and asked them questions. People were nonverbal in communication but staff could tell by facial expressions and other nonverbal signs that people were happy to do a suggested activity.
- Relatives were consulted regularly and were engaged in care planning. One relative told us "The service has really improved over the last two years [name] has been bowling, wrestling, cinema and always goes on holiday. I trust them completely, they are brilliant".

Respecting and promoting people's privacy, dignity and independence

- We observed staff supporting a person who was unable to talk. When staff asked a question, they waited patiently for the person to give them a nonverbal response to their question.
- We observed staff talking to a person prior to delivering personal care, they talked to the person throughout and then closed the door ensuring privacy was maintained.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.
- People were supported to maintain relationships with those close to them, social networks and the community. Relatives were encouraged to visit when they wanted to.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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 were supported to have choice and control over their lives and staff worked with them to facilitate this.

- One person who was fed via a PEG tube was allowed to have small 'tasters' of food. This had been discussed with the dietician and was monitored closely. This was in place because the person loved food and, staff recognised that tasting food was important to the person and had worked with professionals to enable this to happen safely. This was an excellent example of positive risk taking and supporting people to have choice and control.

- Care planning was comprehensive, and people were engaged in planning. This included people living at the service, relatives and professionals. Planning was very outcome focussed and activities were reviewed regularly to ensure that they were relevant, and people were enjoying and engaging positively.

- People's needs were identified, and their choice and preferences were regularly met and reviewed. The service met the information and communication needs of people living at the service as required by the Accessible Information Standards. The standard sets out the specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

- One person went to college three days a week and had classes on life skills and working on maths.

- Activities were comprehensive, varied and person centred ensuring that people were engaged in activities they liked and in some instances, which benefited their health and wellbeing. One relative told us "They do all sorts of things [name] has been to see the wrestling, bowling, cinema and always goes on holiday."

- One person has a diet based on religious belief and the service had fully embraced this. Staff were learning words in the person's own language and the book on the person's faith had been made available on CD so that the person could listen.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure displayed at the front door. The manager explained how they would respond to complaints and use it to inform improvements to the service. There was also a book for compliments which relatives and professionals had written in being very complimentary about both the service and the staff. One relative told us "I wouldn't hesitate to complain if I needed to but I am really pleased with everything that they do so no need to."

- There was a notice board which the registered manager explained was a 'shout out' for the staff. The staff or visiting professionals could write a post it to praise other staff when they had done something particularly well. This was very positive encouragement for the staff team and enabled them to celebrate what was being achieved.

End of life care and support

- There was provision for end of life care planning. The people living at the service were quite young and although they had end of life plans, they were referred to as 'dynamic documents'. The registered manager explained that they could be completed as and when staff, professionals and relatives felt it was time to plan for end of life care.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood and acted on the duty of candour ensuring that statutory notifications were sent through to CQC and other professionals as required.
- Records were well kept and reviewed regularly. The management team had a process to review outcomes and the overall welfare and achievements of people living at the service.
- Staff were supported at all levels and told us they felt supported and listened to. Regular and meaningful supervision was carried out with staff who felt confident they would be listened to at any time if they had any concerns.
- The registered manager was responsible for two services located close to each other. There was an assistant manager who worked closely with the registered manager ensuring continuity of management when the registered manager was at the other home.

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

- The registered manager had a clear understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- The registered manager showed very clear and robust quality monitoring processes were in place. This included extensive reviews and reflections and a monthly and three-monthly basis. This included all aspects of each person's care, activities and professional contact.
- The quality assurance system included checks carried out by the staff, registered manager and provider. This included all aspects of health and safety, maintenance, servicing of equipment, infection control to ensure the safety health and welfare of people living at the service.
- The registered manager had a robust quality monitoring system in place which covered all areas of the service and the people who lived there. The registered manager told us "The document is also scrutinised by the regional service manager and it goes through the quality assurance team, it can be sent back if anything needs to be added".

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

- The service involved people and their relatives in discussions about their care and support in a meaningful way. Relatives were invited to be involved in regular meetings and all aspects of care, health requirements and planned activities.

Continuous learning and improving care

- Meaningful, comprehensive reviews were carried out regularly with a view to identifying what worked well and what needed to be improved. This was scrutinised by senior management in a meeting, this supported the registered manager and made suggestions for further improvement.
- The registered manager was keen to continually develop and improve the service and engaged with people, staff and professionals to gain new ideas and opportunities.

Working in partnership with others

- People were supported to access social care services as required. They were referred appropriately to specialist health teams; their GP visited regularly and had a good relationship with the home management team and staff.
- The registered manager continually looked for services in the community that would benefit the people in their care, exploring different ways that services could be facilitates.