

Pathways Care Group Limited

Westgate

Inspection report

60 Edward Street
West Bromwich
West Midlands
B70 8NU

Tel: 01215800196
Website: www.pathwayscaregroup.co.uk/

Date of inspection visit:
20 September 2021
21 September 2021

Date of publication:
16 November 2021

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

Westgate is a residential care home providing personal care for up to seven people with a learning disability or autistic spectrum disorder. At the time of inspection six people were living in the home with the seventh room used as an office.

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.

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

People felt safe and staff had good knowledge of safeguarding processes. Staff had been recruited safely. There was a system in place to monitor staff contact with people in the form of daily logs. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People's and their relatives were involved in the review process. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

People received person centred care. People, relatives and staff expressed confidence in the registered manager. People, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

This service was registered with us on 18 December 2013. It was last Inspected on 09 August 2018 with an overall rating of 'Good'.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westgate

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors and a Pharmacy inspector.

We were supported by An Expert By Experience who made telephone calls to three family members post inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Westgate is a 'care home'. People in care homes receive accommodation and 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.

The registered manager was not available at the time of inspection. The Regional Director was at the service during the inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 September 2021 and ended on 24 September 2021. We visited the office location on 20 September 2021, with follow up family calls on 21 September 2021 and an online meeting with the Regional Director on 24 September 2021.

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. The provider completed a provider information return on 18 August 2021. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed and/or spoke with three people who used the service about their experience of the care provided. We received feedback from two family members. We spoke with five members of staff including the Regional Director, team leaders and care workers. The Regional Director is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple 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 and check people were safe. We looked at training and recruitment data as well as health and safety documentation including legionella, fire and food safety documentation.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us they, "always felt safe". A relative told us, "Staff and managers help us with residents wellbeing and keeping them safe." Staff referred to the home as, "Their [peoples] homes' adding 'so we do it their way".
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to registered manager."

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks.
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process.
- The registered manager carried out detailed support planning including environmental hazards and concerns. This ensured the home was safe for the person and staff.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- The management team had a system in place to monitor the support provided to people in the form of daily logs which were used at handover to ensure continuity. People told us that they always had their medication on time and that staff would ensure care takes place when they want it.
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references.

Using medicines safely

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice.
- Records showed medicines were managed safely and relatives told us they their loved one's medicines were managed safely.
- Medication audits confirmed regular management of any irregularities with robust action plans.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them. One staff member said, "We wash our hands, use the hand gel and wear aprons and gloves. We wear masks but sometimes the residents don't like it, but we explained why using simple language."

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA.

- The Regional Director told us that two people had Court of Protection Orders due to their inability to make decisions for themselves. This was evidenced in case files with appropriate reviews and risk assessments.
- People and their loved ones told us they were able to make choices about their day to day care. A resident told us that, "They always try to include me into things and always ask."
- Where people had a lasting power of attorney (LPA) in place, all the correct documentation was in their care plan to evidence who could make decisions on their behalf. An LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

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

- People's physical, mental and social needs were assessed and documented in their care plans and risk assessments.
- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The provider used technology to enhance service provision by ensuring a reduction in paper-based files. This allowed more time for staff to work with people.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. A person said, "The staff are excellent."
- Staff understood their responsibilities and what was expected of them. Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. For example, staff had training in non-verbal communication, diabetes and falls. We saw a staff member interact with a non-verbal person, who uses grunts to communicate. The staff member was able to understand the person's needs and wishes as we saw the person happy at the response.
- Staff had completed an induction process and the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Staff supported people to maintain a healthy balanced diet where required and to have choice in what they ate. A person told us, "Even if they don't have any of my types of food, they will make effort to get it next day." The resident was referring to food that they culturally liked.
- The provider had a system that allowed them to monitor people's food and fluid intake where needed. We noted that the daily logs included food and fluid intake and any concerns.

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

- Where needed, staff supported people to access community healthcare professionals such as the GP and occupational therapists. This enabled people to have their health needs met by external professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They [staff] are my mates. I love them." A relative told us, "Staff are very friendly, kind and take time to have conversations. They engage with relatives and residents, especially during Covid." Another relative said, "It's like family the way the staff treat people."
- People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to what I have to say."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- People and their relatives were able to express their views and make decisions about their care. One person said, "They [staff] always listen. We were bored as we couldn't go out to the pub so they helped us make a restaurant in the summer house."
- Staff had the time they needed to provide compassionate support, and this was helped by good rota planning. We saw and were told that there was an overlap at shift change so residents could end conversations with staff leaving for the day.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. A person told us, "The staff are very careful when undressing or dressing me." A relative told us, "Myself and another relative have been there on occasions with staff and they always close the door when they support residents with care tasks. Although they know we are family, they still do it."
- People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me."
- People told us staff took their time and did not rush them. A staff member said, "It's better to make them happy by taking time rather than issues later."
- Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, many of whom had communication barriers.
- Staff received equality and diversity training and knew people's needs well.
- One person told us, " [Staff] always ask me first thing in the morning what I want. Sometimes, I don't want to get out of my room, but staff don't give up cos they care."

- We saw in daily notes that the Registered Manager would go to a room and support a person who did not wish to leave her room due to their insecurities. He was persuasive, but also attuned to the person's wishes.
- People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.

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 remained good. This meant people's needs were met through good organisation and delivery.

- People and their relatives told us they were involved in the review process and making decisions about their care. A person said, "I have chats with the manager and he asks me about what I want and my plan for future." A relative told us, "We had been called for input for reviews. Then we have had a review of services and provision and met with registered manager."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.
- People were involved in all aspects of the home including menu planning, excursions, activities and in the response to Covid restrictions. We saw resident meeting minutes where different types of communication were used to ensure people could understand fundamentals.

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.

- The Regional Director understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents, braille and large print.
- There was evidence that staff used basic sign language as well as adapting communication techniques to achieve best results with people.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. A person said, "Yes I do know how to complain. The home gave me phone numbers I can call whenever I want to complain, or I can put it in writing."
- The provider had a complaints policy and procedure and people, and people's relatives told us they had been given a copy. There had been no formal complaints in the last 12 months.

End of life care and support

No one was receiving end of life care at the time of the inspection.

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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions.
- Staff felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "The registered manager is very good. He is very easy to talk to and explains things to us."
- Staff practice, culture and attitudes were monitored. We saw from audit documentation that the registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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

- The Regional Director told us, and records confirmed, audits had taken place and action plans had been created that identified areas of improvement. When actions were achieved, this had been recorded on the audit.
- The home used an electronic audit tool based upon the CQC guidance documents. There was an attached action plan which was regularly reviewed and rated according to risk. There was a clear method of progression of actions from audits.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw schedules reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. This feedback showed positive comments which included, "I do not worry about my family member as much now as I know they are in capable hands", "I have noticed a huge difference in the quality of life of my family member" and, "The support workers here really care and know not to treat us like children".

- Where people requested, the staff would communicate with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The Regional Director told us that the organisation had approved budget for works to the property. This included a further bedroom downstairs which would be used for a resident who was currently on the first floor and had mobility issues. She explained that the service was a, "home for life" and that they intended to make the property as easily manageable for people as they got older. The Regional Director showed us architect plans for the extensive renovations and was hopeful of works commencing imminently. There was a plan about people and safety during any renovation works.
- Westgate is an eight year old service which is part of the Pathways group. The group manages all Human Resources and care planning tools centrally. Pathways operates 24 services of which 21 are deemed 'good' by the CQC.

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 Regional Director understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.