

Pathway Healthcare Ltd

Magellan House

Inspection report

Lingfield Road
East Grinstead
West Sussex
RH19 2EJ

Tel: 01342778190

Website: www.pathwayhealthcare.org.uk

Date of inspection visit:
21 July 2022

Date of publication:
06 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Magellan House is a residential care home. The home is registered for up to nine young people living with a learning disability and/or autism. There were five people living at the home at the time of inspection. People had access to a communal lounge, dining area, activity room, sensory room and kitchen. People had their own bedrooms with en-suites.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support: Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Each person had their own en-suite rooms, which were personalised to meet their needs and preferences.

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.

Right Care: People received kind care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture: People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 18 March 2022) and there were breaches of regulation. 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 made and the provider was no longer in breach of regulations. This service has been in Special Measures since 18 March 2022. During this

inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 10 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, safeguarding service users from abuse and improper treatment, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Magellan 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Magellan House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Magellan House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority for feedback on the service. We reviewed information we had received through statutory notifications and enquiries. This is information we receive from the provider, social care professionals and

the public about the service. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, Head of Residential Services and two support workers. We reviewed a range of records. This included four people's care records and two 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's assessed needs. There was not a systematic approach to determine the number of staff needed and to meet the needs of people using the service and keep them safe at all times. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staffing levels that met their needs and kept them safe.
- The registered manager and provider had worked with the local authority to clarify the specific support people required to meet their needs and keep them safe. A dependency tool had been used to ensure that there were sufficient numbers of suitably qualified staff deployed in order to meet the requirements of the home.
- Staff schedules were reviewed, and staff were consistently deployed according to the dependency tool. One staff member said, "The staffing levels are right. We get to spend good time with people. You need to be with residents most of the time. Things can escalate, so it's important for staff to be around." One relative told us, "There's definitely more staff."
- We observed staff having time to support people when they needed it. One person was regularly interacting with staff and communicating their wishes and staff responded promptly.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the registered manager had failed to raise safeguarding alerts regarding allegation of abuse. The provider had failed to ensure that adequate staff were in place to ensure people were adequately protected from potential abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and processes were now effective in ensuring people were protected from abuse.
- Following the last inspection, the provider had completed a full review of safeguarding incidents that had been raised and provided an action plan on how systems would be improved.
- Safeguarding incidents within the home had decreased since the last inspection. Staffing levels had stabilised allowing staff to provide support to people when anxieties were heightened.
- Staff knowledge of safeguarding was good. Staff knew people's needs well and the need to identify when anxieties could potentially impact themselves and others. One staff member said, "It's about protecting residents from all types of abuse. It's about knowing triggers and changes in routine which might signal what's wrong with the resident."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to do all that was reasonably practical to mitigate the risks people's health and safety. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were identified and assessments to guide staff were in place.
- Some people were at risk associated with their complex needs and anxieties. For example, risks had been identified for one person whose heightened anxieties potentially put themselves and others at risk. Guidance supported staff on prevention strategies and identifying warning signs, with restraint or restrictions being a last resort measure. One professional said, "The support plans were very comprehensive and detailed as well as new PBS (Positive behaviour Support) plans." We observed staff applying these guidelines correctly and compassionately.
- Risks to people's health were well managed. For example, one person at risk with their weight management was being supported by staff to increase their BMI to maintain healthy levels. Staff had followed guidance by a dietician and the person's weight was now at healthy levels.
- We observed staff applying these guidelines correctly and compassionately. One person, with limited verbal communication, often presented with anxieties and staff were adept in communicating effectively with them by understanding hand gestures and sounds. The person was supported to fulfil their requests and needs quickly and remain calm and happy.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

Using medicines safely

- People needed full support with their medicines and received them safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and assessed. We observed staff administering medicines safely and patiently.

- Medicine audits were completed to ensure that the administration and management of medicines was undertaken safely and correctly.
- People had detailed medication care plans in place. These reflected any support needs due to people's capacity, what medicines were prescribed for what diagnosis, people's preferences and the level of support they needed.

Preventing and controlling infection

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

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When incidents had occurred, a robust system of reviewing people's personal behaviour support (PBS) plan was in place to identify whether any changes or improvements were needed. For example, adjustments were made to one person's PBS plan to reflect their transitions to and from college.
- Since the last inspection, the registered manager and provider had made consistent improvements to the management of safety incidents and concerns when things went wrong. The manager had worked well with the local authority on people's needs to ensure that they were supported.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At the last inspection, the provider had not always undertaken specific mental capacity assessments to determine people's capacity for specific decisions. At this inspection, the provider had made improvements through completion of decision specific capacity assessments. These included people's capacity to consent to medicine administration and completion of their finances.
- Mental capacity assessments were detailed, and people were supported in positive ways to help understand the decision being taken and for them to demonstrate understanding. For example, we saw evidence of easy read instructions and visual aids that were used to help the person through the assessment.
- The registered manager had good oversight on any DoLS applications and had ensured that any conditions on people's authorisations were being met.

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

- People's needs and choices had been assessed prior to living at the home and were reviewed. Staff delivered care in line with standards and good practice.
- People were supported using positive behaviour support (PBS). PBS is a person-centred approach to supporting people with a learning disability. This approach was used effectively and supported a practice that minimised the need for restrictions and restraint.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST). The MUST tool enables providers to monitor people's risk of

malnutrition.

- People's needs had been monitored through detailed recording in areas such as their food intake and personal care received. Where one person was at risk due to their skin integrity, staff recorded any changes through wound charts.
- The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.

Staff support: induction, training, skills and experience

- People were supported by trained and skilled staff who understood their needs and provided effective care.
- Training that staff received met the needs of those people living at the service, for example, safeguarding, supporting people with autism and positive behaviour support. Staff received external specialist training to support them with proactive strategies. We observed staff applying these guidelines correctly and compassionately. One person, with limited verbal communication, often presented with anxieties and staff were adept in communicating effectively with them by understanding hand gestures and sounds. The person was supported to fulfil their requests and needs quickly and remain calm and happy.
- One staff member said, "The training was good. The most interesting thing was supporting the residents especially if they exhibit challenging behaviour. Training is useful as it lets you understand the things you should and shouldn't do."
- New staff received an induction and ongoing refresher training when they started at the service. Staff received ongoing supervisions to discuss their development and other work-related matters.

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

- People were supported to eat and drink enough. We observed people eating and enjoying what they had chosen. People had detailed eating care plans in place that detailed how people could support with the preparation of meals they had chosen. Menus were based on what people enjoyed and feedback from staff.
- Some people required additional support to prepare and eat their food safely. For example, staff supported one person who was at risk of eating nonedible items. The care plan detailed how this should be monitored, and what support they needed to focus on edible food.
- People's care plans detailed how they would communicate their likes and preferences for food through facial expressions. These also detailed what practical support people needed when eating. For example, one person used plate dividers to support staff to monitor portion sizes, while another was able to use adaptive cutlery but could communicate with staff when they needed extra support.

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

- Staff had developed positive working relationships with a range of health and social care professionals.
- Staff had formed good links with professionals in areas such as the GPs, local authority, Community Learning Disability Teams and Speech and Language Therapists to meet people's needs.
- People had effective health plans in place. When people required specialist support with their health needs, appropriate referrals were made. For example, a referral was made for Occupational Therapy to support one individual with managing their sensory need, while referrals to mental health services had been prompt when needed. One professional said, "The health documents seen were of a high standard."
- People were supported to receive consistent care when they moved to the service. Information about people's health support needs and specialist input was used to inform care planning when people moved to the home. People were supported to understand their health needs through staff support with pictures, symbols and easy read guides. People were regularly supported to maintain oral health appointments and

regular wellness checks with their local surgeries.

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

- People's needs were met by the adaptation of the building. People's rooms were decorated in colours and décor of their choosing.
- There was a separate building within the garden area which had been adapted as a sensory and relaxation area. This provided an opportunity for people to have a quiet space if they needed.
- Décor around some shared areas was minimal although this was a decision taken by the provider to ensure the safety of some people living 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers and staff understood quality performance and risks at the home. The registered manager and provider had addressed the shortfalls identified at the last inspection.
- The provider had worked effectively with local authorities around people's level of need and ensuring enough support was in place. The registered manager had ensured that staffing levels were appropriate to meet people's need and keep them safe. The registered manager said, "The issues were with messages not being clear. Regarding 1:1 support, I sat with staff and made sure they knew what they were allocated."
- Improvements had been made in delivery and effectiveness of quality assurance processes.
- The provider had completed a full review of safeguarding incidents following the last inspection, while the registered manager had a clear process for reviewing any potential safeguarding incidents.
- The registered manager completed audits on areas such as medicine administration, health and safety, care plans and Positive Behaviour Support plan reviews. The provider also received regular external quality assurance inspections to provide an independent view of the care being provided. Action plans from these were used to identify and issues and drive improvement.
- Relatives and professionals told us that these improvements have had a positive impact on the people living at the service. One professional said they believed there was, "A real sense of change and renewal." One relative said about the registered manager, "He's just shaken it up and everyone is doing what they should be doing. He seems to go above and beyond."

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

- We observed a significant improvement in the culture and atmosphere of the home. People and staff were relaxed, interacting with each other positively. One relative said, "The atmosphere is much better and

calmer."

- The registered manager and staff had been proactive with increasing communication and openness with family members to improve the culture of the home. Incidents and changes to people's support were conveyed in a timely and transparent manner.
- Relatives told us that there had been a significant improvement in the openness and communication of management and staff. The registered manager had ensured that information about their loved ones, as well as events at the home, were conveyed to them. One relative said, "Since [Registered Manager] took over, there's definitely more communication, which is good. Very, very helpful." Another family member said, "[Registered Manager] always gets back to me. If I have any problems, they are always dealt with."
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- Relatives and staff told us that they felt included and informed about the home. The registered manager had improved communication and transparency with family members about events at the home and provided updates on their loved one's progress. One relative said, "I'm more informed. Communication is a lot better and I can ask any member of staff and ask how (their loved one) is. He's contacted me at weekends and I've not had that from previous managers. He's told me if there's a problem, get in touch."
- Staff meetings were held regularly, and their input was sought and considered. Records showed that discussions took place regularly on areas such as people's welfare, health and safety and safeguarding. One staff member said of the registered manager, "I get a lot of support, he's a good manager. He will inform us how to support individuals better next time, if something happens, He gives us his own experience of the job."
- People's feedback was sought through their engagement with staff and through key worker meetings and care reviews. People, their relatives and staff took part in yearly surveys. These had been adapted to a pictorial format for people living at the home to improve their understanding of the questions asked.
- Staff felt informed and updated about people's support and communication processes were in place to support this. For example, staff found the communication book a useful tool that kept them informed, while an electronic care system alerted them to changes. One staff member said, "There's a platform where we are updated on things that occur. We get alerted from messages. We also have handover. Ifs there's any changes, these are passed onto us."

Working in partnership with others

- The registered manager had worked closely with local authorities and CQC since the last inspection to ensure compliance and to continuously improve.
- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as Community Learning Disability Teams, Speech and Language Therapists, local authorities who funded people's care and GPs.
- Professionals we spoke to were positive about the improvements and changes put in place since the last inspection. One professional said, "The Registered Manager appears to have introduced some innovative stuff in Team Meetings for staff about Mental Capacity and PBS and these were detailed. The support plans were very comprehensive and detailed, as well as new PBS plans."