

## Pathways Care Group Limited

# Greenways

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 17 February 2016. Greenways is a care home registered for a maximum of 17 adults, some of whom may have learning disabilities or mental health care needs. At the time of our visit, there were 14 people living in the home.

At our last inspection on 19 March 2014 the service met all the regulations we looked at.

The home had a newly appointed manager. The manager had applied for her registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. There was a safeguarding adults policy and suitable arrangements for safeguarding people. Staff were caring and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and staff were aware of these risks. Staff prepared appropriate and up to date care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. People's healthcare needs were monitored and attended to. Arrangements had been made with healthcare professionals when required.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Regular residents' meetings and one to one sessions had been held for people and the minutes were available for inspection. The home had an activities programme to ensure that people could participate in social and therapeutic activities.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and cultural preferences were met. People were provided with meals which they liked and which met their cultural and dietary needs and preferences. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people confirmed that they had been given their medication.

There were enough staff to meet people's needs. Staff were knowledgeable and enthusiastic about their work. Teamwork and communication within the home was good. Staff had received induction and training to enable them to care effectively for people. There were arrangements for support, supervision and

appraisals from their manager. However, two staff records did not contain all the required checks. This may mean put people at risk of being cared for by unsuitable staff.

People and their representatives expressed confidence in the management of the service. The results of the last satisfaction survey and feedback from people indicated that they were satisfied with the care and services provided. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and promoting their independence.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. Regular fire drill had been arranged.

No complaints had been recorded in the complaints book since the last inspection. We however, noted that one person stated that they had made a complaint to staff recently. There was no evidence it had been recorded elsewhere. Complaints made need to be recorded and promptly responded to. This is needed to ensure that people are well cared for.

Audits and checks of the service had been carried out by the manager. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these was provided. We however, noted that these audits were not sufficiently robust and did not identify and rectify deficiencies such as two staff records which did not contain two references and a complaint made had not been recorded. This lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people.

Staff were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. Most staff were carefully recruited. However, two staff records did not contain evidence that all the required checks had been undertaken prior to them starting work. There were sufficient staff to meet people's needs. Staff were aware of the safeguarding policy. They had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

**Requires Improvement** ●

### Is the service effective?

The service was effective. People who used the service were cared for by staff who were knowledgeable and understood their care needs. Staff had been provided with support and supervision by their managers.

People's nutritional and healthcare needs had been monitored and attended to. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

**Good** ●

### Is the service caring?

The service was caring. People and their representatives said staff treated people with respect and dignity. Staff were able to form positive relationships with people and attend to their needs.

Residents' meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

**Good** ●

### Is the service responsive?

One aspect of the service was not responsive. The home had a complaints procedure and people knew how to make

**Requires Improvement** ●

complaints. No complaints had been recorded in the past year although one person had made two complaints to staff.

The needs of people had been carefully assessed and appropriate care plans were in place. Staff had a good understanding of the needs of people. There was a varied activities programme and people were encouraged to be as independent as possible.

### **Is the service well-led?**

One aspect of the service was not well-led. Audits and checks had been carried out by the new manager and new area manager. These were not sufficiently comprehensive as these checks failed to identify and rectify certain important deficiencies we noted.

People, their relatives and a professional expressed confidence in the management of the service. Communication within the service and with representatives of people was good. Staff were satisfied with the way they were managed. They worked well as a team and they were aware of the aims and objectives of the service.

**Requires Improvement** ●

# Greenways

## **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 checked 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.

The inspection took place on 17 February 2016 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. Prior to the inspection the provider completed and returned to us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were fourteen people living in the home. We spoke with nine people who used the service and one relative. We also spoke with the manager and five care staff. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We obtained feedback from a social and healthcare professionals.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, four recent staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

# Is the service safe?

## Our findings

People stated that they were safe in the home and were satisfied with the care provided. One person said, "Yes, The home is 101% safe. " Another person stated, "I feel totally safe here. The staff treat me nicely." A third person said, "The staff give me my medicines." A relative stated, "The staff watch my relative and they ensure my relative is alright." A second relative stated that the premises were clean and people who used the service were cleanly dressed whenever they visited.

We observed that people were cleanly dressed and appeared well cared for. Staff were cheerful and interacted regularly with people. One person was going out to a day centre. We observed that care staff checked to ensure people were ready and accompanied people to the car. One staff accompanied this person to ensure they were safe. Staff were able to gain the co-operation of this person.

The home had a recruitment procedure to ensure that staff recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of four records of staff. We noted that all the records had a criminal records disclosure, evidence of identity and permission to work in the United Kingdom. Two staff had a minimum of two references. The third staff record had no references while the fourth staff had only one reference. Both staff had worked in the home for over a year. The manager stated that she would check with the personnel department. No further update regarding this was provided after the inspection. The lack of comprehensive checks on staff may put people at risk and is a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

We looked at the staff rota and discussed staffing levels with the manager. On the day of inspection there was a total of fourteen people who used the service. The staffing levels consisted of the manager and 8 care staff during the day and 3 care staff on duty during the night. Staff we spoke with told us that there was sufficient staff for them to attend to their duties. People informed us that there were sufficient staff and they were satisfied with the care provided.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated smoking, mental health problems, antisocial behaviour and self neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency.

There suitable arrangements for the recording, storage, administration and disposal of medicines were checked. They were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were

disposed of and this was signed by staff. The home had a system for auditing medicines. This was carried out by the registered manager or shift leader. There was a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts examined. People we spoke with told us they had been given their medication.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There were suitable arrangements for ensuring fire safety which included a fire risk assessment and fire equipment contract. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out.

The premises were clean and no unpleasant odours were noted. Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We discussed the laundering of soiled linen with care staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature. One window restrictor in a person's bedroom on the first floor was damaged. The manager stated that this would be repaired and promptly contacted the maintenance department about this.

## Is the service effective?

### Our findings

People informed us that staff were competent and they were satisfied with the care provided. A person who used the service said, "The home is well managed. Staff have accompanied me to see my doctor. I have also seen the optician and dentist." A relative stated, "The staff are doing their best. My relative is well cared for." A social care professional described staff as professional and capable. This professional stated that staff had been able to help people and brought about improvement in their mental health.

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Monthly weights of people were recorded. Staff were aware of action to take if there were significant variations in people's weight. People informed us that they could discuss what meals they wanted at meetings and they were satisfied with the arrangements for meals. We observed people having their lunch. The meals were presented attractively and appeared balanced. People told us they were satisfied with their lunch. We saw that people had access to the kitchen and could make drinks for themselves. Biscuits and snacks were available in the kitchen if people wanted them.

Staff were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included equality and diversity, moving and handling, health and safety, fire training and the administration of medicines. Staff confirmed that they had received the appropriate training for their role.

New staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. We however, noted that one newly recruited staff had not signed their induction programme. The manager stated she would ensure it was signed. Staff said they worked well as a team and received the support they needed. The manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager informed us that most people living in the home had capacity and were able to make decisions for themselves. A small number of people were at times unable to make decisions for themselves and best interest decisions had been made for them when needed following consultation with their representatives.

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. The manager had taken action and we saw evidence of submitted applications and authorisations to the local authority for deprivation of liberty safeguards to be put in place where necessary.

## Is the service caring?

### Our findings

People who used the service stated that they were well treated by staff. One person said, "The staff are excellent and helpful. They have accompanied to my place of worship." Another person said, "The staff are very good. They treat me and others with respect. They knock on my door before they come in." Two relatives informed us that people got on well with staff. One relative stated that, "The staff show respect for my relative and understand my relative's culture. They can communicate quite well with my relative." Another relative said, "They are caring staff. They even offer me tea when I come." One social care professional stated that staff were patient and non-threatening towards their client and their client responded well to this approach.

We saw that people were able to approach staff and talk with staff. There were respectful and pleasant interactions between staff and people who used the service. Staff spoke in a friendly way with people and people responded well to staff. Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

We saw detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. This ensured that staff were able to understand and form positive relationships with people.

People were supported to maintain relationships with family and friends. A relative said that their relative was well treated and this person had made progress while at the home. People told us they had been able to keep in touch with their relatives.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. One relative stated that people's religious food preferences had been catered for. Another person informed us that they could attend their chosen place of worship.

Each person had their own room. We were only able to visit one bedroom as some residents did not want us to enter their bedrooms. The bedroom we saw was clean, well-furnished and had been personalised with people's own ornaments and belongings according to their preference. There was a well maintained garden on the ground floor and people had direct access to it.

## Is the service responsive?

### Our findings

People informed us that they were satisfied with the care provided and staff were responsive. One person said, "I know how to make a complaint but I have nothing to complain about." Another person stated, "I have complained and they have responded to my complaint." One person stated that as a result of the support provided by staff, they had improved mentally and was looking forward to being able to move into their own accommodation in the near future.

The home had a complaints procedure and this was on display in the home. People informed us that they knew how to complain if they had concerns. No complaints had been recorded in the complaints book in the past twelve months. One person informed us that they had made two complaints recently and staff had responded to their complaint. However, there was no record of these being documented. The manager stated that she was unaware of this. A second person complained about the behaviour of a staff member. This person said that they had made a similar complaint recently. This complaint was also not documented. This was discussed with the manager who responded promptly and made arrangements to investigate them.

Appropriate records of complaints and action taken in response are needed to evidence that the concerns of people have been adequately and promptly responded to.

Failure to record and establish an effective system for handling complaints is a breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints. The registered manager stated that action would be taken to ensure that complaints are recorded in the future.

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they were at risk of using illicit drugs. We noted that there was specific guidance to staff on how to care for this person and the home had an appropriate policy. The manager was aware of the policy. The records indicated that some people in the home had at times exhibited antisocial behaviour.

The manager and staff informed us that they had received training on caring for people with behavioural problems. We noted that a person was agitated. Staff were able to manage this person effectively by talking gently to them and providing reassurance. The care provided had been regularly evaluated and reviewed with people, their relatives and professionals involved. This was evidenced in the care records. One relative stated that they would like to have a formal review soon for their relative. This was discussed with the manager who agreed to arrange it.

The manager and staff informed us that they encouraged people to take part in activities. Activities organised for people and included walks in the park, shopping, attendance at a day centre and outings to places of interest. A social care professional stated that their client was encouraged to be as independent as possible and took part in activities such as going to the shops and assisting with some household chores. A relative informed us that their relative liked being taken for a drive and staff had arranged for this.

## Is the service well-led?

### Our findings

People expressed confidence in the management of the home. One person said, "The home is well managed and well run. Yes, I have completed surveys." Another person said, "I am quite happy here. Management are making changes for improving the service." A staff member described management as approachable and the staff team as a good team. One social care professional provided positive feedback regarding the management of the home. They indicated that the home was well organised and staff were communicative regarding the progress of people.

Audits and checks of the service had been carried out by the new manager and new area manager. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these were provided. We however, noted that these checks and audits were not sufficiently robust and did not identify and rectify deficiencies such as incomplete staff records, one induction programme not signed, a damaged window restrictor not been noted and complaints which were not recorded. This lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 (1) (2). The new manager stated that there had been staffing problems as a result of some staff leaving and this included management staff.

Care plans were up to date and well maintained. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

The home carried out annual satisfaction surveys of people who used the service. The manager informed us that a survey had been carried out at the beginning of the previous year. We saw some of the completed forms and noted that the feedback was positive. We however, noted that there was no analysis or action plan following this survey. The new manager was unable to locate these and said she would check with the head office about this. We were also informed that a new survey had been started this year.

There was a system for ensuring effective communication among staff. The home had a communication book which was used for passing on important information such as appointments and duties for staff. Staff informed us that there were meetings where they regularly discussed the care of people and the management of the home. They stated that their managers were approachable and listened to their views. Staff said they had confidence in their manager. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The service did not ensure that there was an effective system for handling complaints.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  This service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider did not ensure that staff employed to work at the home had all the required documentation and checks before working in the home