

Accomplish Group Support Limited

Pathway House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pathway House is a residential care home providing personal care to seven younger adults who may be autistic or living with a learning disability. The service can support up to 12 people.

People had their own bedrooms at the service and shared communal areas such as kitchens, lounges, bathrooms and gardens.

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

People were not always supported in line with their personal choices and preferences. Staffing levels at the service prevented people from following their preferred past times. People were not always being supported to communicate and understand information in ways that made sense to them. People's home environment was not treated with dignity and respect. Several areas were visibly dirty and notices around the service gave it a feel of being a 'care home' rather than a service that had been personalised according to people's choices. Staff did not always describe people with dignity and respect in records.

The service was visibly dirty in some areas and there was mouldy food in cupboards. Audits had not been effective in identifying these concerns. Other audits completed at the service had not been effective in picking up on the areas for improvement which we found at this inspection in areas such as incident reporting, staffing levels and person-centred care. People and relatives were not always asked for their feedback about the service. We have made a recommendation about collecting feedback about the service.

Improvements needed to be made to the way that incidents, including those where physical restraint was used, were recorded and reviewed. We have made a recommendation that the incident reporting procedure at the service be reviewed. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

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

Based on our review of safe, responsive and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Staffing levels at the service prevented people from having maximum choice and control in their lives. People's living environment was not always treated with dignity and respect. The service was in a remote location meaning having staff support to leave the service was essential, however staffing levels did not always allow this. The provider was taking action to mitigate this by reviewing their staff recruitment procedures and by the registered manager and deputy manager supporting people directly on shift to leave the service if they

chose to do so. The registered manager was also ensuring that occupancy at the service remained low so that people could be supported in line with their personal preferences as much as possible.

Despite the areas we found to be needing improvement, people and their relatives were positive about the support at the service. One relative told us, "The service is the best place that [family member] has ever lived at. [Staff] really do care."

Staff were trained in safeguarding and knew how to report concerns. Risks to people had been assessed and plans were in place to mitigate risks as far as possible. Whilst staffing levels were impacting on people's choices, there were enough staff to keep people safe. Staff, including agency staff were trained and understood how to support people. Staff were recruited safely in line with legislation. People were supported safely with their medicines. Staff followed effective infection control measures with regards to COVID-19.

Staff knew people well as individuals and knew what their likes and dislikes were. Support plans were very detailed and gave a clear overview of how to support people in line with their preferences. People were happy and relaxed being supported by the staff team. People were positive about how staff supported them to take part in preferred past times when this happened. A complaints procedure was in place and people and relatives knew how to raise concerns.

Feedback about the registered manager and deputy manager was positive. They were trying hard to instil a positive culture at the service which achieved good outcomes for people. The registered manager responded immediately to concerns raised at this inspection and gave us assurances that areas for improvement would be taken seriously and actioned. The staff team linked and worked with external professionals to help achieve good outcomes for people.

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

Rating at last inspection (and update)

The last rating for this service was good (report published 31 January 2018).

Why we inspected

We received concerns in relation to the care and treatment of people using the service in areas such as the management of incidents and being supported to achieve good health outcomes. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pathway House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person centred care, dignity and respect and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pathway 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection. -

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior

support workers, support workers and the positive behaviour support lead for the service.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● Audits of the service had not ensured that the service was kept sufficiently clean or picked up on infection control risks as a result of this. Several areas of the service were dirty and had not been cleaned effectively. This included one of the kitchen areas and the conservatory. There was a build-up of dirt and dust on skirting boards and we also found some mouldy food items in one of the kitchens.

We found no evidence that people had been harmed, however audits were not effective in identifying that the service was not being cleaned effectively which may lead to infection control risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider responded immediately during and after the inspection to address infection control concerns. This included removing the mouldy food items and following up on some of the building repairs.
- Other areas of the service were seen to be clean. One person told us, "I think it is clean here. [Staff] clean all over the house every morning."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Some people using the service were supported with physical restraint to keep them safe when they showed behaviours that may challenge themselves or others. When this happened, staff reported it using an incident form and this was then reviewed by the registered manager on an in-house system. However, the

registered manager was not using this system to fully review these incidents. Staff debrief forms, which would have given staff the opportunity to discuss what happened were not completed. The registered manager was deciding that incidents 'had been handled appropriately' and recording this on the system without any rationale or reasons as to why they felt that physical restraint was the correct response to a situation.

- The registered manager did not record that they had shared incidents of physical restraint with external professionals such as safeguarding teams, social workers or CQC. One professional told us they were not aware of incidents of physical restraint for a person they were supporting. However, following our inspection, the provider sent us evidence to show that incidents at the service were discussed on a weekly basis with the local authority safeguarding team who advised them whether incidents were reportable or not.
- The way in which incidents were being reviewed limited the opportunities to learn lessons and did not show openness and transparency at all times. One relative said, "I do think staff need more of a debrief when incidents happen as it can be very intense both for [family member] and for them."

We recommend that the provider and registered manager review the methods used to investigate incidents to improve these and increase the opportunities to learn lessons from them.

- The registered manager responded immediately during and after the inspection. This included changing the incident review system to ensure that debriefs with staff were completed and that incidents were reviewed more thoroughly.
- People told us they felt safe living at the service. One person said, "I feel safe living here. I've lived here a while now and wouldn't stay if I didn't feel safe."
- Relatives were positive about the way that their family members were kept safe. One relative said, "I praise [staff]. My family member needs physical support sometimes and they do this very safely and my family member is never injured. Whenever the environment is damaged, they make sure everyone is kept safe until it is fixed."
- Staff had training in safeguarding and understood what signs may indicate someone was being abused. They knew how to report concerns outside of the organisation to CQC or the police if this was necessary.
- When incidents happened, these were discussed in staff team meetings to discuss any lessons learned.

Staffing and recruitment

- Staff told us, and rotas showed that the service regularly ran short of staff. Staffing levels remained safe and people's core support hours were provided. However, the lack of staffing did have an impact on people's choices of what to do with their day. This is discussed further on under the 'responsive' section of this report.
- People and their relatives told us that staffing levels were safe at the service. One person said, "I like all the staff here. There is always someone about." A relative told us, "The staffing levels seem good at the service and they retain their staff. Some of them have worked at the service for ages."
- Staff had the training to support people safely. The service employed agency staff who had worked at the service for a long time and received the same training, supervision and competency checks as the core staff team.
- The provider completed recruitment checks in line with current legislation to help ensure that staff were suitable for the roles they were working in.

Assessing risk, safety monitoring and management

- Risks to people has been assessed and measures were put in place to help mitigate risks and keep people safe as far as possible. These assessments were very detailed and gave staff clear guidance about how to

support people in areas such as going shopping, cooking and being supported when they felt upset or anxious.

- Safety checks were completed in areas such as fire safety to help promote a safe environment for people. One person told us, "I feel safe living here and the staff do a good job."

Using medicines safely

- People were supported with their medicines by staff who had received training and regular competency checks to help ensure that this was done safely.
- People had risk assessments and protocols in place for each of their medicines including as and when required (PRN) medicines and these were understood by the staff team.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Due to staffing levels being short at the service on a regular basis, people were not always able to pursue their interests in ways that they chose. For example, people were not able to go out into the community on some occasions or were not able to spend time in house cooking or cleaning in line with their preferences. One staff member told us, "There are quite a lot of times where we are short of staff, so we just focus on keeping people safe. It means they cannot get out and about like they want to though."
- People's daily notes showed that people would often go long periods of time without leaving the service or being involved in their preferred pastimes in the house. People spent a lot of time alone in their rooms and it was not clear how staff were supporting them to follow their preferred routines and activities. One relative said, "I do think the staff try their best with [family member] but they do not always prompt them to go out of the service. I think it is easier for staff to stay [at the service]." Another relative told us, "[Family member] does need more to do and needs to be kept occupied. Keeping busy would help [family member] to not feel so upset or anxious."
- The registered manager and staff team had identified ways in which people communicated in their support plans. This included using signs and pictures. However, these methods of communication were not put into practice. We did not see staff using these communication methods to talk with people or explain to people what was happening during the inspection. Discussions with people such as one to one key worker meetings or surveys were not recorded in a way that people would understand and were only available in written word. This meant that people were not being supported in line with their communication needs.
- We could not be assured that people were being supported to have a healthy diet. Fridge's and freezers were sparse and did not have a lot of healthy options which people would have been able to choose to eat. One cupboard was full of one type of tinned food. People's daily notes showed that people were not supported to eat a healthy or balanced diet. One relative raised concern about the amount of weight that their family member had gained since living at the service. The deputy manager explained that the shopping was due to be delivered the day after the inspection, however this meant that people had limited choices on the days leading up to this happening.
- These issues meant that people were not always being supported in line with right support, right care,

right culture. People were not always empowered to be at the centre of their support and were not able to always make choices about how they spent their time. The service was remote and located away from accessible amenities which made having staff support to leave the service essential. Low staffing levels made this difficult. One relative told us, "The staff are lovely, but the problem is the service is too small and too remote so [family member] doesn't have a lot to do."

We found no evidence that people had been harmed. However, people were not being supported to follow their interests and preferred pastimes and were not being supported communicate and understand information according to their support needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The way in which people's home environment was maintained did not always show respect and dignity. Several areas of the service were dirty, and some areas of the service had been damaged and needed repair. People's laundry baskets were lined up in one of the living rooms at the service, limiting the space available to people and giving the service a feel of a 'care home' rather than people's own home.
- Notices were placed around the service which made the environment feel less homely. There were signs in living spaces indicating employee reward schemes and signs in the kitchen stating, 'please let the cook know your allergies when ordering a meal'. This did not respect people's home environment and made the service feel institutionalised.
- When people chose to spend time in their rooms, staff sat directly outside of the rooms for large portions of the day. Other methods which may have promoted people to have their own privacy away from staff members had not been considered. One relative said, "When I visit the service the staff are sitting with big folders making lots of notes, so it does feel like a hospital sometimes."
- The language used by staff to describe people in their daily notes did not promote their dignity and respect. Comments written by staff included, '[Person] was well behaved', '[Person] decided to kick off' and '[Person's] behaviour was locally managed'. This showed that people were not being treated with respect or as adults.
- Staff were not always honest with people when it came to their requests and questions which were not realistic. For example, one person would often ask for things to happen that were not possible in everyday life. Instead of speaking to this person about why things could not happen or supporting them to understand this, staff directed the person to 'ask the manager'. The registered manager would then say that things could not happen, and this would lead to the person becoming anxious or upset. This way of supporting the person did not promote dignity and respect.

We found no evidence people had been harmed. However, people's home environment and some aspects of their support did not respect their dignity. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection to address some of these concerns. This included a review of the way in which documentation was communicated to people and the removal of signs and posters from people's home environment to make it more homely.
- The provider sent us evidence to show that recruitment issues at the service were being looked at and that there was a plan in place to continually decorate the service. They also assured us that they would not be accepting new admissions to the service until the current issues had been resolved.
- Even though support plans were not always followed in practice these were written well and gave a clear overview of people's preferences, likes and dislikes. Staff were knowledgeable about people's needs and spoke about them with kindness and compassion. People were relaxed and appeared happy being supported by the staff team.

- People and relatives were positive about the care they received. People's comments included, "[Staff] are really good. They know what I like." and, "I like the staff because they help me.". Relatives comments included, "The staff team are lovely and they always make sure they have a laugh with [family member]." and, "The actual care itself seems really good and [family member] is always happy to go back to the service after they have been out with us."
- People spoke to us about how when they did go out and leave the service, they enjoyed this, and staff supported them well. One person said, "I go for quite a lot of walks with the staff and they always leave at the time I want to go." Relatives explained that the staff honoured people's choices if they chose not to leave the service and stay at home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and this let people know how to raise concerns with the provider or with external organisations. There had been one recorded complaint made in two years at the service.
- Relatives were confident to raise concerns if they had any. One relative told us, "I would definitely feel confident talking to the registered manager if I had any concerns."

End of life care and support

- People living at the service were young adults and most of them had chosen not to discuss or put plans in place for the end of their life. Staff had started the discussions about this with people and would return to talk about this later.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider completed audits to monitor the quality of the service. However, these had not been effective in identifying improvements that were needed. This included areas such as infection control, learning lessons from incidents, staffing levels, supporting people in line with their preferences and treating people and their home environment with dignity and respect.
- Some audits completed by the provider were unclear as to what they were looking at and what actions were going to be taken to improve the service. Some audits consisted of discussions with people using the service, and had sections for discussions with staff, looking at the environment and auditing support plans and risk assessments. However these sections were left blank or not fully completed.
- The registered manager and deputy manager were spending a lot of time directly supporting the staff team on shift as a result of low staffing levels. This meant that they were not able to dedicate more time to monitoring the quality of the service and putting improvements in place. One relative said, "[Registered manager] is very good but they are wearing far too many hats. It must be very difficult for them to do the day job."
- Relatives gave us mixed feedback regarding receiving information when things went wrong. Relatives comments included, "I asked [staff] to let me know what happened after [incident] but this did not happen and I had to keep chasing this up." and, "Communication with the service is a little bit hit and miss and sometimes you get told about something that has happened days ago via e-mail."
- Whilst repairs to the building had been reported these were not followed up in a timely fashion to ensure that they were completed.

We found no evidence that people had been harmed, however audits were not effective in identifying shortfalls at the service where improvements could be made. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately to these concerns during and after the inspection. This included improving the way that incidents were recorded and responded to and reviewing documents to ensure that they met people's individual communication needs.
- The staff team received training and were knowledgeable about all aspects of their job roles.
- Relatives spoke positively about the way the registered manager and deputy manager ran the service. One

relative told us, "I do think that [registered manager] tries their best and seems to know what is going on. The [deputy manager] is empathetic and I think will be a great benefit to the staff team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were not always encouraged to feedback about the service in meaningful ways as staff did not always engage with people using communication methods that worked for them.
- Relatives gave mixed feedback about how they were involved at the service. Relatives comments included, "Communication can be difficult with the service. I do not remember ever being asked for feedback or being sent any surveys or questions." and, "[Staff] do not always get back to me quickly. They do in the end but sometimes there is a long wait. I like to have all the information, and this sometimes takes a while to get hold of."
- The registered manager reviewed people's support plans on a monthly basis. There was room on these review forms for people's and relatives' feedback. However, these were not completed in most cases and these review forms were complete led solely by the registered manager. This meant there was a missed opportunity to collect feedback from people and their relatives.

We recommend that the provider considers more effective ways of engaging with people and their relatives to collect feedback about the service they are providing.

- Other relatives gave more positive feedback. One relative said, "No problems at all with communication and I trust that [registered manager] would let me know if there was a problem."
- Staff were positive about how they were engaged with at the service in forums such as team meetings and supervisions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Despite our findings the registered manager was trying to promote a positive culture at the service. In our discussions with them and the deputy manager it was clear that they cared for the people using the service and put them at the centre of what they did.
- People appeared happy and relaxed being supported by staff and staff knew people as individuals. Staff spoke passionately about people's individual characters and how best to support them. Staff spoke to people kindly and offered them choices throughout the day.
- People were positive about the support they received. People's comments included, "[Staff] are really nice." And, "[Staff] make me feel happy."
- Relatives were positive about the service. Relatives comments included, "[Staff] and [registered manager] are so good. My family member used to be so upset all of the time but now they are always happy which is all done to [staff's] hard work." and, "[Registered manager] has done an excellent job and they have a good staff team at the service."
- The registered manager was purposefully keeping occupancy levels at the service low, to work on improvements and ensure that people were achieving good outcomes.

Working in partnership with others

- The staff team and registered manager worked internally with the providers positive behaviour support team to discuss incidents and put plans in place to reduce risks of these happening again.
- The staff team linked with health professionals such as GP's, psychologists and dentists to help ensure people had support with their health needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had been harmed. However, people were not being supported to follow their interests and preferred pastimes and were not being supported communicate and understand information according to their support needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>We found no evidence people had been harmed. However, people's home environment and some aspects of their support did not respect their dignity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed, however audits were not effective in identifying that the service was not being cleaned effectively which may lead to infection control risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however audits were not effective in</p>

identifying shortfalls at the service where improvements could be made.