

Pathway Healthcare Ltd

# Livingstone House

## Inspection report

Oldenwood  
Reigate Road  
Dorking  
Surrey  
RH4 1QE

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Tel: 08081643760

Website: [www.pathwayhealthcare.org.uk](http://www.pathwayhealthcare.org.uk)

## 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

Livingstone House is a residential care home providing personal care to four people with learning disabilities and associated behaviours which may challenge. The service can support up to six people in a six bedroom house, each with their own bathroom.

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

Risks to people were identified and recorded and staff knew how to respond to these risks in order to keep people safe. There were enough staff to meet people's needs and they were recruited safely. People received the medicines they required. The service was clean and tidy and staff were seen following good infection control practices.

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. Staff were seen to continuously encourage people to share their views and make choices and it was clear people were treated as individuals".

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was regular involvement from health and social care professionals, who spoke positively about the support people received.

We observed a kind and caring culture at Livingstone House. Relatives and professionals spoke positively about the support staff gave to people. We observed throughout our inspection that people enjoyed spending time with staff and were confident to be in their company.

People's care plans were personalised and gave staff the information they needed to support people. Staff received training and support from the provider's positive behaviour support team which ensured there was a person-centred approach to supporting people. Health care professional input was accessed when required and people's nutrition and hydration needs were met. We saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

The registered manager looked for ways to improve the service people received. Good governance arrangements were in place to help monitor the service and management acted to address any shortfalls identified.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People in Livingstone House were supported to access local shops and amenities, as well as countryside walks. Staff were observed to enable people to make day to day choices, including around food choices and activities. Access to activities had been impacted by the pandemic, with swimming pools and leisure centres closed. This was no longer the case and people were able to once again access their preferred activities. The provider engaged with local commissioning partnerships in order to strive for continuous improvement.

Right care:

- Staff understood people's specific care needs and preferences and supported people in a person-centred way. We saw that people's dignity was respected and any personal care required was done discretely and the person's dignity was not compromised. Staff enabled people to make choices about how they wished to communicate and how to be supported in any given activity. People had been supported to personalise their own rooms and communal areas.

Right culture:

- The leadership team and staff showed commitment and respect to those whom they supported. They spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible. Staff told us how the needs and views of those whom they supported were paramount and must be respected at all times. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

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

Rating at last inspection

This service was registered with us on 06 September 2019 and does not currently have a rating.

Why we inspected

We carried out a targeted inspection of the service in August 2020 following concerns about safeguarding people from the risk of abuse. We only looked at the key questions safe and well-led during that inspection. We found no evidence to substantiate the allegations. However, we could not provide a rating, as we did not look at all five key questions. This was a planned comprehensive inspection to enable us to provide an overall rating for the service.

You can read the report from the targeted inspection, by selecting the 'all reports' link for Livingstone House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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?

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 caring 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.

# Livingstone House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We monitored information received about the service and used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one family member and received an email from another. We also received emails from two healthcare professionals and one local authority employee who had regular contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- One person who lived at Livingstone House told us, "I am safe here with kind staff." A family member told us, "Of course [relative] feels safe, they wouldn't be as calm as they are if not." Another told us, "The time [relative] spends in the office and around the staff on their own choice indicates [relative] feels safe as they only spend time with people they trust."
- Some people were unable to verbally express their views. We observed the support they received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff.
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care. One member of staff said, "There is a process to follow and if I notice something which doesn't feel right I go straight to manager," another told us, "Keeping people safe is all our responsibility and I have to be open about it if I see anything concerning."

Assessing risk, safety monitoring and management

- People had robust risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. People's specific circumstances which led to behaviours that challenged and signs of escalation were clearly documented.
- Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks. One told us, "It is my duty to make sure I know those potential risks and to provide a safe environment."
- People had positive behaviour support plans that supported staff in understanding early warning signs of potential behaviours which challenged. Strategies to reduce the person's anxiety as well as potential risks to the person or others were clearly documented.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- People who lived at Livingstone House were included in regular fire drills and had their own Personal Emergency Evacuation Plans to guide staff in how to safely support them from the building. These were person-centred and risk rated and included ways in which to manage behaviours specific to the person which may hinder their safe evacuation.

Staffing and recruitment

- People were cared for by a sufficient number of staff and we observed that staff had enough time to support people with their physical care and emotional support needs. The registered manager told us agency staff were not used as they could draw upon staff from other parts of the provider's service who knew the people well.
- A family member said, "There are only four people living in the house now, which makes it better for staff and gives them more time with [relative]." One member of staff said, "I am able to spend good, individual time with people," and another said, "I never feel rushed in my work."
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. Recruitment records included completed application forms, the applicant's full employment history and employment references. Recruitment checks had been completed, including Disclosure and Barring Service (DBS) checks. A DBS check helps ensure prospective staff are suitable to work with vulnerable people.

#### Using medicines safely

- We found that the stock levels on one person's medicines administration record (MAR) did not correspond to stock levels recorded in a separate book kept in the clinic room. However, we saw that they were signed as given in people's MAR, which meant they received their medicines in accordance with their prescription. We also counted those medicines and found that the correct number remained which was further confirmation that no medicines were missed.
- Following the inspection, the registered manager confirmed that all staff who administer medicines have had their competency to administer medicines reassessed and refresher medicines training was booked to take place shortly afterwards.
- The registered manager explained that when medicines errors occurred, staff were removed from administering medicines until such time as both they and their line manager were confident of their abilities and we saw evidence that this process was followed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed each month in order to identify any developing trends. This trend analysis was discussed by the registered manager, the provider and a clinical psychologist. Findings were shared with staff during team meetings along with guidance on how to minimise any future recurrence.
- A member of staff told us, "There is always a post incident debriefing done by managers; everything is an opportunity to learn and improve." Another said, "The good thing with the registered manager is that they make sure we always update our knowledge and incidents have really reduced as a result of this."



# 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.

This is the first inspection of this key question. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed with people, their relatives or previous placements to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Care was provided in line with relevant national guidance. The registered manager kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings. This was of particular relevance during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy. The registered manager maintained an overview of staff training and told us, "We have a good dialogue in meetings to help embed the training and to make it more interesting."
- Staff completed a robust induction upon commencement of their employment. This was over three months with a meeting scheduled every two weeks with their supervisor and signed off by the registered manager. New staff shadowed a senior team leader for a minimum of four days until they were deemed competent and felt confident to support people.
- A family member wrote, "Yes on the whole it's clear that staff have some knowledge of autism and learning disabilities. ...all staff know how to handle [relative] when they get upset or have outbursts."
- A member of staff said, "The physical intervention/de-escalation tactics training was really helpful for me to understand how to act in different ways to protect the clients as well as myself," and another told us, "Training is of a good quality, it makes me feel safe and well equipped to manage whatever behaviours are presented."

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

- People's nutrition and hydration needs were met. A healthy, balanced diet was encouraged, and people were regularly offered fresh fruit, vegetables and home-made meals.
- One person told us, "The staff make nice food, they cook well."
- We saw that one person who had a tendency to be underweight was weighed each month. Staff told us this person's preferred alternative foods and snacks were always made available, "We do everything we can to encourage [person] to eat and maintain a good weight so it is important that we have their favourite snacks in."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People received support to maintain good health. The registered manager and staff worked closely with health professionals for the benefit of people in the service.
- Care plans documented people's healthcare requirements and clearly identified any involvement with healthcare services.
- Professionals were complimentary about how staff worked with them to promote people's wellbeing and one told us that the registered manager sought support in good time when needed.
- There were many stairs in the home and no lift, which made it unsuitable for people with a significant physical disability. The registered manager took this into consideration when assessing new referrals.
- The communal and kitchen areas were spacious. People had choice over of how to decorate their bedroom and had access to a sensory room. One person was keen to show us their recently decorated bedroom which was personalised to their wishes. There were parts of the home which had superficial damage caused by some people living there. The registered manager told us maintenance issues were reported to an online system and actioned within 7 days. Repaired walls were due to be redecorated.

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

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.

- Where there were authorised applications to deprive people of their liberty for their protection (DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- When people were assessed as not having capacity to make certain decisions, meetings had taken place with relatives and/or other professionals to ensure decisions made were in the person's best interest.
- Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act.
- The registered manager and support staff demonstrated a good understanding of the MCA. One member of staff said, "You cannot assume that you know what people want. We must ask for their consent," and another said, "It is important that we know we are doing what the person wants. This can take a bit of time to make sure but we have to put people's rights first."

# 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.

This is the first inspection of this key question. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well with each other. Staff initiated conversations with people and were attentive to their needs.
- Whilst not everyone could tell us how they felt about how they were treated and supported, we observed that they enjoyed being in the company of staff. One person told us, "The nicest things about living here is that staff are gentle and everything is just right."
- Relatives told us staff were caring and attentive. A family member wrote, "[Relative] has good communication with the staff and is often found in the office chatting with them. They also said, "[Relative] is a hard person to build relationships with, however several staff have done this at Livingstone House and have built [relative's] trust."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. They knew people well and talked to us about their different preferences and what was important to them.
- The provider and staff supported people's privacy and dignity and promoted independence. Staff supported people to use the community safely, learning travel and road safety skills, as well as using shops and being aware of strangers. We saw how staff ensured they did not discuss anything of a personal nature in front of other people.
- A member of staff told us, "I listen to people's needs and wants and follow what they want to do." Another told us, "A large part of supporting people's independence is about encouraging and working alongside them; making sure they are making their own choices."

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

- People were supported to be involved in their care and to make decisions about how they spent their time. Each person had a weekly one to one meeting with their keyworker during which they were supported to share any views and concerns.
- Throughout our inspection, we saw how staff stopped to attend to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.
- A member of staff told us, "I understand what [person] is gesturing and make sure they feel part of all decisions which affect them; it just takes time and patience."
- A professional told us how they had observed one person slowly accepting support and reassurance from staff and attributed this to the way in which staff gave them time to communicate their support needs.

# Is the service responsive?

## Our findings

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

This is the first inspection of this key question. This key question has been rated good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were person-centred and comprehensive providing information and guidance about people's health and care needs, their choices and how they wished to be supported.
- The registered manager told us how 'smart goals' were developed with the person. These were set within each person's level of achievement and included a diverse range for example, brushing teeth; maintaining safe and meaningful visits to family member and voluntary work placement.
- A family member wrote, "Yes on the whole, I would say with the house we have partnership care. They are very aware of our/my requests to be involved and participate in all of [relative's] health care, as well to be actively involved with their positive behaviour support programme."
- A local authority worker wrote, "I find them responsive and engaged with the care of [person]...this placement has been by far the most stable with a declining number of incidents over the period they have been there."
- The provider had a positive behaviour support (PBS) team, members of which spent one day per week at Livingstone House. PBS promotes principles and proactive management of behaviours that may challenge. A member of this team told us, "We are engaged at the pre-admission stage and put together a support plan in conjunction with family members," and "We regularly monitor and spot check that staff are actually following recommendations."
- A member of staff told us, "PBS plans give us confidence in terms of our approach and behaviours towards our clients."

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.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictorial versions of the provider's complaints procedure, support plan and activity plan.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged with activities which included walks, swimming, trampolining and trips to the library. We were told that the COVID pandemic had significantly impacted on external activities and one family member

wrote, "COVID has had a huge impact on activities .....I do believe LH have moved forward in recent months to increase their efforts."

- The registered manager confirmed that activities were, "Beginning to open up again" and we saw there were certain individual activities which occurred regularly. For example, a family member told us, "Two members of staff accompany [relative] and we meet each week in a different location. This is working well at the moment."
- Another family member wrote, "I recently asked for an update on PBS support and plans for increasing activities with [relative]. This was addressed in a timely manner....and we have a meeting this week with the PBS team and [deputy] and [relative] to discuss next steps. I think this shows Livingstone House being responsive and acting in [relative's] best interests."

Improving care quality in response to complaints or concerns; End of life care and support

- The home had a complaints procedure which was displayed for people's reference and was also available in an easy read format.
- There had been no complaints recorded at the service and one family member wrote, "[Registered manager and deputy] have been open and transparent with me around limitations and issues if they have arisen."
- At the time of our inspection no one using the service required end of life support. The provider had an end of life care planning policy and procedure in place.

# 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 not rated. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were robust quality assurance processes that ensured continued oversight of people's care and the service. This included regular managerial reviews of the environment, staff documentation, complaints and incidents. Records demonstrated that issues were identified and addressed promptly.
- Accidents and incidents were reviewed each month by senior leaders, which included the registered manager, the provider and positive behavioural support practitioner. In this way, emerging trends and themes were identified and addressed. A member of staff told us, "We have a debrief with managers after incidents occur – this is very helpful and helps us to improve."
- We reviewed the accidents and incidents summary log and saw that where incidents occurred, there was analysis of whether agreed strategies were employed at the time, staff debrief and any identified training.
- The provider and registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of significant accidents, incidents, safeguardings and deaths.
- There were a number of internal policies and plans, all developed to help with people's safety. Such as infection control, COVID pandemic contingency plan and business continuity plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although most people were not able to express their views on the way in which the service was run, we saw that they engaged with staff and accessed all parts of the home in a relaxed manner.
- The registered manager had a good understanding of their responsibilities towards the people they supported and demonstrated a commitment to delivering person-centred care. Staff told us that the registered manager and the deputy manager led by example.
- Family members told us staff were very good at communicating and consulting with them around people's care or changing needs. One wrote, "the communication and engagement has been good," and "We have a transparent relationship and one that allows for challenge and feedback."
- Staff told us they worked well as a team and supported each other. They said they had the opportunity to get together at staff meetings to discuss aspects of the service. One told us, "Team meetings are great, we discuss our clients and also get updates on any new policies and generally share views and experiences."

Continuous learning and improving care; 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; Working in partnership with others

- The management team demonstrated an open and positive approach to learning, development and feedback. One member of staff said, "Incidents happen but we are told by [registered manager] and [positive behaviour support lead] that it's about seeing them as a learning opportunity."
- We saw that formal discussions took place with individual members of staff following incidents. These explored possible reasons for the incident and required learning to minimise future occurrences.
- The provider understood their legal responsibility to be open and transparent with people. There were no Duty of Candour incidents reported. The registered manager told us, "Things happen but we have to be honest and transparent with people so that they do not lose trust in us; by creating those relationships we are all working in the best interest of person."
- We saw examples of working with other agencies including local authorities and a wide range of healthcare professionals. A member of staff from the local authority wrote, "They seek support in good time when needed."