

# Pathways Care Group Limited

# Newlands

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Newlands 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.

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

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 6 October 2015, the service was rated 'Good'. At this inspection we found the service was now rated overall 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

This inspection was completed on 23 March 2018 and there were five people living at Newlands.

A registered manager was in post and they managed both Newlands and a 'sister' service owned by the organisation. A registered manager is a person who has registered with the Care Quality Commission 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.

Improvements were required to the service's arrangements to assess and monitor the quality of the service. The quality assurance arrangements had not identified the issues we found during our inspection to help drive and make improvements. Appropriate arrangements were not in place to review and investigate events and incidents and to learn from these.

Not all staff who administered medication had up-to-date medication training or training relating to the specialist needs of people using the service. The registered manager had not trained as an accredited trainer to enable them to provide and deliver staff with training in specific topics. Where staff had no previous care experience, a robust induction such as the 'Care Certificate' had not been considered at the earliest opportunity.

Staff understood and had a good knowledge of the key requirements of the Mental Capacity Act [2005].

Suitable arrangements were in place to ensure that people's rights and liberties were not restricted. Staff supported them in the least restrictive way possible and people were routinely asked to give their consent to their care, treatment and support. Although people's capacity to make day-to-day decisions had been considered and assessed, where more significant decisions were required, improvements were needed to ensure a 'best interest' assessment was considered.

People were protected from abuse and avoidable harm. People living at the service confirmed they were kept safe and had no concerns about their safety and wellbeing. Policies and procedures were being followed by staff to safeguard people. People received their medication as they should. Risks to people were identified and managed to prevent people from receiving unsafe care and support. People were protected by the registered provider's arrangements for the prevention and control of infection.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. Social activities were available for people to enjoy and experience.

Comments about staffing levels from people using the service and staff were positive. The deployment of staff across the service was observed to be appropriate and there were sufficient staff available to meet people's needs to an appropriate standard at all times.

People's nutritional and hydration needs were met and they received appropriate healthcare support as and when needed from a variety of professionals and services. The service worked together with other organisations to ensure people received coordinated care and support.

Information about how to make a complaint was available. People confirmed they knew how to make a complaint or raise concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Improvements were required to review and investigate events and incidents and to learn from these.

Although medication arrangements were positive, not all staff had up-to-date medication training.

The deployment of staff was suitable to meet people's care and support needs.

The registered provider's arrangements to safeguard people from abuse were safe and people told us they had no concerns for their safety and wellbeing.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Improvements were needed to ensure staff received appropriate training relating to the needs of people using the service and the registered manager undertook suitable 'train the trainer' courses where they delivered training to staff.

Suitable arrangements were not in place to make sure newly appointed staff received a robust induction.

Staff received regular formal supervision but where actions were recorded, there was limited evidence available to demonstrate these had been monitored and followed up.

Improvements were needed to ensure where 'best interest' assessments were required for more significant decisions these were completed.

People had their nutritional and hydration needs met.

### Is the service caring?

**Good** ●

The service was caring.

People were positive about the care and support provided by staff. People told us staff were caring and kind and their needs were met.

Staff demonstrated an understanding and awareness of how to support people to maintain their dignity, respect and independence.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided sufficient detail about a person's care and support needs and how this was to be delivered by staff.

People who used the service were engaged in social activities that suited their needs and interests.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints. People were confident that their complaints would be listened to, taken seriously and acted upon.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements were required to the quality assurance arrangements as these measures were not as robust as they should be.

The service involved people in a meaningful way and worked in partnership with other agencies.

# Newlands

## **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 was planned to check 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.

This inspection took place on 23 March 2018 and was unannounced. The inspection was undertaken by one inspector.

We reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people, two members of staff, the deputy manager and the registered manager. We reviewed three people's care files and three staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

# Is the service safe?

## Our findings

Information provided identified people who could become anxious and distressed; and which could cause them to behave in a way that may challenge others. Staff spoken with had a understanding and knowledge of the risk management strategies in place to enable them to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty.

Although these strategies were in place, one person's daily handover records for January and February 2018 consistently showed incidents whereby they became anxious and distressed, resulting in self injurious harm towards themselves, altercations with others living at the service and members of the public within the local community. Whilst detailed reports were completed for some incident's, these were not routinely or consistently completed and information recorded did not always provide adequate evidence of staff interventions, actions and outcomes. We also noted that the majority of incidents occurred when the same two members of staff were on duty. We discussed the latter with the registered manager. The registered manager told us that although they were aware of this, an analysis of the information had not been conducted and the issues highlighted had not been addressed with either member of staff by the registered manager or the registered provider. This showed that appropriate arrangements were not in place to review and investigate events and incidents and to learn from these.

We discussed safety with people using the service. They told us they had no concerns and that the service was a safe place to live. One person said, "I really like it here. I feel safe." Another person told us, "Safe, yes I am." Staff had a good understanding of how to keep people safe and did what they could to ensure people's safety was maintained at all times.

Effective safeguarding arrangements were in place to keep people safe. People using the service were supported to express concerns about their safety and welfare to staff. Two safeguarding concerns had been highlighted since our last inspection to the service in October 2015 and had been managed appropriately. Staff were able to demonstrate satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures. Staff told us they had not needed to use it whilst working at the service but would not hesitate to do so if required.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and information recorded within peoples care plans identified risks associated with people's care and support needs and how to mitigate them. For example, these related to the risks involved in enabling people to access the community safely, where people refused medication, undertaking social activities and the risks posed that related to specific medical and healthcare conditions.

Environmental risks for the service were viewed, particularly those relating to the service's fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety and

confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. However, specific information relating to people's individual Personal Emergency Evacuation Plans (PEEP) had not been devised despite the service's fire emergency plan detailing this should be completed. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency. Not all staff employed at the service had participated in fire drills within the last 12 months. Both areas for improvement were discussed with the registered manager and an assurance provided that these would be actioned and completed.

People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. Our observations showed that people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included enabling and supporting people to carry out their chosen activities both 'in-house' and within the local community. Staff confirmed there were always sufficient numbers of staff on duty to meet people's needs.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Information showed that equality and human rights characteristics were considered and taken into account when recruiting staff to the service. Staff recruitment records showed recruitment procedures were in line with the registered provider's policy and procedure. Relevant checks were carried out before a new member of staff started working at the service. These included processing applications, obtaining a full employment history, gaining written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews.

Although the above was positive, a written record was not completed or retained to demonstrate the discussion had as part of the interview process and the rationale for staff's appointment. This showed that robust measures had not been undertaken to retain information recorded to enable the registered provider's representative to make an initial assessment as to the applicant's relevant skills, competence and experience for the role and; to narrow down whether or not they were suitable. We discussed this with the registered manager and they told us they would discuss this with their direct line manager.

People's medication preferences were documented so staff knew how to give medicines in a way that suited that person. No one was identified as requiring their medication to be given without their knowledge or consent. We looked at the Medication Administration Records [MAR] forms for four people using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. No safety concerns had been identified in relation to medicines management since our last inspection in October 2015 and there was no evidence to suggest that people's behaviour was being controlled by excessive or inappropriate use of medicines. Although staff had had their competency assessed within the last 12 months, not all staff had up-to-date medication training. This was discussed with the registered manager. They told us they would contact the organisation's training department to ensure this was undertaken for staff as a priority.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.



## Is the service effective?

### Our findings

People had their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

Arrangements were in place to ensure that staff received training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date, with the exception of medication training. Additionally, there was little evidence to show that staff had received specific training relating to the specialist needs of the people being supported and despite not all staff having experience of working with this group of people. The registered manager confirmed they delivered the majority of training to staff by means of DVD's and the completion of questionnaires. Although the registered manager had many years' experience, they had not trained as an accredited trainer to enable them to provide and deliver staff with training in specific topics. Therefore we could not be assured that staff had been trained by a skilled and competent person. Additionally, where staff had completed mandatory training and there was evidence of a completed questionnaire, none of these had been checked and evaluated to measure the impact of training undertaken by the individual staff member. The registered manager was unable to provide a rationale for this omission, however they confirmed that the registered provider now had a person responsible for implementing staff training within the organisation.

The registered manager told us staff received an induction comprising of training in key areas and an 'in house' introduction to the service and organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Staff were also required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they had not attained an appropriate National Vocational Qualification [NVQ] or qualification in line with the Qualification and Credit Framework [QCF]. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. At the time of our inspection, one member of staff employed in December 2017 had not commenced the Skills for Care 'Care Certificate' or an equivalent robust induction programme, despite having no previous experience within a care setting. The registered manager confirmed the above had been their oversight and the member of staff would commence this as soon as possible. A copy of the first two standards were printed out and given to the member of staff to complete on the day of inspection.

Staff told us they were supported and received regular formal supervision. Though supervisions had been completed at regular intervals, as part of good practice procedures, no agenda was compiled to ensure key topics were routinely explored and discussed. For example, to follow-up on actions highlighted during the previous supervision, allowing staff the time to reflect on their practice and key-worker role and to discuss their professional development. Where the registered manager had concerns about staff's practice, these had not been explored and recorded detailing how these were to be addressed and monitored. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

People told us they were consulted by staff to plan the weekly menu and were offered the opportunity to participate with regular grocery shopping. One person told us, "The food is good." Another person told us, "The food is nice." Our observations showed that people received sufficient food and drink of their choice throughout the day and mealtimes were flexible to suit their needs. For example, one person regularly chose to eat their main meal late in the evening and on their own. Where people were able to, they were encouraged to make their own breakfast, snacks, lunch and drinks. People were also supported by staff to assist with meal preparation. At the time of the inspection, no-one had any cultural and religious requirements relating to their nutrition and hydration needs. Where people were at nutritional risk or required support and advice from a healthcare professional, this had been sought, for example from the Speech and Language Therapy [SALT] team and NHS dietician. Our observations showed that where guidance was in place by the SALT team or dietician, this was followed by staff.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of a range of external organisation's and agencies.

People told us their healthcare needs were well managed. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Each person had a healthcare 'grab sheet' and a hospital passport. The latter provides hospital staff with important information about the person at the time of their admission either to the hospital or A&E department. Questionnaires completed and returned by three healthcare professionals recorded the quality of the service at Newlands as either, 'Excellent', 'Very Good' and 'Good.'

Whilst people using the service lived in a safe, well maintained environment, the décor of the premises was noted to be tired and worn. We discussed this with the registered manager and they confirmed that the registered provider's estates department had visited the service in recent months to establish a refurbishment plan for Newlands. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them. People had access to comfortable communal facilities, comprising of a large lounge, conservatory and separate dining area.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were observed during the inspection to uphold people's rights to make decisions and choices, even if these were ill-advised and unwise. Information available showed that each person who used the service had had their capacity to make decisions assessed, with the majority of people being assessed as having capacity to make decisions.

During the inspection the registered manager told us and records confirmed that one person could become

very anxious when requiring medical treatment and attending healthcare appointments. The registered manager confirmed the person was assessed as having variable capacity to make decisions about their care and treatment. Healthcare records showed this person recently required medical attention but refused the treatment being suggested. However, following a discussion with the person's family and medical staff, the person was sedated to enable the medical intervention to be carried out and completed. The registered manager verified the person's family did not have lasting power of attorney arrangements in place for health and welfare and were unaware if a 'best interest' assessment had been conducted by the NHS hospital. In addition, no records were available to show that an assessment as required by the Local Authority relating to more 'significant decisions' had been completed by the service and an Independent Mental Capacity Advocate [IMCA] considered, despite the person being unwilling and resistant to accept medical attention and treatment.

## Is the service caring?

### Our findings

People told us they liked living at Newlands and received good care and support by staff. One person told us, "The staff are nice. The staff look after me." Another person told us, "I like it here, it is fine." A third person who spoke very softly and was cautious about speaking to us, indicated by non-verbal cues that they were happy residing at the service and liked the staff.

Our observations showed that people received good person-centred care that met their needs. People valued their relationships with the staff and spoke positively of individual staff members. We noted that people had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service and observed good humoured banter and discussion throughout the inspection. We saw that people and staff were relaxed in each other's company, had a good bond and staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, to speak softly and gently with one person and to simplify questions and responses with others. People were addressed by their preferred names and staff interacted with people in a kind way, taking time to listen closely to what people were saying to them. Staff confirmed that no-one at the time of the inspection required specific technology or communication aids to help them to communicate.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. A written report had been completed providing an analysis of the findings. No concerns were recorded for corrective action. Information about local advocacy services was displayed and available within the service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They suggested to us that the care and support was provided in the least intrusive way and they were treated with dignity. People were supported to be as independent as possible. The registered manager and people using the service told us and records confirmed that three out of five people accessed the local community independently and used public transport, such as buses and taxis to undertake their chosen activity, for example, music therapy. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths, for example, people were encouraged to support their own nutrition and hydration needs. People ate and drank independently and attended to their own personal hygiene needs. Some people depending on their mood and frame of mind were encouraged, supported and enabled to undertake household chores, such as completing their personal laundry, cleaning and tidying their bedroom.

## Is the service responsive?

### Our findings

People using the service indicated they received good personalised care and support that was responsive to their needs. Recommendations and referrals to the service were made through the Local Authority. An initial assessment was completed by the Local Authority and together with the registered provider's assessment, this was used to inform the person's care plan.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to the person and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where people's needs had changed. For example, one person's care plan had recently been updated following a recent deterioration in their healthcare needs. Staff spoken with were aware of the changes and the care and support to be provided to ensure the person's health and welfare.

People were able to maintain relationships that matter to them, such as with family members and others; and included both heterosexual and single-sex relationships.

People confirmed to us they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community, including adult education classes.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection to the service in October 2015. People told us they would speak to a family member or staff if they had any worries or concerns.

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care so as to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals and provide support to people's families and staff employed at the service.

## Is the service well-led?

### Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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. In addition to being the registered manager of Newlands they also managed a 'sister' service of the organisation. The registered manager confirmed there was no structure as to the 'set' days spent at either service. Since our last inspection to the service in October 2015, a new deputy manager had been appointed and they worked closely with the registered manager, deputising for them when the registered manager was not available.

Staff were complimentary about the registered manager and deputy manager and confirmed they liked working at Newlands. The registered manager knew the people they cared for well and had a good relationship with the staff team. We saw that people using the service and staff were very comfortable with both the registered manager and deputy manager and spoke freely with them during the inspection.

The registered manager told us that information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals to help identify and manage risks to the quality of the service and to help drive improvement. The registered manager confirmed that a report of their findings was collated and forwarded to the registered provider each week. In addition, an internal review by a representative of the organisation was completed at regular intervals, however only one visit had been reported on and completed for the period 2017. The registered manager was unable to provide a rationale for this other than they had been without a service manager for several months.

Quality assurance arrangements had not identified the areas for improvement we found as part of this inspection. This meant that these arrangements were not as robust as they should be and improvements were required. This referred specifically to not all staff having up-to-date medication or other training relating to the specialist needs of people using the service. Improvements were needed for people who could be anxious and distressed to ensure staff's interventions and outcomes were clearly recorded, information analysed, actions addressed and lessons learned. Weekly reports forwarded to the registered provider did not accurately detail the number of incidents that had occurred at the service and therefore this depicted an inaccurate account of events. Robust arrangements were also needed to ensure staff commenced a robust induction at the earliest opportunity following their appointment.

People, those acting on their behalf, external professionals and staff had completed an annual satisfaction survey in September 2017. The results of these told us that people using the service and relatives were happy and satisfied with the overall quality of the service provided. Staffs comments were generally positive, however where a score of 'poor' was recorded, no action plan had been devised to evidence this had been explored and addressed. This referred to not all staff feeling that the training provided or level of information received was of a good standard.

Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and included the topics discussed and the actions to be taken. However, action plans were not in place to address and monitor the issues raised. People using the service were allocated a member of staff as a 'key-worker' and individual 'key-worker' meetings were held to discuss anything they wished to talk about and to ensure there was 'open' communication.