

Pathways Care Group Limited

Famille House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Famille House is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 16 people who have a learning disability and sensory impairment. The care home accommodates 15 people across two floors in a residential building.

The service has 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's experience of using this service and what we found

The care and support people received was safe. Staff knew how to keep people safe from avoidable harm and abuse. Risks associated with people's care had been assessed and regularly reviewed to reflect the support people needed to be safe. People's medicines were managed safely.

People were supported by well trained and experienced staff. They supported people to meet their nutritional needs and access health care professionals when required. People were not unlawfully deprived of their liberty. The support people received complied with relevant legislation and laws.

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 kind and compassionate. They treated people with dignity and respect. They took steps to promote people's right to privacy and enabled them to be involved in decisions about their care.

The care people received was tailored to their individual needs. Their care plans reflected their individual needs. People had access to a range of activities and were supported to follow their interests.

The leadership of the service was transparent and effective. Staff were supported to fulfil the responsibilities of their role. The provider had systems in place to monitor the quality of care people received and supported improvements at the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 Good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Famille 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Famille House 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 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 the last inspection. We sought feedback from the local authority. 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 had limited conversations with people who used the service about their experience of the care provided. We spoke with three care staff and the registered manager. We spent time observing the care people

received in their home, this helped us understand the experience of people who could not talk with us.

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

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 Good. At this inspection this key question remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safe when they received support and care from staff. Staff were empowered through training and support to keep people safe from abuse and avoidable harm.
- Staff were empowered to raise any concerns they may have about people's care. The provider promoted an enabling environment where staff could 'whistleblow' if they encountered poor practice.
- Staff we spoke with demonstrated a good understanding of their responsibilities to report any concerns they may have regarding people's safety and welfare. Staff were confident their concerns would be taken seriously and acted on.
- People were supported to understand the importance of keeping themselves safe. For example, people were supported to know how to respond in the event their fire alarm sounds.

Assessing risk, safety monitoring and management

- People's risks assessments were robust. They included detailed information of risks associated to people's general wellbeing, warning signs for staff to look out for, any known triggers and strategies staff could employ to minimise the risks. Records showed risks assessments were reviewed regularly to ensure they reflected people's current needs and good practice on how to reduce risk.
- Where people required aids and equipment to meet their needs, these were well maintained, and staff had the skills to support people safely with their equipment.
- Risk management at the service did not restrict people's rights and freedom. There were systems in place to safeguard people and empower them to be as independent as possible. For example, there were protocols in place to allow a person to manage a certain level of their finances.
- There were protocols in place to keep people safe in the event of an emergency such as a fire.

Staffing and recruitment

- Most staff had a long service record at the home. This meant people were supported by staff who knew them well.
- There were sufficient numbers of staff on duty to meet people's needs in a safe and prompt manner.
- The provider followed safe recruitment practices. They completed relevant pre-employment checks which assured them potential employees were safe to work with people who used services.

Using medicines safely

- The provider had comprehensive protocols in place to ensure people's medicines were managed safely. There was a multi-staff approach to supporting people with their medicines. This reduced the risks of errors occurring when people received their medicines.

- Medicines were stored according to best practice guidance. Staff consistently completed records of the support people had received with their medicines.
- Staff competency to manage medicines safely was regularly checked. They received training and support to administer medicine safely. Senior staff audited people's medicines records regularly to check their support was delivered safely.

Preventing and controlling infection

- People were protected from the risk of contracting or spreading an infection. Staff had received training and followed good practice such as using personal protective equipment when they supported people with their needs.
- The premises were clean and free from odour. We reviewed records which showed staff meetings discussions included the safe disposal of waste products. The maintained high hygiene standards and reduced the risks of infections.

Learning lessons when things go wrong

- Staff maintained comprehensive records of incidents that occurred at the service. Incidents were dealt with according to the provider's policies. Where relevant, the registered manager investigated and made changes to the service to minimize the risk of a reoccurrence.

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 Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received relevant training required to meet people's needs. They demonstrated they had the skills and experience to understand people and support their individual needs. We observed they were confident and knowledgeable in the manner they supported people.
- Staff were skilled to support people with their mental and behavioural needs. They used their knowledge of people's individual needs to deescalate and effectively manage behaviours. This meant there was no use of restraint in the service.

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

- People's nutritional needs were met. They had regular access to meals and drinks of their choice. We observed staff support people at lunch time and saw they prepared meals as preferred by each person and provided quantities as requested by people. We saw staff supported people according to their specified health requirements.

Supporting people to live healthier lives, access healthcare services and support

- People had prompt access to health care professionals when they required this. Care records showed that staff were proactive to monitor health conditions and refer people to health services where required. They provided the support people required to access these services.
- The service had protocols in place to promote good oral health. The registered manager demonstrated a good understanding and commitment to promoting good oral care for people who used the service. People had access to dental services. The assessments and care planning included how staff would support them with their oral health.
- The provider had an effective communication culture and system within their service which staff used to share updates on people's care. They did this when people's needs changed or following contact with other professionals. This meant all staff could have the information they required to support people with their health needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were proactive to work with other agencies and provide the support required to ensure the care people received was effective.
- Each person had a concise document which included important information about them and their support needs. This record was available to other professionals such as medical staff when people used their services. This meant people could be confident they would receive consistent support when they received support from other agencies.

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

- As part of planning people's move into the home, the registered manager worked with people, their relatives and other professionals involved in their care to ascertain people's needs. They used the information obtained to plan people's care. This meant the support people received was holistic.

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

- Staff assessed people's ability to make decisions about various aspects of their life. These assessments stated what support people required and who would support them in making those decisions. Their records were reviewed regularly to ensure they reflected people's current needs.
- Where people were deprived of their liberty, the registered manager had made applications to the relevant authorities and received the required authorisation.
- People's records showed the registered manager had taken relevant measures in their assessment and care planning to meet the conditions of MCA and DoLS.
- The staff consistently sought people's consent before they provided care and support.

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 remained the same. 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

- Staff were kind and compassionate. They demonstrated an interest in promoting people's wellbeing. They spoke passionately of the people that used the service and how they supported them to live a life as full as possible.
- Staff made people feel like they mattered. They took time to understand people and their specific preferences. Most people had lived at the service for several years and had developed relationships of mutual trust with staff.

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

- Staff had sufficient knowledge of each person's personality and understood their communication style to carry out their wishes and preferences. We observed staff offer people choice on how they wanted to be supported.
- Each person had a communication support plan. This stated the support they required from staff for effective communication and to make choices. This included people's preferred style of dialogue and any communication aids they required. Care records and our observations showed that staff used this to involve and support people to make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. They were supported to complete daily living tasks involved in running their home. We observed staff offer people encouragement to use any skills they may have. One person supported staff in the kitchen. The registered manager told us this was a task the person enjoyed.
- People's choices and independence were respected. We observed staff respect a person's choice not to be supported with their meal. We observed this person went on to eat their meal independently. This demonstrated the service's values of promoting independence and respect.
- Staff demonstrated they promoted people's right to privacy. People had access to spaces where they could have some privacy should they want this. Staff practices showed they respected people's privacy.

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 remained the same. 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

- Care plans were person centred. They included information which showed each person's individuality. This included detailed personal history, communication needs and how staff would support the person.
- Staff reviewed people's care plans regularly. They took action to update records and their practice in response to people's changing needs. We saw that staff supported people as detailed in their care plan. This showed that support people received was tailored to them as individuals.
- People had choice and control over the care they received. We observed staff supported people in an enabling way. They offered people choice before they provided support. They enabled people to be involved in decisions about their care by using different verbal and non-verbal communication styles.
- People who used the service had regular meetings where they discussed the care and support they received. They 'chaired' these meeting themselves and staff supported them to maintain records of their discussions. This included planning their holidays, meals etc.

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.

- Information regarding people's care was tailored to their individual. Each person had a 'communication passport' which stated how they required information about their care. This included visual and audio requirement such as staff positioning when communicating verbally and tone of voice to be used.
- We reviewed records which showed written information was tailored to aid people's understanding and ensure their maximum involvement in their care.

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 achieved good social inclusion outcomes. They staff team were creative to offer people a variety of activities within the home. These activities were tailored to people's individual interest.
- People were part of the community they lived in. Throughout our visit, we saw staff support people to go and purchase their personal items from the local shop and to access their local library.
- People were supported to follow their interests. One person had interest in the local football team, we saw staff supported them to follow their interest and passion. Their room, belongings and care records reflected this and included various displays of memorabilia of the club.
- Staff support people to contribute to causes relevant to them. Most people who used the service had a

diagnosis of Down's Syndrome. We saw staff supported them to celebrate World Down Syndrome Day and raise funds for the relevant charity within the local community.

- Staff supported people to maintain links with their loved ones. People's friends and family could visit them without any restrictions.

Improving care quality in response to complaints or concerns

- The provider had protocols for managing complaints received at the service. Staff supported people to raise any concerns they may have regarding their care. There were no complaints received since our last inspection.

End of life care and support

- The provider had policies in place to provide the care and support people would require at the end of their life. This included support to ensure people were comfortable and pain free. Their policies aimed to keep people's choices and needs at the centre of the support they received.
- Staff collaborated with people's relatives to understand and record people's wishes and preferences. There was no one receiving end of life support at the time of our inspection.

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 Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture which was inclusive and empowered staff to support people achieve good outcomes.
- The registered manager supported staff through meetings and practice supervision to commit to the provider's values which support and promoted people's independence and provision of a high standard of care.
- The service had an open and transparent culture. The registered manager was visible and could easily be accessed by staff, people who used the service and their relatives. During our visit staff could easily access their manager for support when required.
- Staff were happy to work within the service. They spoke positively about their experience of working with the service and the positive difference they made in people's life.
- Staff felt supported to fulfil the responsibilities of their role. They had access to regular supervision and were supported to give feedback on ways to improve the quality of care people received. A staff member said "[Registered manager] is a fantastic manager, she is the best manager ever and is always available for support when needed."

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

- During our conversations with the registered manager, they demonstrated a good understanding of the responsibility to act on the duty of candour and we saw evidence in records of incidents when they had applied this.

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

- The registered manager understood their role and fulfilled their regulatory responsibilities. Where relevant, they notified the local authority and Care Quality Commission of incidents at the service.
- The registered manager maintained a good oversight of the service and together with a team of senior care staff worked effectively to check the quality of care delivered was to a high standard.
- The service had effective systems in place for monitoring the quality of care people received. Some of the ways they did this was through seeking feedback via questionnaires from people who used the service, their relatives and advocates, staff and other professionals. Their feedback showed their experience of the service was positive.

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

- The service demonstrated an inclusive approach to care provision, considering people's requirement with respect to their culture, disability etc in their needs and preferences. The policies promoted diversity and equal opportunities.

Continuous learning and improving care

- The provider had systems in place to monitor the quality of care provided at the service. Their systems identified where further improvement was required. They supported the registered manager to make and implement the improvements required.

Working in partnership with others

- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs.