

Pathways Care Group Limited

Newlands

Inspection report

578 Ipswich Road
Colchester
Essex
CO4 9HB
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Website: n/a

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 6 October 2015 and was unannounced. Newlands is a residential care home that provides accommodation and personal care for up to eight people. Newlands provides a service to people who have a learning disability and/or autistic spectrum disorder and may have mental health needs or a physical disability. On the day of the inspection five people were using the service.

At the time of the inspection there was a registered manager 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.

Our last inspection of this service was on 14 May 2014. We found the service under our inspection methodology of the time was non-compliant with regard to the safety and suitability of the premises. We asked the service to provide us with an action plan of what they intended to do regarding these matters. The service did supply an

Summary of findings

action plan within the timeframe set, which informed us of the actions taken. We checked this information when we inspected the service and found the service had taken the steps that it stated it would on the above concerns.

The provider had plans in place to deal with emergencies that may arise. Maintenance of the property was carried out promptly. Checks on fire safety and fire-fighting equipment had been completed in accordance with the provider's policy and manufacturer's instructions.

The service had systems in place to manage risks to both people and staff. The staff had a good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for the staff to use if they had any concerns.

There were sufficient members of staff allocated to both day and night shifts to provide support to the people living at the service. The provider completed recruitment checks on potential new members of staff. New staff received induction training and there was on-going training for all staff plus supervision and an annual appraisal.

There was a system to ensure people received their medicines safely and appropriately. The quality of the service was monitored by the registered manager through gaining regular feedback from people and their representatives and the auditing of the service. The service had documents which recorded that people consented to the support provided.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to registered care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at the records and discussed (DoLS) with the manager. They told us that (DoLS) records and assessments were in place and we found the provider was following the necessary requirements.

People had access to food and drink and all people at the service were registered with GP's and Dentists.

People were treated with kindness, dignity and respect. People were involved in decisions about their support as far as they were able to do so. People's support needs were reviewed regularly. The manager ensured that up to date information was communicated promptly to staff.

Prior to anyone coming to the service an in-depth assessment of people's needs was completed to ensure the service could meet their needs. The service operated a complaints procedure designed to support people make a complaint and resolve matters as far as possible to everyone's satisfaction.

Staff felt well supported by the manager and said they were listened to if they raised concerns and action was taken straight away if necessary. We found an open culture in the service and staff were comfortable to approach the manager for advice and guidance.

Summary of findings

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.

Robust recruitment procedures were followed thoroughly.

The provider had plans in place to manage emergencies.

There was sufficient suitably skilled and experienced staff to meet people's needs.

Risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements.

Good



Is the service effective?

The service was effective.

People were supported by staff who received relevant training to enable them to meet their needs. Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain independence.

People were encouraged to express their views.

People's privacy and dignity were maintained and people were involved in their care.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed. They and their relatives were involved in planning their care.

People were offered choice and their decision was respected. People were supported in a personalised way.

Information on how to make a complaint or raise a concern was readily available.

Good



Is the service well-led?

The service was well-led.

The service encouraged people to express their views and people said staff listened to them and supported them.

Good



Summary of findings

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had many opportunities to maintain links with the community.

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.

The inspection was carried out by one inspector on 6 October 2015. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we checked the information we held about this location and the service provider. This included inspection history, safeguarding complaints and notifications. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

During the inspection we spoke with four people who used the service and four members of staff, including the registered manager, area manager and two care workers. We observed staff supporting people during the course of the day.

We reviewed two recruitment records, two staff records and three support plans of people who used the service. We also examined complaints, surveys and various monitoring and audit tools.

Is the service safe?

Our findings

One person told us. "I like living here, because I feel safe." They said they felt safe because they knew the staff and considered that they cared for them.

The manager had considered how people could be protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take, if they felt people were at risk. There was a policy and procedure which included the details of who to contact with safeguarding concerns. Staff were aware of the company's whistle blowing procedure and were confident to use it if the need arose. A member of staff told us. "I am confident the management would take me seriously if I raised a concern." We saw from the service's safeguarding records that any allegations were taken seriously and recorded. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations.

Risk assessments were carried out and reviewed regularly for each person at the service. The risk assessments aimed to keep people safe whilst supporting them to maintain and develop their independence as far as possible. The plans we saw were personalised and linked to the person's overall support plan. One person's record showed a specific risk related to a physical condition. The guidance in the support plan drawn from the risk assessment explained how to manage and reduce the risks associated with the condition. This included explaining and providing education to the person, so the staff would work with them to reduce the risk.

We saw detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment were in place. An up to date fire risk assessment for the buildings was in place.

The fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills were conducted at least twice each year and were arranged at different times of the day.

There were procedures to record accidents and incidents. Incidents and accidents were recorded by staff and investigated by the manager. Analysis of incidents and accidents was discussed with the staff team to identify actions to reduce the likelihood of them happening again in the future.

Recruitment practices were in place and designed to help to ensure the service only employed people suitable to support people living at the service. All applicants had to complete an application form and those short-listed were invited to attend the service for an interview. Disclosure and Barring Service (DBS) checks were completed to determine if the applicant had a criminal conviction that prevented them from working with people that used the service. References from previous employers were obtained to check past performance in other employment.

Staffing levels were dependent upon the needs of individuals being supported at the service and were flexible in relation to undertaking activities or should people become unwell. Some people were supported on a one to one basis during the day. The manager had considered and adjusted the night staff arrangements in recent times to take account of the changing needs of the people at the service. These staffing levels ensured people's needs were met promptly in line with their support plans.

People's medicines were stored in their individual rooms. One person told us. "I am not sure when I am supposed to take some of my medicines, but the staff are and they help me." Staff who were involved in medicines management had their practical competency tested and received training in the safe management of medicines. The provider had a clear medicines policy and procedure. Each person had been assessed to ensure the support they required with their medicines was individualised. Medication records were detailed and provided information on how each person liked or needed their medicine to be administered. The manager conducted audits of the medication arrangements.

Is the service effective?

Our findings

Individual meetings were held between members of staff and their supervisor on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. A member of staff told us, “During the meeting we check upon the training I have completed and book the future training I am to attend. During these meetings guidance was provided by the supervisor in regard to work practices and opportunity were given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff.

Staff received an induction program when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, diabetes and autism. One person told us, “The staff are clever they know how to help me.”

Staff meetings provided opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition there were opportunities for staff to contribute and express their views. Staff confirmed they attended staff meetings regularly. They told us they felt listened to at the meetings and found them helpful.

People received effective care and support from staff who were well trained and supported by the manager. Staff knew people well and understood their needs and preferences. They sought people’s consent before they supported them and discussed activities with them in a way people could understand. This included using pictures and gestures.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people’s capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for people who are, or may become, deprived of their liberty. The manager explained to us their understanding of DoLS and the procedures they had implemented to ensure people’s rights were protected. We saw documentation which supported what the manager had told us.

Staff worked with people to ensure they had sufficient to eat and drink and according to their choices. Each person’s choices, likes and dislikes were recorded in their care plan. People went shopping with staff to purchase food they would prepare and cook. Activities included eating out where individuals were free to make their own choices. Staff recorded and monitored people’s diet, guiding them when appropriate on healthy choices. One person had worked with the staff and a dietician with positive results from a change of foods they ate. They were very pleased with the results. They told us how much better they felt due to the change of diet and lifestyle. In particular they had to buy some new clothes and they had enjoyed the shopping trips.

All people had their own GP and Dentist. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were supported to keep as healthy as possible. People’s health needs were identified and effectively assessed. Each person had a health and well-being section within the support plan. This included the history of people’s health and current health needs. Additionally people had hospital passports so that hospital staff would know how to offer care, if necessary. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people’s health could be easily accessed, including in an emergency situation.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person showed us their bedroom and, as they did, explained how the staff had supported them to personalise it. They did this with gestures of thumbs up and smiling with regard to the names of staff. On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the manager of the service, area manager and supporting staff. We heard staff asking people for their opinion and offered choice and help when required.

The staff had detailed knowledge of the people using the service. The manager explained that the staff were given time when they commenced working for the service to get to know people and read their support plans. The support plans included a history of the person. The manager also operated a keyworker system. This meant that, while all staff worked with all people using the service, each member of staff was assigned to work with one individual on a one to one basis at times during the week. This had resulted in staff building up knowledge regarding what people liked to do, the type of thing that may upset them and what actions would help to reduce anxiety or distress. A member of staff told us that each situation was assessed as it arose but staff were guided by what had worked in the past. When upset one person liked spend time on their own, while another person liked to talk to a staff member.

Staff told us that handover meetings were well structured. A member of staff told us. "My colleagues are supportive and knowledgeable. Another member of told us. "I like working here as we have enough time to spend with the people and also to write information down."

Although some people using the service had a range of communication difficulties, staff ensured they were involved in making decisions about their support. Staff were able to give examples of how people communicated their needs and feelings and we saw information was displayed in picture format to help people understand such things as choice of activities.

People's diversity was respected in order to provide individualised support. The support plans gave detailed descriptions of the people to be supported their individual needs and how support was to be provided. There had been input from families, historical information, and

contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of support included people's life choices, aspirations and goals. This included planning for the future and developing skills such shopping and travel training to enable the person to increase their own independence.

People's privacy and dignity were respected. People's bedroom doors were closed or left open as per their choice. We observed people going and returning from various activities and we saw that people were treated with respect and dignity. A member of staff told us. "You have to stay calm and patient in your manner." They explained that the staff tried to be on hand when people returned home to see if they were ok and if they wanted to talk about anything at that time.

People's independence was further promoted by having the opportunity to join education classes at the local colleague. We saw that some people had achieved awards for their individual studies. Each person had their own weekly timetable which was not rigid to take into account people's feeling and views at the time. But the timetable did include rest time as well as an active programme of events for the person to pursue, some of which were individual while others were group activities.

A person had recently passed away at the service which was an extremely upsetting time for people living there and the staff. The person had lived at the service for quite some time and when diagnosed as terminally ill, it was their choice to stay in their own home. The service staff worked with other specialist professionals to respect the person's choice. We saw many compliments including those from family members about the quality of support and respect given to their relative so they could pass away at their home, as they did not want to be admitted to hospital.

To support all people and staff the service had sought and provided specialist help during and after the person had passed away. The manager informed us that all of the staff were in shock from the unexpected diagnosis and the speed of which the person became unwell and died. A member of staff told us the support provided during this time was. "So very good. This supported us to provide the support we need to give at that time."

Is the service responsive?

Our findings

People's support plans were individualised and focussed upon the support they required. We saw in the records that the views of family and professionals had been involved in helping to develop the support plans. One person told us, "The staff came to meet me before I came here and we look at the support plan together at times, to check it is alright."

We saw that an assessment had been completed prior to the person coming to the service. Service staff had worked extremely hard to locate people involved in the persons care to seek their views to assist with a smooth transition to the service. The service had continued to seek other professionals to be involved with the review process to determine if the person had settled into the service.

Information in people's support plans included people's daily routines, their preferences and how to support their emotional needs. The plans were written identifying what people could do for themselves and with what they required support.

Support plans were reviewed annually and this was moving to six monthly or more frequently if a change in a person's support was required. The service prepared detailed

information prior to formal review meetings. The accuracy of the support plan was checked monthly by the keyworker and overseen by the manager. We saw records and amendments to the support plan which confirmed this was happening.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. We saw activities included going bowling, cooking, shopping and swimming. One person said, "They are plenty of activities to do."

The provider had a complaints policy, procedure and a complaints log to record any complaints made. At the time of the inspection there were no outstanding complaints. The manager told us that staff worked with people every day and knew people well, so any problems could be identified and action taken to resolve. Complaints were logged and the manager talked us through how they would respond to a complaint and explained process used to resolve the last complaint. We also saw that the service had a number of compliments from various people about the support provided.

Is the service well-led?

Our findings

The manager informed us that the service worked towards having a positive and open culture. We saw that the service had a statement of purpose of which the staff were aware. The staff we spoke with were aware of their responsibilities and understood how they related to the wider team. Staff informed us the manager was available to provide support and advice when required.

A member of staff told us, “There is an open door to the manager and they are helpful.” Staff spoke positively about the constant support they received. The manager told us that they worked shifts at times during each month alongside the staff to support them and show leadership. They told us that this kept them in touch with what was happening and to maintain relationships with people and their staff.

During the course of the inspection the manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. A person told us, “They are very supportive and leads the service for the benefit of the people here.” Another member of staff told us, “They act quickly to solve any kind of problems that come about.” The manager told us there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The area manager told us links to the community were maintained by supporting people to engage in activities

outside the service. This was regarded as crucial to ensure that people’s well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People accessed the swimming pool, sports centres, local shops, coffee shops and attended social activities of their choice.

A robust programme of audits was completed by the manager. A monthly audit report identified actions needed to manage any issues found. Monitoring of significant events such as accidents and incidents was undertaken. This was in order to identify any trends or patterns so that action to reduce any reoccurrence could be taken without delay. The manager undertook to ensure that this was followed up with those relevant staff. In addition to the audits carried out by the manager, the area manager worked with them through supervisions and visiting the service to compile a monthly report. This identified positives and issues needing to be resolved and how this was to be achieved. The provider also completed additional checks including health and safety and reviews of financial records.

The service worked closely with health and social care professionals to achieve the best support for the people they supported. They had strong links with the specialist community nurse teams and relatives. The manager told us, “We work in partnership with professionals.” People’s needs were accurately reflected in detailed plans of care and risk assessments which were positively written and were easy to follow in a logical order.