

Pathways Care Group Limited

Greenways

Inspection report

633 Uxbridge Road
Pinner
Middlesex
HA5 3PT

Tel: 02089669514

Date of inspection visit:
01 February 2017
02 February 2017

Date of publication:
17 March 2017

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

We undertook this unannounced inspection on 1 & 2 February 2017. Greenways is a care home registered for a maximum of 17 adults, some of whom may have learning disabilities or mental health care needs. At the time of our visit, there were 15 people living in the home.

At our previous comprehensive inspection on 17 February 2016 we rated the service as "Requires Improvement". We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach was in respect of Regulation 19 Fit and proper persons employed. The registered provider did not ensure that staff employed to work at the home had all the required documentation and checks before working in the home. At this inspection the service demonstrated that they had taken action to comply and the required checks and documents were in place. The second breach was in respect of Regulation 16 Receiving and acting on complaints. The service did not ensure that there was an effective system for handling complaints. At this inspection the service demonstrated that they had taken action to comply and complaints received had been appropriately responded to. The third breach was in respect of Regulation 17 Good governance. This service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. At this inspection the service had the necessary checks and audits for ensuring quality care.

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. There was a safeguarding adult's policy and suitable arrangements for safeguarding people.

The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people confirmed that they had been given their medicines.

People's care needs and potential risks to them were assessed and care workers were aware of these risks. Care workers prepared appropriate and up to date care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. People's healthcare needs were monitored and attended to. Arrangements had been made with healthcare professionals when required.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. Fire drills had been arranged.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and cultural preferences were met. People informed us that they were mostly satisfied with the meals provided.

There were enough care workers deployed to meet people's needs. They were knowledgeable regarding the needs of people. Teamwork and communication within the home was good. Care workers had received induction and training to enable them to care effectively for people. There were arrangements for support, supervision and appraisals from their manager.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Care workers were caring and knowledgeable regarding the individual choices and preferences of people. Regular residents' meetings and one to one sessions had been held for people and the minutes were available for inspection. The home had an activities programme to ensure that people could participate in social and therapeutic activities.

People knew who to complain to if they had concerns. Complaints made had been recorded and responded to. In addition, the service had a record of how people felt about their progress and the care provided. This enabled care workers to better understand people.

Audits and checks of the service had been carried out by the registered manager and area manager. These were carried out monthly and included checks on care documentation, medicines, and maintenance of the home. Evidence of these was provided. A recent satisfaction survey indicated that people were satisfied with the care provided.

Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

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 safe. Care workers were carefully recruited. The required documentation and checks were in place. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The home was clean, well maintained and infection control measures were in place.

Good ●

Is the service effective?

The service was effective. People who used the service were cared for by care workers who were knowledgeable and understood their care needs. Care workers had been provided with support and supervision by their managers.

People's nutritional and healthcare needs had been monitored and attended to. There were suitable arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good ●

Is the service caring?

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people and attend to their needs.

People had opportunity to express their views. Residents' meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Good ●

Is the service responsive?

The service was responsive. The home had a complaints procedure and complaints had been appropriately responded to.

The needs of people had been carefully assessed and appropriate care plans were in place. Care workers had a good understanding of the needs of people. There was a varied activities programme and people were encouraged to be as

Good ●

independent as possible.

Is the service well-led?

The service was well-led. Audits and checks had been carried out by the registered manager and area manager.

People and care workers expressed confidence in the management of the service. Care workers worked as a team and they were aware of the aims and objectives of the service. A recent satisfaction survey indicated that people were satisfied with the services provided.

Good ●

Greenways

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.

The inspection took place on 1 & 2 February 2017 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. Prior to the inspection the provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were fifteen people living in the home. We spoke with nine people who used the service. We also spoke with the registered manager, five care workers, the maintenance person, the area manager and a healthcare professional. We observed care and support in communal areas and also looked at the kitchen, garden and people's bedrooms. We obtained further feedback from a social care professional.

We reviewed a range of records about people's care and how the home was managed. These included the care records for five people living there, six staff recruitment records, staff training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

People stated that they were safe in the home and were satisfied with the care provided. One person said, "I do feel safe here. I like the staff. They have given me my medication." Another person said, "I feel safe here, although sometimes other residents do knock on my door. I do have a lock on my door." A third person said, "There are always staff around. They are helpful. I get my medicines daily."

We observed that people were cleanly dressed and appeared well cared for. Care workers were pleasant and interacted well with people. On the second day, one person was going out to a day centre. We observed that the care worker checked to ensure this person was safe and had their seat belt on before driving to the centre. The care worker concerned was able to interact and gain the co-operation of this person.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The registered manager had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with smoking, mental health problems, antisocial behaviour and self-neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency.

At our previous inspection of 17 February 2016 the service was in breach of Regulation 19 Fit and proper persons employed. The registered provider did not ensure that staff employed to work at the home had all the required documentation and checks before working in the home. At this inspection the service demonstrated that they had taken action to comply with the regulation. The required checks and documents were in place. The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of six records of staff. We noted that all the records had the necessary documentation such as a criminal records disclosure, references, evidence of identity and permission to work in the United Kingdom.

We looked at the staff rota and discussed staffing levels with the manager. On the day of inspection there was a total of fifteen people who used the service. The staffing levels consisted of the registered manager and eight care staff during the day and three care staff on duty during the night. With two exceptions, care workers we spoke with told us that there was usually sufficient staff for them to attend to their duties. One care worker stated that they were sometimes very busy at weekends. With two exceptions, people informed us that there were sufficient staff and they were satisfied with the care provided. One person said staff did not have enough time to talk with them and another stated that sometimes staff appeared very busy. The registered manager informed us that they had already advertised for new staff but the response was poor.

She informed us soon after the inspection that the pay rates had been increased in an effort to recruit more staff. She also agreed to regularly review the staffing levels with people and care workers.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. We checked these and they were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by staff. The home had a system for auditing medicines. This was carried out by the registered manager or shift leader. There was a policy and procedure for the administration of medicines. There were no gaps in the medicines administration charts examined. People we spoke with told us they had been given their medicines.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There were suitable arrangements for ensuring fire safety which included a fire risk assessment and fire equipment contract. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out. The fire drill had only been carried out twice in the past twelve months. This needed to be increased to ensure that care workers and people were familiar with the evacuation procedures. The registered manager agreed to increase it to three times a year.

The premises were clean and no unpleasant odours were noted. Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. The kitchen was inspected and found to be clean. One window restrictor in a bathroom on the first floor was loose. This was promptly fixed the next day. We had been informed by the registered manager that the locking mechanism on the front door was sometimes loose. The maintenance person informed us that he had arranged for this to be fixed.

Emergency buzzers were available in rooms we visited. However, care workers were not provided with portable emergency buzzers for summoning assistance in an emergency. We discussed the need for these with the registered manager. She agreed to review the need for these. She informed us soon after the inspection that she had requested quotes for the use of these portable buzzers in the home.

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. A person who used the service said, "I have had a medical condition. I have seen the doctor and have been given my medicines." A second person said, "The staff have been helpful. They have tried to make me more independent. The food here is OK. They ask me my choice of food. I can also cook for myself." A third person said, "The staff encourage me in healthy eating."

People's healthcare needs were closely monitored by the service. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. A healthcare professional informed us that the healthcare needs of their patient had been attended to and they had no concerns regarding the care provided.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. Information regarding special diets was available for care workers in the care records and displayed in the kitchen. To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. People informed us that they could discuss what meals they wanted at meetings and they were satisfied with the arrangements for meals. We observed people having their lunch. People told us they were satisfied with their lunch. We saw that people had access to the kitchen. They could make drinks for themselves. Biscuits and snacks were available in the kitchen if people wanted them.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, first aid, equality and diversity, moving and handling, health and safety, fire training and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. Newly recruited care workers had signed their induction programme. Five new care workers had started the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers said they worked well as a team and received the support they needed. The registered manager and carried out supervision and annual appraisals. Care workers confirmed that this took place and we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager informed us that most people living in the home had capacity and were able to make decisions for themselves. A small number of people were at times unable to make independent decisions and best interest decisions had been made for them when needed following consultation with their representatives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had taken action and we saw evidence of submitted applications to the local authority and authorisations for deprivation of liberty safeguards to be put in place where necessary.

Is the service caring?

Our findings

People who used the service stated that they were well treated and care workers listened to them. One person said, "The staff are excellent and caring. They talk nicely to me. They show respect. They are very good as far as I am concerned. They have taken me to my place of worship." Another person said, "The staff do knock on the door before coming into my room. The staff are better than before. They do their best. I have improved a little. "

We saw that people were able to approach staff and talk with care workers. There were respectful and pleasant interactions between care workers and people who used the service. Care workers spoke in a friendly way with people and people responded well to staff. Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

We saw detailed information in people's care plans about their life history and their interests. Care workers could provide us with information regarding people's background, interests and needs. One care worker told us that a person liked to play a particular musical instrument. This was confirmed by the person concerned. Another care worker was able to tell us the types of food people preferred to have. This ensured that care workers were able to understand and meet the needs and preferences of people.

One to one sessions had been organised where people can spend time discussing their progress and problems with care workers. People we spoke with stated that this took place and they found the sessions helpful. Two people stated that they wanted to have more sessions with care workers. This was discussed with the registered manager who agreed that more sessions would be made available to people. People were supported to maintain relationships with family and friends. This was confirmed by people who told us they had been able to keep in touch with their relatives.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background.

Each person had their own room. The bedrooms were well-furnished and had been personalised with people's own ornaments and belongings according to their preference. There was a well garden on the ground floor and people had direct access to it.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and staff were mostly responsive to their needs. One person said, "I can talk to the staff if I got a problem. They listen to my complaint and respond." Another person stated, "I am aware of how to complain. I have no complaints. The staff seem fair and they are helpful."

At our last inspection, there was a breach in respect of Regulation 16 Receiving and acting on complaints. The service had not ensured that there was an effective system for handling complaints. At this inspection the service demonstrated that they had taken action to comply and complaints received had been appropriately responded to. There was a complaints procedure and this was on display in each floor of the home. People informed us that they knew how to complain if they had concerns.

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they were at risk of misusing certain substances. We noted that there was specific guidance to care workers on how to care for this person and this included checks of their bedroom to ensure that they did not have substances which can be misused and when they should summon additional assistance. The manager was aware of the policy. We also discussed the care of people with diabetes and examined the care records. There were suitable arrangements for their care and monitoring of their condition. This was also confirmed by a visiting healthcare professional we spoke with. We also received information from a social care professional who informed us that they were of the view that the care needs of people with diabetes had been met..

The records indicated that some people in the home had at times exhibited behaviour which challenged the service. The registered manager and care workers informed us that they had received training on caring for people with behavioural problems. This was evidenced in training records we viewed. We noted that one person appeared agitated. The registered manager and a care worker were able to manage this person effectively by spending time with them and providing reassurance. This person's care records had behavioural analysis charts and guidance to care workers on the specific care to be provided. The care provided had been regularly evaluated and reviewed with the person.

People we spoke with informed us that there were activities available for them to participate in. One person informed us that they had been on organised outings and they also went out on their own to get newspapers when they wanted to. However, two people stated that they would like more activities. A third requested lessons to help them play a musical instrument. The registered manager stated that they encouraged people to take part in activities, however she added that sometimes people chose not to be involved. She further stated that due to the mental state of some people, they had not remembered

activities they participated in. The registered manager provided us with pictures and documented evidence of activities that people had participated in. We noted that there was a programme of activities which included an outing to the seaside, walks, cooking, card games, arts and crafts, attendance at a day centre and outings to places of interest.

Is the service well-led?

Our findings

People expressed confidence in the management of the home. One person said, "Staff have been helpful, I can approach management if I have a problem." Another person said, "Management is down to earth. One of the senior staff is very nice." A third person said, "The home has improved very much." A staff member described management as approachable and the staff team as a good team. One social care professional who visited the home recently provided positive feedback regarding the management of the home and indicated that management staff were making progress at improving the care provided for people.

At our last inspection the service was in breach of Regulation 17 Good Governance. This service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. At this inspection the service had the necessary checks and audits for ensuring quality care. Audits and checks of the service had been carried out by the registered manager and the area manager. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these was provided.

The home had a registered manager. 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 persons¹. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

The home had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care plans were up to date and well maintained.

The home carried out a recent satisfaction survey of people who used the service. We saw the analysis of the completed forms and noted that the feedback was positive. There was an action plan to follow up on the findings and suggestions made. This included allocating more time for one to one sessions with people and accessing outside professionals to support care workers.

The home had a clear management structure. The registered manager was supported by two senior support workers. There was an area manager who visited the home monthly to support the registered manager. There was a system for ensuring effective communication among care workers. The recent staff survey indicated that care workers were satisfied with communication among staff. The home had a communication book which was used for passing on important information such as appointments and duties for care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us. Care workers stated that their manager was approachable and listened to their views. Care workers said they had confidence in their manager. They were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.