

Pathways Care Group Limited

Thurston House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 January 2018. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thurston House on our website at www.cqc.org.uk"

We undertook an unannounced focused inspection of Thurston House on 18 June 2018. The team inspected the service against two of the five questions we ask about services: is the service well led and safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Thurston 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.

Thurston House is registered to accommodate up to seven people. The service supports people with mental health needs and additional learning disabilities. The service is a three-storey house with bedrooms and communal living areas, in a residential area in Newport Pagnell. At the time of our inspection, seven people were receiving care.

At the last comprehensive inspection in January 2018 this service was rated requires improvement. At this inspection the service continues to be rated as requires improvement.

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

The premises was clean and windows had been replaced and fitted with window restrictors to ensure people's safety. Some window restrictors required replacing to meet with the health and safety executive best practice guidance on window restrictors in care homes.

We have made a recommendation about seeking guidance for window restrictors in care homes.

Food hygiene practices had improved and records relating to the storage and disposal of foods kept in a fridge had been maintained.

Regular testing of the fire alarms and fire drills had taken place and records relating to fire safety were adequately maintained.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

The provider and registered manager had completed an action plan to ensure that the improvements required from the previous inspection had taken place in a timely manner.

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.

We found that action had been taken to improve the safety of people, however window restrictors were still not fit for purpose.

The premises was clean and maintained.

Infection control procedures were in place and monitored daily.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs and staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The registered manager and provider were not always up to date with current best practice guidance.

People had the opportunity to provide feedback regarding the service, and action was taken in response to this.

The service worked with other key organisations in an open and transparent way.

Quality assurance processes to monitoring the safety and effectiveness of the service still required some improvement.

Requires Improvement ●

Thurston House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Thurston House on 18 June 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 5 January 2018 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection"

This unannounced focussed inspection of Thurston House took place on 18 June 2018 and was undertaken by two inspectors.

We did not request information from the provider in the format of a Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with one person who lived in the home. We spoke with two members of staff; this included; the deputy manager and the registered manager.

We observed care and support in communal areas. We also looked at information related to the running of and the quality of the service. This included quality assurance audits, feedback from people, relatives and

professionals, maintenance schedules, training information for care staff, medicine records, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At the last inspection in January 2018, we identified two breaches of regulations relating to premises and equipment and safe care and treatment. At this inspection we found that some improvements had been made and there was no longer a breach of the regulations. However, there were still some improvements to make and the rating also reflects that the improvements made needed to be sustained and embedded in to the service.

At the previous inspection, window restrictors had not been fitted on some windows to ensure people's safety. At this inspection we found that all windows now had restrictors fitted to them, however, some of which still not comply with the best practice guidance set out by the health and safety executive. The window restrictors that required replacing were able to be removed by a screwdriver or similar tool, which meant that they could be removed by people living at the home. One person had made a comment to the registered manager that the current window restrictor in place could be easily removed by themselves if they wanted to.

We recommend that the service consider best practice guidance on window restrictors in care homes.

At the previous inspection we identified that an en-suite bathroom required attention to address the issue of poor ventilation and cleanliness. We found at this inspection that the bathroom had been cleaned of all mould and the floor had been replaced. A new extractor fan had been fitted, and anti-mould paint had been used on the ceiling. However, it was clear that the poor ventilation issue remained and the mould was beginning to return. This had been recognised by the provider and registered manager, and discussions were in place about how to address the issue going forward.

At the previous inspection we were concerned about infection control in relation to the storage of refrigerated foods. At this inspection we saw that new guidance and procedures were in place for staff to follow and there were increased checks on foods stored in the fridge. All foods stored in the fridge had been labelled with an opening date, however the expiry date did not take into consideration when the food had been opened. For example; a pack of ham that had been opened on the 15 June 2018 had a hand written expiry date on 28 July 2018. This did not take in to consideration the guidance on the pack of ham which stated, 'consume within two days of opening'. We were assured by the staff and registered manager that if the food was not consumed within the two days it was discarded. The registered manager informed us they would speak with the staff to ensure the correct expiry date was labelled on opened foods stored in the fridge.

At the previous inspection we were concerned that people were not always protected from identified risks. We found at this inspection that all identified risks had been addressed and measures were in place to ensure this continued. A new lockable garden storage cupboard had been purchased to safely store gardening equipment. Other risks relating to people were recorded and known by staff and it was clear from talking the registered manager and deputy manager that risks to people were managed safely and effectively.

At the previous inspection we were concerned about people's safety because fire safety procedures were not always followed. At this inspection we saw that improvements had been made and had been sustained in the previous six months. Weekly testing of the fire alarms system was in place, a new fire detection panel had been purchased and was operational and fire drills had occurred with accurate recordings of the outcome of the fire drill. For example, how long it took people to evacuate the building.

People continued to feel safe at the service and were protected from harm. We observed that people appeared comfortable with the support staff were giving them. One person told us, "I'm happy and safe, everything is good." Staff continued to be aware of safeguarding procedures to protect people from harm and abuse and knew how to report any concerns.

There was enough staff to meet people's needs. We saw that the staffing levels in the service met people's needs and these were regularly assessed to ensure they took into account people's changing needs. The service continued to operate safe recruitment procedures to ensure that only staff who were suitable to work in a care setting were employed at the home.

People continued to be supported safely with their medicines. The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately, and signed for every time. Appropriate storage and disposal methods were being used, and regular temperature checks took place within the storage area. We looked at stock levels of several medicines, and saw they were accurate.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made.

Is the service well-led?

Our findings

At the last inspection in January 2018, there was a breach in the regulations of good governance because there was a lack of oversight by the provider and registered manager to effectively assess, monitor and improve the quality and safety of the services provided. At this inspection we found that some improvements had been made and there was no longer a breach of the regulations. However; the rating reflects that the improvements made, need time to be embedded into practice on a longer term basis.

As a result of the previous inspection, the provider and registered manager put together an action plan immediately to address the concerns that had been raised. The Care Quality Commission was sent regular updates on the progress that had been made. It was clear that the provider wanted to address the shortfalls that had been identified at the previous inspection, however, they were not always up to date on best practice guidance. This resulted in the incorrect window restrictors being fitted to some windows and this had not been identified by the provider or registered manager.

Audits that were in place to monitor the safety and quality of the service contained more detail and it was clear that where improvements had been identified there was date for the issue to be rectified and we saw this had happened in practice. Monitoring of the service had also taken place outside of 'normal working hours' to enable representatives of the provider an opportunity to see how the service operated at different times of the day. Feedback from these audits were positive.

The staff team ensured that confidential information was kept in locked cupboards. Personal information about people using the service was no longer visible for anyone to see and storage space in the communal dining room was used for household storage instead of for 'staff only' use.

There was a commitment from the provider and registered manager to improve the quality and safety of the service and care staff also shared this vision.

The service continued to seek feedback from people and their relatives and people told us they continued to be happy living there. One person who we spoke with told us how their views had been sought on meals and social activities.

The registered manager continued to ensure that staff were up to date on the training required to undertake the role and all staff had received face to face food hygiene training since our last inspection.

The service continued to work in partnership with other agencies in an open honest and transparent way. Safeguarding alerts had been raised with the local authority when required and the service had provided information as requested to support investigations.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.