

# Pathways Care Group Limited

# Ashleigh House

## Inspection report

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County Durham  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Ashleigh House is a residential care home that is registered to provide accommodation for up to 30 people. It provides care to people living with mental health problems. At the time of the inspection 25 people used the service.

People's experience of using this service: During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to ensuring the safe care of people, need for consent principles were followed and staff were trained.

The provider had not fully completed matters raised at the last inspection. Half of the bathrooms and toilets remained out of commission, windows needed replacing and the façade at the back of the home had not been renewed. They had not met all the fire authority requirements, which were outlined in a letter dated 25 January 2019. Plans were in place to deal with these matters and work had commenced to refurbish the bathrooms.

Since the last inspection the occupancy had significantly increased but at the time of the inspection care staff hours had remained the same. A deputy manager, cook covering weekdays and activity coordinator had been employed but the provider could not show us how they ensured there were enough staff to deliver rehabilitative work, personal care, safely manage situations where people were distressed and cook the meals on a weekend. Two staff on duty overnight, which was insufficient to ensure people's safety could be maintained.

Staff were completing mandatory training, supervision and appraisals. The staff lack of training around working with people who live with mental health needs was significantly impacting how staff responded to people, planned their care, identify risks, assessed individual's needs and worked in line with best practice.

Staff were not following principles round obtaining consent and care records suggested they imposed restrictions on people even when they deemed them to have capacity. The registered manager and staff had worked hard to improve the assessment of people's needs but the lack of training meant they were not accurate.

Nutritional assessment tools were in place and staff encouraged people to eat a balanced diet. However, when people lost weight or had a low body mass index (BMI) staff did not always act in timely manner to refer them to the GP and dieticians. Staff did the cooking at the weekend and it was not clear why. Staff had not received the food hygiene training.

The provider had a system in place for overseeing the service and had identified gaps in practice plus put action plans in place. However, the timescales they gave for completing action was unrealistic and lead to areas that needed urgent attention being left for months and in some cases years before being addressed. The regional manager and registered manager were clearly aware of gaps and had acted to make

improvements where they could.

People spoke extremely positively about the staff at the service, describing them as kind and caring. One person told us the staff had restored their faith in mental health services. Staff treated people with dignity and respect. Staff were extremely empathetic and non-judgemental when working with people.

Staff told us that the registered manager and deputy were approachable and closely listened to their views. They felt positive about how the service was being operated. Incident monitoring records were used, and each event was thoroughly reviewed with lessons to be learnt and put into action. People felt that this registered manager would listen and act on complaints. Medicine management was effective.

Staff tried to be proactive and support people to enjoy a range of activities. Staff had supported some people to gain paid employment.

The registered manager and deputy manager had formed excellent working relationships with local care co-ordinators and this had led to them having the confidence to place more people at the service.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires improvement (report published 18 May 2018) and there were two breaches of regulation. We had found breaches relating to governance and staff had the necessary tools to ensure action was taken when people lacked the capacity to consent. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations relating to governance.

The service remains rated requires improvement and this is the second time it has received this rating.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to 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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Ashleigh 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. 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: This consisted of an inspector.

Service and service type: Ashleigh House is a 'care home'. People in this care homes receive accommodation and personal care as 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 was an unannounced inspection.

What we did: Before the inspection we reviewed information, we had received about the service. This included details about any incidents the provider must tell us about, such as any serious injuries to people. The provider had completed a provider information return prior to our inspection. This is 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 asked the local authority who commissions the service for their views about it. We used this information to plan our inspection.

During inspection: We spoke with nine people who used the service and a relative. We also spoke with the registered manager, the regional manager, deputy manager, finance manager, training manager, a senior support worker, five care staff, the cook and a domestic staff member.

We reviewed a range of records. This included six people's care records, medicine records and various records related to the management of the service.

# Is the service safe?

## Our findings

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

In April 2018 we rated this key question as requires improvement and at this inspection we found this key question remained the same. The concerns were: the lack of appropriate maintenance of the building, and poor risk management strategies, poor medicine management and albeit by the end of the inspection improved the risk assessments but recognised that more work was needed. Not all these issues had not been resolved.

People were not safe and were at risk of avoidable harm. Regulations had not been met.

Assessing risk, safety monitoring and management.

- The fire authority issued a reform order on 25 January 2019. Only some of the requirements in this order had been resolved. Fire doors remained compromised, no means of communication had been provided for staff when investigating the source of a fire, no worst-case scenario fire drills had been completed and day drills had not incorporated the use of the evacuation aides. Two staff were on duty overnight, which the fire authority recommended was reviewed to ensure this was sufficient to ensure people's safety could be maintained in the event of an emergency.
- The personal evacuation plans (PEEPs) did not provide information on how to work with people who would either be asleep or refuse to leave their room. Staff told us the policy was to leave the people in their rooms until the fire brigade arrived, as the doors were fire resistant for 30 minutes. The fire brigade can no longer guarantee they will attend a fire within this timeframe, so homes have been asked to put plans in place to ensure the home is fully evacuated.
- The windows throughout the home were showing wear and tear; seals were corroded, some windows would either not close or open.
- Staff had not received in-depth training around working with people who live with mental health needs. This had negatively impacted their ability to identify risks associated with people's mental health and to work out how to deal with them. Following the inspection, the provider formalised their plan to address these training needs and programme has been rolled out.
- One person had been targeting a staff member, another was known to have assaulted female staff in his previous accommodation and other people could be volatile. The registered manager had proactively addressed these concerns with individuals. However, staff had not received training to deal with these situations and throughout the building there was no nurse calls or means to call for assistance.
- Equipment was appropriately maintained, and checks were routinely completed. We noted that staff were able to alter the temperature of rooms but saw that during changeable weather staff needed to have a system in place for checking heating so that room temperatures did not become excessively hot or cold.

The above concerns demonstrated a failure to provide care and treatment in a safe way; to identify and assess potential risk of harm to people, which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment.

- Since, the last inspection the number of people who used the service had increased from 15 to 25 individuals and the provider had employed additional staff in the form of a deputy manager, cook and activities coordinator. There were three support staff on duty during the day, a cook worked during the week, but the support staff cooked meals on a weekend. Three support staff was expected to deliver rehabilitative work, support people who needed assistance with their personal care, safely manage situations where people displayed behaviours that may challenge and cook the meals on a weekend. The provider could not demonstrate how they assured themselves there were enough staff to meet people's needs.
- There was no accurate system in place to calculate the number of staff needed on each shift. The provider supplied a spreadsheet they called the 'dependency tool' but this merely recorded everyone needed seven hours support per week. There were no tools for staff to assess each person's dependency and no mechanism for calculating hours needed. The regional manager had identified this issue and was taking action to ensure appropriate tools were in place.
- The provider had already identified recruitment processes needed to be enhanced. Their current application form did not provide enough space to allow people to record their full employment history as needed. Interview questions did not prompt staff to ask about gaps in the employment history. The registered manager had been auditing the staff files and noted the deficits in meeting legal requirements, which they were resolving.

#### Preventing and controlling infection.

- The home was generally clean and tidy. We found the cleaning products used were not as effective as others and this led to areas such as products left a sticky residue on some of the flooring after they had been cleaned.
- Staff told us they had received training on infection control and that they had access to enough personal protective equipment

#### Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person told us, "The staff make me feel at ease. I am sure they would make sure I was ok and nothing bad happened to me."
- Staff understood the possible signs of abuse or neglect and what to do if they had any concerns. They knew how to report concerns and were confident these would be thoroughly investigated.

#### Using medicines safely.

- People received the appropriate medicines. Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them, or they were no longer required. Where people were prescribed medicines to take 'as and when required' very detailed guidance was available for staff to follow.

#### Learning lessons when things go wrong.

- Learning from accidents and incidents or safeguarding was prioritised. The registered manager critically reviewed all incidents and ensured staff considered how lessons could be learnt.

# 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.

In April 2018 we rated this key question as requires improvement and at this inspection we found this key question remained the same. The concerns were: assessments did not contain enough information to ensure staff understood people's needs, staff did not follow the requirements of Mental Capacity Act 2005 and staff needed understand the needs of people who used the service. Not all these issues had not been resolved.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not been met.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Last year staff had received additional training around working with people who lived with mental health conditions but they needed further training in this specialism. The provider had offered condition specific training, but this mainly covered working with people who had a learning disability. Following the inspection, the provider had formalised their training plan and commenced rolling this out.
- Mental health awareness e-learning was the only course on offer for staff working at this service. This basic course failed to equip staff with a robust understanding of how to work with people who have complex mental health needs.
- People's needs were not always assessed in line with recognised guidance. The registered manager and staff had worked hard to improve the assessments but lack of training around working with people who live with mental health needs meant they did not clearly detail people's needs.
- Last year the deputy manager asked the local community mental health staff had provided sessions on the Mental Health Act 1983 (Amended 2007) and the code of practice. However, staff still did not have a good understanding of this Act, as they did not know what to look for in placing authorities' assessments to determine if people had been detained.
- Staff needed to have epilepsy training. Some of the people lived with epilepsy and we witnessed an individual have a seizure. The only staff member around was one of the domestic staff team. They did not know what to do, so we instructed them to get a support staff member. The person's care file stated if the seizure lasted more than five minutes staff were to call 999 and ensure they were taken to hospital. None of the staff in attendance timed the seizure or were aware of this requirement.
- The training defined as mandatory by the provider did not include level 2 basic food hygiene for the support staff who do the cooking on a weekend.

The above concerns demonstrated a failure to ensure staff were skilled and competent to work with people who used the service, which was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The provider had recently employed a new training manager and they were reviewing how best to support staff to develop the necessary skills.
- Staff had regular supervision and appraisals. Staff told us they felt supported.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, 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 Mental Capacity Act 2005 (MCA).

- Staff failed to meet the requirements of the MCA and its associated code of practice. Staff were unclear about when they would need to consider if people lacked capacity to make decisions or how to do this. When capacity assessments had been completed they were incorrect.
- No 'best interests' decision had been completed. We found no evidence to show why some restrictions were being imposed such as having their lighters locked in an office or being accompanied by staff when going out.
- Staff had prevented one person from seeing their boyfriend until their behaviour changed. There was no explanation as to why this was a therapeutic action. We drew this to the attention of the regional manager and registered manager who immediately safeguarded the registered manager ensured this matter was addressed and fully resolved.

This failure to follow their responsibilities under the MCA was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Last year the provider commenced a programme to refurbish the toilets and bathrooms. When we started the inspection, we found 50% of bathrooms and toilets remained out of commission. The main kitchen is not in use and the cook had to prepare meals for 25 in a kitchen originally developed as a skills kitchen. The current dining room has insufficient space and seating to allow 25 people to eat at the same time and currently three sittings would be needed for each meal. The provider ensured the bathrooms were refurbished whilst we were inspecting and supplied us with comprehensive plans for improving the environment.

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

- The registered manager and staff worked closely with health professionals to deliver support according to people's needs. The registered manager and deputy manager had formed excellent links with the community mental health teams from various local authorities and these good working relationships had given teams confidence to refer people to the service.

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

- People told us staff encouraged them to eat a healthy diet. Nutritional assessment tool were in place and

staff encouraged people to eat a balanced diet.

- The cook was knowledgeable and had received training around how to support people who were underweight. The cook had researched people's health conditions and checked with individual's health professionals what adapted diet they would need to provide.
- People were very complimentary about the food. One person commented, "The cook is great and will go out of their way to make meals we find enjoyable and can eat."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

In April 2018 we rated this key question as good and at this inspection we found this key question remained the same.

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 we spoke with were happy with the care provided. One person commented: "They have given me faith back in mental health services. They really take the time to listen to what I have to say and gave me really helpful advice"
- The registered manager, senior team leader and staff told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- Staff showed genuine concern for people's wellbeing. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. One staff member had stayed with an individual whilst they waited for an ambulance even though their shift finished hours before it came.

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

- Staff supported people to make decisions about their care. They understood people's communication needs and staff recognised when people wanted help and support. The staff acted as sounding boards for individuals to work through an idea and the potential consequences.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence.

- Staff explained how they maintained the privacy and dignity of the people who used the service. Although most people were independent when dealing with their personal care staff discussed how they encouraged people to take pride in their appearance.
- People had been adeptly supported by the staff and this had assisted them to learn the skills needed to be as independent as possible. On the back of this support several people were now in the process of moving to less supported living environments.
- A person commented, "The staff are very excellent and really do respect me."

# Is the service responsive?

## Our findings

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

In April 2018 we rated this key question as requires improvement and at this inspection we found this key question had improved to 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 consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment. People told us that the staff were good at their job. Comments included, "They are fantastic and give me all the help I need. They listen to what works best for me and follow my lead."
- The majority of people organised their own time and led independent lives. Staff, where appropriate, supported people to engage in meaningful activities within the home and community.
- Staff spent time researching activities that people might enjoy and gave them the opportunity to find out if they liked them. This had led to people trying new things and finding different activities that they liked.
- Care plans contained personalised information about how to support people to attend to their personal care. We discussed how risk assessments were being completed for every area of need which is unnecessary, as these should be used for risks that would cause major harm. The registered manager told us this had been a request from visiting professionals but would review the practice with these people.
- The registered manager recognised that staff needed to be clearer in care records about people's history of involvement in mental health services and the associated conditions. For instance, one person had a long history of being involved with mental health services and had been subject to detention under section 3 of the Mental Health Act 1983 (amended 2007) before but staff had not established why this was the case.
- People's needs were identified, including those related to equality, their choices and preferences. The service identified, recorded and shared information about the needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- Systems were in place to ensure complaints were acknowledged, investigated and responded to by the registered manager. No concerns or complaints had been raised.
- People had access to information on how to make a complaint.

End of life care and support.

- No one using the service was receiving 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.

In April 2018 we rated this key question as requires improvement and at this inspection we found this key question remained the same. The concerns were: systems for the oversight were ineffective and this had led to failings in the delivery of care and treatment. The provider had ensured compliance with the regulations and implemented systems for checking the quality of the service but it was too early to determine their effectiveness.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider had a system in place for overseeing the service and had identified gaps in practice plus put action plans in place. However, at times the timescales given for completing action had been unrealistic and led to areas that needed urgent attention being left for months prior to being addressed. For example the provider had identified that the service needed refurbishing last year but this work did not been completed May 2019.
- The regional manager and registered manager were very open about the issues they had found. They had identified a range of concerns and were putting measures in place to rectify them but some issues only the provider could resolve such as the refurbishment work.
- Work was being completed to improve the care records and create more detailed assessments. The most recent care records had improved. The registered manager recognised that staff needed more support around understanding how to work with people to manage their mental health conditions
- Statutory notifications about important events in the service had been made as required to CQC.

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

- Staff told us that the registered manager and deputy were approachable and closely listened to their views. They felt positive about how the service was being operated and felt able to assist the development of the service.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they had made improvements to the environment.

Continuous learning and improving care.

- The registered manager had identified deficits in the old care records and worked with staff to make these more informative. They had evaluated the latest plans and found room for improvement. They worked with the provider to determine how best to equip staff with the skills needed to write good care records.

Following this review the provider had determined that the training provider needed to offer more specialised courses. However, the registered manager noted the current range of courses on offer did not fully cover working with people who are living with mental health conditions.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured staff understood the requirements of the MCA and associated code of practice.  Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure people using the service received safe care and support.  Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff were skilled and competent to work with people who used the service.  Regulation 18 (2).