

# Pathways Care Group Limited

# Wallace Lodge

## Inspection report

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Tyne and Wear  
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22 November 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Wallace lodge is a purpose built residential care home located within South Shields, Tyne and Wear, and provides personal care and support for a maximum of 3 people with learning and physical disabilities. The service has three large bedrooms, a communal lounge, dining area, bathroom, laundry area and a kitchen which have all been designed to support and encourage the independence of the people living there. At the time of the inspection there were three people living at the service.

At the last inspection the service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since September 2017. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of their responsibilities and had a clear strategy and vision for the service in partnership with the provider's organisational vision. This was to enhance the lives of people regardless of their disability and to enable people to have a fulfilling and purposeful life. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were supported to live as ordinary a life as any citizen.

There were regular checks of the premises, equipment and utilities which were documented to ensure the safety for people living at the service, visitors and staff. People's care plans reflected their individual needs and personal risks were assessed. We found there were policies and procedures in place to help keep people safe. Staff were safely recruited and they were provided with all the necessary induction and training required for their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staffing levels matched the dependency needs for people living at the service.

There were infection control policies in place and staff adhered to these. Medicines were safely managed and there were medication policies and procedures in place. There was a business continuity plan in place for use in emergency situations.

There was a robust governance framework in place to continually monitor and improve the service. We saw evidence of involvement from the provider's senior management team and documented audits carried out during their visits to the service. The registered manager submitted notifications to the Commission

appropriately.

During the inspection we observed people carrying out activities with staff and attending sessions in the local community. We saw records of activities undertaken by people and they were supported to carry out their own choices for activities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was training provided for staff in delivering end of life care. Staff treated people with dignity and respect. We saw kind, warm and caring attitudes between people in receipt of care from the service and staff. We observed people enjoying positive relationships with staff and it was apparent they knew each other well. Staff understood each person, how to support them and knew what they liked and disliked. We observed people liked staff and had friendly relationships with them.

The service had a comprehensive complaints and compliments policy in place. Any complaints received were logged, responded to within the stated time frames and analysed. Action plans were created and lessons learned were documented. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. There was information available about safeguarding, complaints and advocacy displayed in communal areas and available in easy read formats for people.

Further information is in the detailed finding below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Wallace Lodge

## **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 was planned to check 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.

We carried out a comprehensive inspection of Wallace Lodge on 13, 19 and 22 November 2018. The inspection was carried out by one adult social care inspector and one adult social care assistant inspector.

The first day of inspection was unannounced and we carried out telephone calls to relatives and staff on the following two days of inspection.

We used information the provider sent us in the Provider Information Return. 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 play to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events that happen within the service, which the provider is required to send to us by law.

Prior to our inspection we sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services to obtain their feedback. We used the feedback gathered from these parties to inform our inspection and judgements.

During the inspection, we spoke with one person living at the service, one relative, two people's advocates and three members of staff including the registered manager. We reviewed the care records for one person and the recruitment records for two members of staff. We reviewed documentation, inspected the safety of the premises, carried out observations in the communal areas and had discussions with people who used the service, their relatives, and staff.

## Is the service safe?

### Our findings

People and their representatives felt that they were safe living at Wallace Lodge. One member of staff told us, "It's really safe for everyone. We have areas for people to have time alone and [registered manager] is always doing checks of the house."

We carried out a tour of the premises to make sure they were safe for people living at the service. We reviewed records for the testing of equipment, water, electrical, gas and other premises requirements to keep people safe. The service had current certificates to show it was fully compliant with all health and safety requirements. The kitchen was clean and followed standard food hygiene procedures. There were risk assessments in place for the control of substances hazardous to health (COSHH). There was a fire risk assessment in place at the service and this also included people's personal emergency evacuation plans (PEEP). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. We saw evidence of infection control procedures, audits, rotas and cleaning throughout the inspection. The main office area, communal lounge and kitchen were well presented and very clean.

There were safeguarding policies and procedures in place to keep people safe. Safeguarding information was available in easy read format in communal areas and this included how to raise a concern to the local authority or Care Quality Commission (CQC). Staff had received training in safeguarding vulnerable adults and this was also discussed in supervisions and team meetings. Staff were able to explain their role in keeping people safe. The registered manager appropriately escalated all safeguarding concerns to the local authority and notified the CQC of these. Accidents and incidents were investigated, all outcomes recorded and lesson learned shared with people, staff and relatives.

People's care records and plans detailed their current individual needs. There were personalised risk assessments to keep people safe. Medicines were managed safely. Medicines administration records (MARs) were checked regularly and were correctly completed. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear instruction of how often people required additional medicines such as pain relief.

Staff recruitment was safe. All staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. We reviewed staffing levels at the service and these reflected the assessed needs of people and were regularly reviewed when people's needs changed.

# Is the service effective?

## Our findings

People in receipt of care from Wallace Lodge had their support assessed and delivered in line with current national best practice standards and guidance, such as the Mental Capacity Act 2005 (MCA), National Institute for Clinical Excellence (NICE) guidance, Building the Right Support and the Medicines Act 1968.

We saw continued evidence that staff received an induction and regular training in all areas appropriate to their roles, for example managing behaviours that can be challenging, end of life care, physical disabilities and complex care. Staff continued to receive regular supervisions and annual appraisals. One member of staff said, "I've just had refresher training in safeguarding, mental capacity, medication and positive behaviour support. Staff received regular supervisions and appraisals from the registered manager.

Care records showed involvement from other health professionals, for example GPs, hospital consultants. One person had recently been referred to the speech and language team (SALT), as their needs had changed. Staff were able to demonstrate the steps they followed in terms of meal preparation for the person to ensure risks to choking were reduced; this was documented guidance received from SALT. Staff were also keen on exploring alternative foods that the person could eat as the person preferred sweet snacks. We saw staff encouraged people to eat a healthy balanced diet but also promoted choice and independence. We observed one person being given options for breakfast and encouraged to help with the preparation of the meal. Care files contained hospital passports for people. This information was easy to access to enable other health professionals to support them if they required care, support and treatment elsewhere.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. For the two people whose records we reviewed, applications had been submitted to the local authority supervisory body for assessments and authorisation to restrict their liberty lawfully, as it had been assessed that this would be in their best interests. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

The service was appropriately adapted for people. There was pictorial signage around the service in the communal areas that people accessed. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word.

## Is the service caring?

### Our findings

During the inspection we observed caring and kind interactions between staff and people living at Wallace Lodge. An advocate told us, "[Person] is well cared for and settled, we couldn't be happier with the care." A relative told us, "We visit often and [person] is always smart and looked after." Another relative commented, "[Person] has good relationships with staff and staff spend quality time with them. Staff take him out to football in their own time."

The registered manager encouraged relatives to visit the service and for social interactions for people. Staff were aware of relationships that were important to people and care files included an assessment on people's social and religious needs. People had a personal planning book which looked at people in their life, their circle of support, life now, a life story, good things, goals, suggestions of communication methods and hopes/dreams. People had completed these in partnership with staff and their relatives and included activities they would like to continue doing, for example, shopping, fishing and collecting key rings. People living at Wallace Lodge had purchased a rabbit which they looked after. One person living at the service told us they had decided to purchase another rabbit so there were two to play with.

People, relatives and advocates were involved in their individual care planning and this was documented in people's records. Two people at the service had accessed an advocacy service. There was information, advice and guidance displayed around the communal area of the service which was of benefit to people and their families. This included information on local safeguarding contact details, leaflets on learning disability support groups, advocacy services and advice on relevant topics of interest.

People's privacy and dignity was respected. We observed one member of staff knocking on a person's bedroom door and asking if they could enter. Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief.



## Is the service responsive?

### Our findings

Wallace Lodge continued to provide person centred care to people. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. We saw reviews of care plans and regular assessments of people's needs. There were corresponding risk assessments for each care plan and mitigation measures. People's care records contained mental capacity assessments with corresponding best interest decisions.

Care files contained initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were undertaken in partnership with people, relatives and professionals. Care plans continued to be reviewed regularly and people could tell us who supported them. People using the service and their relatives all consented to their individual care plans and helped to shape these, which was clearly documented. There were records showing involvement from people's advocates and these included documented discussions around how the person wanted to be supported with their care.

Care files included details on how people would like to be supported with end of life care and staff had received training in the delivery of this. We saw evidence of end of life wishes documented in each person's file we reviewed. Daily notes continued to be recorded and staff handover information documented the support provided to each person. This helped to ensure staff had the latest information on how people wanted and needed to be supported as and when their needs changed.

One person and their support worker told us about activities they liked to do together, for example going for lunch and to the local football matches. People were encouraged to attend social activities and events at the provider's neighbouring service.

There was a comprehensive complaints policy in place at the service. There was a clearly documented process for recording and responding to complaints. No complaints had been received since our last inspection. People, relatives and staff knew how to raise a complaint if they needed to. The complaints information was available in different formats and languages to allow everyone to access this if it was needed.

## Is the service well-led?

### Our findings

There was a registered manager in post who had been registered with the Commission since September 2017. This was in line with the requirements of the provider's registration of this service with the CQC. They were also the registered manager for the provider's neighbouring service. They were aware of their legal responsibilities and had submitted statutory notifications as and when required. A notification is information about important events which the service is required to send to the Commission by law.

The registered manager and provider had a clear vision and strategy for the service, this was to promote the independence of everyone who lived at Wallace Lodge. Our observations during the inspections showed that staff also upheld these values by encouraging people to make choices and carry out activities as independently as possible.

The registered manager was present during our inspection on site. They provided us with all the information and records we required to carry out the inspection. The registered manager and staff also introduced us to people in receipt of care from the service. The registered manager knew people well and we saw positive interactions between people and them. One advocate told us, "Staff deal with issues in a professional manner and have good support from the manager." A relative commented, "The manager is always approachable." Staff told us they were supported by the registered manager.

Staff we spoke to told us that there were regular staff meetings and we reviewed minutes from these. Staff commented that they had regular communication throughout the day as a team and updates are always given. The service carried out surveys of people, relatives and staff to receive feedback. This feedback was used to improve the service and help to shape the future of the service. For example, people had requested respite care and the registered manager was actively researching this as additional service provided.

We saw evidence of partnership working between the service and the local GP, nurses and other professionals. There was a robust quality assurance framework in place. The registered manager continued to carry out daily, weekly and monthly audits of the service and we saw evidence of these. Any issues which were identified during these audits were actioned and documented. The provider also carried out a quality assurance audit of the service on a monthly basis to ensure there was a high level of quality care.

The service had their latest CQC inspection rating on display and it was also displayed on their website. This allowed for people in receipt of care from the service, relatives, visitors, professionals and people seeking information about the service, to see our previous judgements.