

Pathways Care Group Limited

Parkdale

Inspection report

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Essex
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Tel: 01206769500

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Parkdale is a care home that provides accommodation and personal care for up to six people who have a learning disability and may have a physical and/or a sensory disability. There were six people living in the service when we inspected on 7 April 2017. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

During this inspection, we found that the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There was a lack of effective oversight and support from the provider. The provider had not consistently supported the service to ensure people were receiving care and support in a safe manner and in line with the current regulatory standards.

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement. However, some areas were not being effectively monitored such as training and the quality of the care records.

Staff had not been provided with all of the training they needed to meet people's needs safely and effectively. Three members of staff had not received moving and handling training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the provider's policies did not support this practice as the policy regarding the Deprivation of Liberty Safeguards (DoLS) remained unclear. Despite this the registered manager had taken steps to ensure that DoLS was understood by staff and applications made where needed.

There was a positive, open and inclusive culture in the service. The atmosphere in the service was warm and welcoming. People received care that was personalised to them and met their needs and wishes.

There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff understood the importance of gaining people's consent and people were involved in making decisions about their care.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse.

People were complimentary about the staff and management team. Staff were compassionate, attentive and caring in their interactions with people. They understood people's preferred routines, likes and dislikes and what mattered to them I

Independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People were provided with their medicines in a safe manner. They were prompted, encouraged and reassured as they took their medicines and given the time they needed.

A complaints procedure was in place. People were asked for their views about the service and their comments were listened to and acted upon.

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.

Procedures were in place to safeguard people from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not been provided with all of the training they needed to meet people's needs safely and effectively.

Although the providers policy regarding the Deprivation of Liberty Safeguards (DoLS) remained unclear the registered manager had taken steps to ensure that DoLS was understood by staff and applications made where needed.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a lack of effective oversight and support from the provider.

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement. However, some areas were not being effectively monitored.

The service had an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Parkdale

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.

This unannounced inspection took place on 6 April 2017 and was carried out by one inspector.

We reviewed information that we had received from the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, the deputy manager and two members of care staff.

We spoke with three people who used the service, one relative and a health care professional who visits the service. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed three people's care records and other information, for example, risk assessments and medicines records.

We looked at three staff files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People presented as relaxed and at ease in their surroundings and with the staff. One person when asked if they felt safe living in the service smiled and said, "Yes".

Systems were in place to reduce any risk of harm and potential abuse to people at the service. Staff had received safeguarding training and were aware of the provider's safeguarding procedures. They were aware of their responsibilities to ensure that people were protected from abuse and details of how to report concerns was displayed in the office. A member of staff explained, "My main priority is the safety, health and wellbeing of [people.]" Another staff member confirmed, "I wouldn't be concerned about doing that [reporting any concerns.] I wouldn't leave anything."

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, the risk of choking, seizures, access to the community, moving and handling, medicines and environmental risks. These were reviewed and updated to reflect changes in people's needs. This meant that staff had up to date information to protect people and others from the risk of harm.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary.

There were sufficient numbers of staff to care and support people according to their needs. A member of staff told us, "There are always two members of staff in the building at any time. Two is good." We observed that staff were able to respond promptly to people's requests for assistance and were visible and available to people throughout the day.

Staff and a visiting relative told us that there were times when it would be helpful to have another member of staff available. A member of staff told us, "The only time it would be good to have more is if [person] has a seizure. But we follow what we've been trained and is in the plan." A relative told us, "It's the one to one time [person] likes best." When asked if the staff had enough time for this they replied, "I don't think they do." However, they went on to say, "Everything else is good and positive. [Person] always has [their] own clothes on and is clean. [They] have regular showers and hair washes." A member of staff told us, "There are enough staff the majority of the time. In an ideal world we could have more [staff] but generally we manage. In the mornings we are a bit more restricted [with time] but in the afternoons and evenings you get time. I make the time." We discussed this with the manager who told us that they staffed the service according to the funding which was made available for each person. They made sure that there was always enough staff on duty according to the assessed needs of individuals. This included making sure a member of staff was available to attend appointments with people so they could be supported by someone who was familiar to them. An additional member of staff covered the shift during this time to ensure that there was adequate staffing.

Recruitment records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Suitable arrangements were in place for the management of medicines. Staff had been trained to administer medicines safely. Medicines administration records (MAR) identified staff had signed to show that people had been given their medicines at the right time. A robust system was in place to minimise the risk of error whilst administering medicines. Each time a medicine was administered this was checked and signed by two members of staff and the exact time it was given was recorded. This was in addition to the entry on the MAR charts. This ensured that staff could be confident that the correct interval of time had been allowed between each dose.

People's medicines were stored safely but available to people when they were needed. Protocols were in place for medicine prescribed to be taken 'as and when required' (PRN) to guide staff as to how and when these should be administered. For example, one person's care plan gave details about how they communicated they were in pain as they were unable to do this verbally. This helped staff to be aware when additional pain relief may be needed for his person.

At our last inspection in May 2016, we found that some people were taking their medicines mixed with food without consultation from a pharmacist to ensure it would not compromise the medicines safety or effectiveness. Advice had been obtained from the pharmacy and there was clear guidance in place to tell staff what medicines could be given this way and what could not. People who took their medicine in this way were aware that they were doing so. A member of staff explained, "We say '[Person] I am going to give you your medicines.' [Person] knows it is there and opens [their] mouth to take it."

Is the service effective?

Our findings

Staff had received training in areas such as first aid, dementia, safeguarding, food hygiene, infection control, diabetes and the Mental Capacity Act 2005 (MCA). The provider had recently introduced a new training system and the majority of training was now being delivered via e-learning. A member of staff told us, "We are always learning new things. Sometimes for new staff, I think they need a bit more [training]. I'm not so keen on online training, I think hands on you learn more. If you see things being done you get more of an idea." However another member of staff told us that they felt the training provided was adequate, they said, "Training is usually on-going." Another staff member told us that they received training specific to the needs of the people they were supporting. They commented, "We had one of our residents come with dementia and straight away we had training. It gives you an understanding more about what [people] need."

However, staff had not been provided with all of the training they needed to meet people's needs safely and effectively. We found that three members of staff had not received moving and handling training since starting work at the service. All other staff had not received refresher training in this area since June 2015. This was despite one person requiring the use of the hoist to assist with moving as well as others needing support to manoeuvre. Staff confirmed that all members of staff were expected to use the equipment provided, such as the hoist, to assist in moving and handling. One staff member told us, "I can show staff but they still need training." Without sufficient training, staff could not be sure that they were assisting people correctly, putting people at risk of serious injury and harm.

Following our inspection, the registered manager confirmed that moving and handling training had been booked and attended by all staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff told us that they felt supported in their role and had regular one to one supervision where they could talk through any issues, seek advice and receive feedback about their work practice. Staff felt that they were able to go to the registered manager at any time with any concerns that they wished to discuss. One member of staff commented. "We can go to [registered manager] if we have any issues."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in May 2016 we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were concerned about how the provider was ensuring that they were following up to date legislation in this area as their policy did not give clear guidance to staff. At this inspection we found that, although the provider's policy remained unchanged, the registered manager had taken steps to ensure that DoLs was understood by staff and applications made where needed. An information pack had been produced which gave additional guidance and DoLs applications had been made for people where this was relevant.

We observed that staff sought people's consent and acted in accordance with their wishes. For example, we heard a member of staff ask a person at lunchtime. "Is it alright if I just put your book on the side?" Staff understood how people who were unable to express themselves verbally expressed their wishes. One member of staff told us, "[Person] will soon tell you what [they] don't like. [They] have ways of showing you." They went on to explain what actions the person did to show staff how they were feeling. The person also used their own form of sign language to let staff know when they would like a drink or something to eat.

Care plans identified people's capacity to make decisions. Documents had been produced in an easy to read format to help people to understand what they were giving consent for, such as sharing information about them with healthcare professionals. Where people did not have the capacity to consent to care and treatment, people's representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Records showed that guidance and support had been sought from relevant professionals to ensure that all people's dietary needs were being met. One person told us that they were diabetic and how staff supported them with this. "I like yogurt, pears, apples and all them." Their relative told us, "They look after [person's] diet well. The food always seems to be nice when we come in. They cut it up for [person] and they are aware of what [they] can't have." We also observed that people were encouraged to drink plenty of fluids throughout the day.

People were offered a choice of what they would like to eat. There was a menu each day but people could also request alternatives if they preferred. At lunch time a member of staff asked a person what they would like for lunch and gave them some ideas of what they could have in addition to what was displayed on the menu. They replied. "I'd like a sandwich please," so the member of staff asked them what they would like in the sandwich. They said, "Cheese" and then added, "Pickle as well." A member of staff explained, "We have a four weekly menu but every day we say 'is this ok?'" For [person] we've got a list of what [they] don't like. [Person] is not keen on chips so last night [they] had mash. There is always an alternative."

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Records showed that specialist advice was sought when required. For example, it had been arranged for people to be visited by epilepsy specialist nurses, speech and language therapists and mental health professionals. This showed that staff were aware of people's health needs and were proactive in involving health and social care agencies when additional support was required to help people stay well.

Is the service caring?

Our findings

The atmosphere within the service was relaxed and welcoming. A person told us, "I like living here. I like my bedroom. I like the staff." A relative said, "[Person] has been very happy here. They [staff] are very friendly. Always."

People were positive and complimentary about the care and support they received. One person said that the best thing about living at the service was, "the staff." Another person told us how they had recently attended a healthcare appointment. They said, "One of the carers came with me." Their relative commented to the person, "They looked after you nicely when you got back didn't they?"

We observed staff demonstrating empathy, understanding and warmth in their interactions with people. For example, we saw how throughout the day staff spoke calmly and gently with a person who was becoming unsettled at times. A healthcare professional visiting the service commented, "They are really caring here. Always engaging, always interested, always treat everyone with respect."

Staff talked about people in an affectionate and compassionate manner and were caring and respectful. A member of staff told us, "The best thing about working here is the [people]. The main concern is that they are ok." Another staff member said, "They [people] are a great bunch."

Staff had a good knowledge and understanding of people's preferred routines, likes and dislikes and what mattered to them. One person told us, "[Key-worker] has known me a long time. I like [key-worker]. We have the same staff in the morning and evening and different night staff. Everybody knows me."

Support plans documented people's likes and dislikes and preferences about how they wanted to be supported and cared for. For example, one person's care records gave details about how they could be supported with their personal care in a way which was less likely to cause them to become unsettled and promoted their independence.

Records showed that people had been involved in discussing their care and support needs. One person had signed their support plan to show they had been involved with what had been written. A member of staff explained, "This morning I've done a monthly keyworker meeting with [person]. It's always one to one even though [person] is non-verbal. I tell [person] what I am writing. They are always fully aware of what I'm putting. [Person] will soon let you know what [person] doesn't like. They have other ways of showing their dislike." They went on to explain how this person communicated how they were feeling. This demonstrated that staff supported people to express themselves and make their voice heard.

People wherever possible were encouraged by staff to make decisions about their care, support and daily routines. For example, what activities they wanted to do, what they'd like to wear and what they wanted to eat. A person told us how they would like to spend the afternoon, "Probably in my room, watching TV and reading my books." Later that day we saw that the person was in their bedroom doing the things they had described to us. A member of staff commented on how they supported people to make their own decisions,

"Like, [person], today [they've] got a skirt on. We always ask them what they want." We observed staff asking people if they would like to spend time in the garden as it was a sunny day. When a person said that they did, a member of staff suggested that as it was still a little cold outside they may like to get a cardigan to put on first. The person agreed and went to get a cardigan before going outside. This demonstrated that staff supported people to make their own decisions as well as helping them to understand the impact their choices may have on their well-being.

People's independence, privacy and dignity was promoted and respected. Staff promoted people's independence by finding ways to help them do things for themselves. For example one person told us, "I can't see but I can feel things." We saw that staff had helped them to place raised dots on the surfaces of key objects in their bedroom to help them to be able to independently operate items such as their stereo. The person also told us how they liked to clean their bedroom, "I get the duster and wash it in the sink and move over and clean. I can do that." We saw how the person had a specific light fitting designed to replicate natural light. Their relative explained, "The RNIB (Royal National Institute of Blind People) suggested a particular light. They fitted them all around the home. It's helpful to others too."

Is the service responsive?

Our findings

People and their families told us they received personalised care which was responsive to their needs and their views were listened to and acted on. One person expressed how they were happy with the support they received and commented, "They [staff] help with the washing." Another person described what they could do for themselves but added, "If I'm in a muddle I'll ask." They told us how the staff supported them when they needed additional help.

Staff were knowledgeable about people and communicated with each other to pass on any changes in people's individual needs. A member of staff commented, "I like having a small team. Communication is important."

Support plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. All aspects of people's physical, emotional and social needs were considered and keyworkers reviewed the care plan documents with each person on a monthly basis. Care plans included information about people's specific health conditions. For example, staff at the service had worked closely with a healthcare professional to develop a seizure management plan for one person. This ensured that staff were aware of how to support that person and could monitor and review any changes.

Where appropriate, people had positive behaviour support plans in place. This provided guidance to staff when supporting people who may become upset or angry. It included potential triggers and strategies to enable staff to support people in a way which may prevent behaviour occurring. A member of staff explained that the way in which people expressed themselves may seem challenging at times to someone who didn't know them. However, to them they didn't see people's behaviour as being challenging because, "We [staff] are here all the time. We know [people] We know what they can be like. The [people] are the [people]. They are still individuals."

At our last inspection we found that monthly reports completed by the key-workers had been person centred and included changes in people's support needs. However people's long term goals recorded in their support plans were either unrealistic or were not being supported. At this inspection we saw that changes had been made to the support plan documentation to enable staff to reflect people's goals and aspiration more accurately. Further work was still needed to ensure that records demonstrated how staff were supporting people to achieve their goals and take part in activities which interested them. For example, in one person's spiritual needs section of the support plan it stated that, "[Person] to attend church when [person] chooses, support to attend." However monthly reviews recorded, "Needs to be supported to go to church." It was not clear whether this had been discussed with the person or whether there had been the opportunity for them to do this should they wish to. We discussed this with the registered manager who told us that work on the support plans was on-going and they would discuss with the staff the importance of accurately reflecting what was important to people and how they were being supported with these areas.

People told us about how they spent their day. One person said, "I go into the garden sometimes and help

doing the washing." Another person told us about a new exercise activity which was now taking place. They told us, "I kicked a ball" and expressed how much they had enjoyed the activity they had all done as a group. There were a range of activities taking place throughout the week and a sense of community in the service as people enjoyed time together. One person showed us how they enjoyed a particular craft activity and had encouraged another person to get involved.

Staff were aware of the importance of physical and mental stimulation, social contact and companionship and tried to focus on what was most important for individuals. One person told us, "I go home every weekend. I go home by taxi and come back by taxi." This showed that people were encouraged to maintain their independence and spend time with their families and people who were important to them.

There was a complaints procedure in place which explained how people could raise a complaint. There had been no formal complaints to the service in the last 12 months. The manager explained to us how any concerns were dealt with as they occurred and the absence of any formal complaints demonstrated that any concerns were acknowledged, listened to and appropriate steps taken to respond and put things right.

Is the service well-led?

Our findings

At our last inspection in May 2016 we found that the provider had not consistently supported the service with the information they needed to ensure people were receiving care and support in a safe manner and in line with the current regulatory standards. At this inspection we saw that there had been improvements in the areas of concern we had highlighted previously, such as understanding of the Deprivation of Liberty Safeguards and some areas of medicines management. However, the provider's policies in relation to these areas remained unchanged and the improvements had been instigated by the management and staff team at the service. This demonstrated that the registered manager understood their role and responsibilities in ensuring that the service provided care that met the regulatory standards but there was a lack of effective oversight and support from the provider. A member of staff told us, "The company we don't have a lot to do with and they don't have a lot to do with us. [Registered manager] will sort out anything we need."

At our last inspection we found that although the provider had quality assurance systems in place these were not always fully effective and had failed to identify where guidance and practice were out of date. The registered manager had acted on our concerns and taken steps to make improvements. However, it was not clear from quality assurance records how other areas of the service provision were monitored, for example, in relation to staff training and quality of support plans. We reviewed supervision records for three new members of staff, none of which stated that moving and handling training was required, despite this not being completed. One supervision record read, "[staff member] has completed all training required of [them]." The lack of effective monitoring meant that the management team and provider had failed to recognise that essential training had not been completed. Following our inspection, a date for this training to take place was arranged. However, in the meantime, people could not be assured that staff had the knowledge they needed to assist them safely with their moving and handling requirements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a person centred, open and inclusive culture in the service. A person told us, "I like the people here." A member of staff commented, "I enjoy working here. It's a homely place to work."

Staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. The provider's website states that their aim is to enhance the lives of people regardless of their disability. A member of staff explained, "When I came here you could tell the difference [from previous places they had worked] the bond there is [with people]. [People] have got to trust you, we can build a relationship."

People gave positive comments about the management of the service. One person told us how they saw the registered manager regularly and spoke affectionately about them.

Staff told us that they felt supported and listened to and that the registered manager was approachable and provided support when they needed it. One member of staff said, "Support from [registered manager] is

excellent." Another staff member said, [Registered manager] is really helpful." This demonstrated that staff were confident that they could raise any issues of concern and that these would be dealt with appropriately.

Family and friends had been asked to complete satisfaction questionnaires and we saw that the feedback received was positive. This showed that the service encouraged feedback and input from people and those important to them.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had failed to identify shortfalls.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not been provided with all of the training they needed to meet people's needs safely and effectively.