

Pathways Care Group Limited

Newlands

Inspection report

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Colchester
Essex
CO4 9HB

Tel: 01206844906

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newlands accommodates up to eight adults who have a learning disability and who may also have an autistic spectrum disorder and mental health needs. Newlands is a large detached single storey house situated in Colchester and close to all amenities. The premises provide each person using the service with their own individual bedroom and adequate communal facilities for people to make use of within the service.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. For the purposes of this report we will only be reporting on this one person's experience in the service but in parts will be written in group format when referring to parts of the service to protect their privacy.

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

The environment was tired and in need of updating. Processes to identify risks to peoples' health from environment concerns and cleanliness were poor. However, plans were in place for a total refurbishment and the provider took immediate action to manage and mitigate those risks we found on inspection.

Improvements had been made to staff training. However, the service had not always pursued opportunities to meet peoples additional physical and mental health needs to support them to live to their fullest potential. We made a recommendation about this.

Staff were caring in responses to people and knew people well. People told us that staff were kind.

Care plans were not person centred. However, staff were able to tell us in great detail how they carried out personalised care and support and observations demonstrated that care provided was person centred.

However, people told us they were bored. We saw that people had limited access to the local community. Staff had not always explored barriers to local community engagement when people experienced social anxiety.

The service had not explored how to have end of life conversations with people living with learning disabilities. We made a recommendation about this.

The service was under new management. The manager was enthusiastic about their role and keen to make improvements. They were in the process of rolling out a new governance system to improve oversight and monitoring the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 15 May 2018). The service remains rated requires improvement.

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 to some areas, however, other areas had deteriorated.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newlands on our website at www.cqc.org.uk.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Newlands

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.

Inspection team

One inspector carried out this inspection due to the small size of the service.

Service and service type

Newlands is a 'care home'. People in care homes receive accommodation and nursing or 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 Registered manager had recently left the service and a new manager was in the process of registering with the Care Quality Commission. Registered managers 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people living at the service to get a understanding about how the service was run, including the person receiving the regulated activity. We also spoke with two members of staff, the manager and the area manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. They sent us the plans they had made to refurbish the service and reports of how they had managed the concerns found at inspection and how they had improved the oversight of the environment.

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 rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The environment was not clean. Cleaning staff were not employed at the service and these tasks were left to care staff, night staff in particular. Doors, light pullies, kitchen floors were heavily soiled in dirt and dust in places.
- The service was on one level which meant that cleaning duties at night had the potential for disturbing peoples sleep. Staff had not completed cleaning schedules. The management team had not identified the issues we found cleanliness on inspection.
- However, they immediately addressed concerns and arranged to meet with staff about cleaning duties and ensure the new manager or person in charge carried out a walk round of the service every day to check that the service was keep clean.

Assessing risk, safety monitoring and management

- People's wardrobes were not secured to the walls. There is potential for these to fall upon people if not secure. The manager immediately ensured that a wardrobes were secured to bedroom walls.
- One person had a large radiator cover in their bedroom, but this was not stable and was coming away from the wall. The area manager immediately rectified these concerns.
- One person had been experiencing a sore skin condition around their mouth and had been prescribed cream to use. Records showed that this cream had been prescribed in April 2019 and if no improvement after two weeks the person be taken back to the doctor. The manager confirmed this had not happened and the condition had not improved. A appointment was made to seek further medical advice.

Learning lessons when things go wrong

- The service had been through a difficult transition period and new managers had found that actions from the previous inspection had not been carried through. At the time of this inspection the area manager and new manager had been in place for a month to work through the issues. However, systems and processes that had been place at provider level, had not identified that actions had not been taken to become compliant and mitigate risks found at the previous inspection.
- The area manager told us the service had learnt from this experience. A new electronic records system was in process of being introduced and this ensured that oversight of incidents, accidents and environmental concerns would not be lost in paper records. The manager could not sign off an incident without senior managers ensuring they were happy with the outcome.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training which was updated each year.
- Staff had a good understanding of what contributes abuse of vulnerable adults and how they would escalate concerns.
- We had received appropriate safeguarding notifications from the service and saw that action had been taken to mitigate risks to people.

Staffing and recruitment

- The service had not recruited any new members of staff since the previous inspection. Vacancies had been filled with overtime by existing staff and to regular agency. Staff from a sister service that was closing would be employed into vacant posts to allow for continuity of care.
- An additional activity person was not employed at the service. Staff were usually busy with care tasks, cleaning and supporting people to attend appointments. Therefore, not allowing time to support the person in the service with their social needs and living a full life. A person told us, "I'm bored. I don't do much."
- New agency staff worked alongside existing staff until they knew people well.

Using medicines safely

- The provider's mock inspection found staff had not put body maps in place to show where staff should apply people's prescribed creams. The manager had immediately rectified this.
- At the last inspection, not all staff administering medications had received up to date training. At this inspection we found that this had improved, and all staff had received yearly training.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Routine health screenings were offered to people, but they were at times refused. Staff had not recorded the discussion around refusals or documented how information about health screenings for people with learning disabilities had been provided to make an informed choice. Staff told us they did not discuss their refusals any further because the people became upset.

We recommend the service explore best practice of how to support people with living with learning disabilities to make informed choices around care and treatment.

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

- Staff worked closely with a variety of different health and social care persons to ensure that the person receiving personal care needs were met. This included dietitians, chiropodists, dentists and support to access various health appointments.

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

- The environment needed updating. Planned improvements were in place to take place with immediate effect.
- People had yet to be consulted about the new decorations, however the area manager assured us that they would be involved in choosing flooring, and soft furnishing, citing a sister services approach to recent refurbishment.
- The area manager told us they were giving consideration to improving the environment to meet the needs of the older person who may have mobility and/or dementia related needs.

Staff support: induction, training, skills and experience

- The service had improved its training and introduction for existing staff since the previous inspection. This included supporting staff to achieve the care certificate, a set of fundamental standards that all care staff should achieve.
- The manager had accessed additional training for staff depending on peoples changing needs. This included dementia awareness training.

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

- People at the service had access to a variety of freshly prepared meals that satisfied their individual preferences.
- Staff had a good understanding of people's nutritional and hydration needs. Including when there was potential for a person to stop eating due to mental health difficulties. Plans were in place for continuous monitoring and management of these needs.

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 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, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of MCA and demonstrated this by giving examples about how the person receiving the regulated activity was involved in decisions in their everyday life.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Whilst staff were able to give us step by step insight into people's daily lives, how they cared for them, and what they did to promote independence, privacy and dignity. However, they had been limited in how they could support people to access the local community and a variety of different opportunities. Where people had a developed anxiety around going out this was not always explored about to improve the experience and try again. This had the potential to limit people's independence.
- Care plans and care notes did not give good detail how staff should support people to remain independent. The new manager was in the process of reviewing all care plans.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had not identified some of the poorer aspects of the environment as described in the safe domain, including ensuring that the environment was clean, in safe condition and welcoming.
- Staff knew people very well and respected people's differences and choices. Where a person's mental health had deteriorated due to illness, staff adapted their support to meet the needs of the person.
- Staff were very attentive and kind. People told us, "They are very nice, I like them."
- Staff received additional training to manage peoples changing needs. This included dementia training and the effect on the persons mental health and wellbeing.

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

- Key workers spent time with people to identify their goals and their care needs and how these needs and goals could be met.
- We observed staff engaging with people and involving them decisions about their daily care needs and desires.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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 did not always have access to a variety of daily activities, including being able to access holidays and the local and wider community.
- However, the service was in the process of amalgamating with another small service, and staff were being transferred to Newlands. The area manager told us this would increase numbers of staff and they were hoping to create a dedicated activity person.
- People were supported to maintain good relationships with family members, through regular contact. Staff welcomed people's friends and family into the service.

Meeting people's communication needs; End of life care and support.

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.

- We found that the service was partially meeting this standard at the time of inspection. This included easy read care plans especially designed for people living with a learning disability.
- Staff had not explored the end of life care needs for the individual receiving care due to concerns about how this would affect their wellbeing. They had not reviewed how to communicate with people with learning disabilities about death and dying.

We recommended that service review the best practice guidance in delivering quality end of life care for people who have a learning disability.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place, however, complaints had not been formally documented or investigated. Whilst this was in relation to a person who was not receiving the regulated activity, it did bring into question how vulnerable people's living at the service and receiving care support would be supported to make a complaint.
- The new manager and provider immediately reviewed the concerns and managed these. They informed us that usually complaints were dealt with on the same day and reported the concerns appropriately to the local authority safeguarding team.

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

- Care plans were not always recorded in a person-centred way; however, staff were able to tell us in detail how they carried out person centred care for people and we witnessed this in practice.
- The area manager told us that they were completing a review of care plans, and we saw that these would give the detail needed, if for example a new member of staff began working with people at the service.

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 rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new manager was in place and being supported by an area manager whilst they undertook their induction.
- Staff and people were positive about the new management arrangements. The new manager explained all the new things they were going to be implementing to make the service more person centred. These included processes that had worked well at sister services across the organisation.

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

- The new manager had a good understanding of duty of candour. We observed the new manager apologising for previous failings to a person living at the service. They told us, "People need to be heard and to feel valued."
- The management team had good processes in place to report internal concerns to appropriate people, such as the CQC and Local authority safeguarding team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were very open and transparent with us.
- They were fully aware of their current position, improvements they had made, and improvements still needed but remained enthusiastic and committed.
- The provider had failed to prioritise and oversee improvement in line with risk management and regulatory requirements.
- The provider was introducing structured systems and processes to improve the quality of the service and outcomes for people, but they were new or had not been fully implemented or embedded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and resident meetings had not taken place for some time. The new manager was in the process of reinstating these and we saw evidence that these had been booked.
- Policies and procedures reflected how staff should respect and consider peoples and each other's

equality characteristics.

- Staff demonstrated good knowledge of these policies and gave examples of when they had respected equality characteristics, including when colleagues would not be expected to handle certain foods due to their religious beliefs.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to support peoples changing needs.