

Huntercombe (Loyds) Limited

Pathfields Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Pathfields Lodge is a residential care home that was providing personal and nursing care to 30 people at the time of the inspection.

People's experience of using this service.

Checks and records made during recruitment processes were insufficient and did not evidence that staff were safe to work with vulnerable people.

People were exposed to the risk of harm in a number of areas around the building.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found in relation to recruitment and environmental safety.

Care plans were not well-organised and did not always contain accurate or up to date information. This made it difficult to find important details about people's needs.

In line with the Mental Capacity Act, 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.

The service didn't always (consistently) apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support due to a lack of choice and control and limited inclusion in care planning.

People and relatives were happy with the service they received. We were told, "I'd be very happy to recommend Pathfields to anyone looking for a nursing home for their family," and "I have nothing but praise for my relative's carers."

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

Staff received varied training to enable them to carry out their roles effectively.

Staff enjoyed working at the service and felt supported by each other and the registered manager. We were told, "It's a good team," and "[Manager] is very supportive."

When there were complaints or concerns, the registered manager dealt with them appropriately and put

measures in place to reduce the likelihood of recurrence.

The registered manager recognised the importance of retaining staff and was keen to improve the service and promote good practice.

Rating at last inspection. Rated good, report published 3 November 2016.

Why we inspected:.. This was a scheduled inspection based on the rating at the last inspection

Enforcement. At this inspection, we found the service to be in breach of three regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Follow up. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Pathfields Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team.

The inspection was carried out by one inspector, a Specialist Advisor who was a nurse and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, experience of being a family carer of someone with a learning disability.

Service and service type.

Pathfields Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection.

This inspection was unannounced. Inspection site visit activity took place on 16 and 17 May 2019.

What we did.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information from the Local Authority, Healthwatch and the Food Standards Agency.

During the inspection, we spoke with ten people who used the service and four relatives. We had discussions with seven staff members including the registered manager, senior clinical nurse advisor, care staff and the cook.

We also spoke to an independent advocate who was visiting the service.

We looked at the care records of six people who used the service to see whether they reflected the care that was required. We also looked at four staff recruitment files and records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- There were areas of the building where people were exposed to risk. For example, next to the main lounge area a cupboard which housed the mains electrical supply and fuse boxes had been left insecure and accessible despite displaying warnings signs of high voltage. One smaller cabinet within this cupboard still had the key in the lock. In the activities room, a number of electrical appliances were plugged into a single extension lead and electrical cables were tangled together and trailing on the floor, posing a hazard.
- The service had experienced a recurring issue with wasps in and near the building in the last few years. There were signs instructing the windows of the upstairs activities room should be kept closed due to the presence of wasps, however, there were a lot of dead wasps in the room. Although we saw records that showed a pest control company had been called out a few days before our inspection, measures to allow people to safely use the activities room had not been explored.

The provider had failed to ensure premises were safe to use or used in a safe way. This was a breach of Regulation 12 (1) (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans contained appropriate risk assessments, for example when people were at risk of falls or malnutrition. These included environmental and individual risk assessments and provided staff with guidance on actions to take to reduce the risk. These were regularly reviewed, allowing new information to be recorded, however, information throughout care plans was duplicated and presented in a way which made it difficult to effectively assess people's needs.
- Personal Emergency Evacuation Plans (PEEPs) had been completed for people and these were easily accessible. This meant important information could quickly be shared with the emergency services in the event the building needed to be evacuated.

Staffing and recruitment.

- Staff were not asked to provide a full employment history when applying for jobs and the manager had not explored gaps in employment history to make sure they were safe to carry out their roles working with vulnerable people.
- The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. All employees' Disclosure and Barring Service (DBS) status had been checked. However, when staff had previous convictions, the service had not completed clear and detailed assessments of the risk they may pose.

The service had failed to establish and operate an effective recruitment process. This was a breach of

Regulation 19 (2) (a) and (5) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe with the staff who cared for and supported them. One person said "I feel very safe here, I can go with my electrical scooter everywhere, my room is spacious and I have my own shower room. Having a complex condition...being in a safe place means having medical staff to keep an eye on me." A relative said, "[Person] is safe here because [they have] carers who are good...I have full confidence in their capabilities and knowledge about [person's] condition and how [they are] supported. If there are any problems I would be updated immediately."

Systems and processes to safeguard people from the risk of abuse.

- Staff had completed safeguarding training and told us they knew how to report concerns. They felt confident the manager would handle any issues appropriately.
- We saw posters displayed in staff rooms which contained safeguarding and whistleblowing information such as reminders on processes and contact details for partner agencies. This helped ensure that staff could easily report any concerns.

Using medicines safely.

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following appropriate protocols for the receipt, storage, administration and disposal of medicines.
- When people received medicine covertly, we saw staff had sought advice from relevant professionals and completed the appropriate paperwork.
- People's medicines were administered by qualified nursing staff. We saw that medicines training and competency assessments were carried out to establish the staff who administered people's medicines followed the providers' medicines policy.
- Some people received medicine through a tube in their stomach called a percutaneous endoscopic gastrostomy (PEG). We saw that these were appropriately managed and cared for.

Preventing and controlling infection.

- Staff completed training in good hygiene practices and preventing and controlling infection. Alcohol hand gel dispensers were available at regular intervals throughout the building to help staff and visitors reduce the spread of infection.
- Communal areas were clean and free of odour. People's rooms and en-suite bathrooms were clean.
- The cook recognised the importance of maintaining good hygiene to reduce the risk of food contamination. The kitchen was clean, food and equipment were stored appropriately and the service had received a rating of 5 stars from the food standards agency.

Learning lessons when things go wrong.

- The registered manager took steps to learn from accidents and incidents. Information was analysed and investigated, and action taken to identify suitable solutions to address any risks identified. Learning was shared with staff, for example, we saw memos reminding staff of the requirement to record certain incidents and asking them to ensure fire exits remained clear and unobstructed.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment. There was evidence of mental capacity assessments, when needed, and their outcomes.
- We saw that applications for DoLS had been completed and submitted appropriately.

Staff support: induction, training, skills and experience.

- People told us staff received the right training to support them. One person said, "My relative has a specialist nurse, who is trained in [relative's] condition, it's very helpful they have such specialised staff."
- We saw that staff completed a wide variety of training during their induction and staff told us this enabled them to undertake their role. One staff member told us, "The induction was very good. PEG training and tissue viability was something I'd never done before."
- Staff were well-supported by the manager and their colleagues. Staff told us, "For me, the best thing [about working at Pathfields Lodge] is the staff, and management is very supportive and reactive," and "It's a good team - everyone is willing to help and advise each other."
- The registered manager recognised the importance of retaining good staff and offering career progression. The provider ran a programme called 'Grow Your Own Nurses' in which existing care employees were supported and funded to qualify as registered nurses. A reward scheme called 'Huntercombe Heroes' was in place in which people and relatives could nominate staff for recognition of good work.

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

- Staff had completed training in nutrition awareness and modified diets, and people were supported by staff who understood their needs. One person said, "Staff are helpful to help me eat right: I have [condition] and I have to watch what I eat. They know a lot about my condition and they help me to stay healthy."

- The cook had a good understanding of how to support people on modified diets, such as those who needed a softer diet due to swallowing difficulties. Information about people's needs was clearly recorded in the kitchen.
- Mealtimes were not rushed and people were supported to eat food they had chosen. We were told, "My relative is a very fussy eater, but [staff] try to please [them]; when its battered fish, which [they] hate, [staff] give [them] tuna, which [they] like...Carers come and make sure [relative has enough to] drink," and, "The choices and variety of food is well balanced, my relative can't really decide so I come every day and help [them]. It's not fine dining but is well cooked, homely meals. And plenty of it."

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

- Where people needed support from other healthcare providers such as GPs or Speech and Language Therapists (SALT), referrals were made promptly and advice was incorporated into the way people were cared for. One person told us, "I saw a doctor last week, he came to check on me. But staff ask me every day how I feel and if I need anything." A relative told us, "My [relative] is on a soft diet - the staff called in SALT because [relative] requires support."
- People's care plans included details of other healthcare professionals who supported them, and their contact details. This showed the service was working collaboratively with other agencies to ensure people received the correct care.

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

- The overall appearance of the inside of Pathfields Lodge was tired and lacked homely touches. The building is large and has the potential to offer high quality facilities for people. Some areas, such as a fully fitted bar area were not being used at all and others, whilst being used on an occasional basis, were not freely accessible to people.
- The provider was making improvements to the building, for example, vinyl flooring had recently been installed throughout which was easy to keep clean, and the manager told us of plans to improve the roof of the conservatory, which is used as the main dining area, so it is comfortable to use all year round. The shared areas of the home would benefit from further work to provide a more welcoming environment.
- We saw that some people's rooms were personalised and decorated according to their choice. One person had a very large train set on display and the manager told us how important it was to this person to be able to have it with them. Another person told us, "My freedom is here in my room - I have everything to help me. When I moved here, they helped with decoration, fresh painting and furnishing."
- People, relatives and friends had started a project to improve the extensive gardens and make them more accessible. Plans include a woodland walk, herb and vegetable planting and raised flower beds. This will encourage people to be involved with their environment and improve their quality of life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were supported by staff who cared about them. We were told, "The best bit about working at Pathfields is seeing people come in for respite and leave again, healthy and happy. I feel I've achieved something," and, "I know people well so I know their likes and dislikes."
- People spoke positively about the care they and their relatives received. We were told, "I like all the staff, but the person I like to go out with is my keyworker, we like to go to the cinema"; "I have nothing but praise for [relative's] carers, they look after [relative] with professionalism but they also cheer them up...and they know them well, better than me. They also know me well and offer support, it's not always easy for me either," and "My [relative] looks so much better in this place just because of good carers, he is dressed well, clean, shaved. He has a lot of attention and interactions...it's so important he is surrounded by people."

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

- People and their relatives, where appropriate, were involved in care planning. We were told, "My [relative] has all the care [they] need, [they] have complex needs...[My relative] smiles a lot. What more can I want? I come for visits three times a week, [relative] is well dressed, smells good. [Relative's] room is spacious and tidy and they have somebody coming to check them even in the night. It was a suggestion at last month's review and [staff] implemented it immediately," and "We do feel involved in decisions about [relative's] care."
- The manager ensured that people's views were listened to and acted upon. At the time of our inspection, an independent advocate was visiting. The advocate is available to all people who use the service and works particularly to support those who have additional communication needs. The advocate told us that the manager is very responsive to anything they raised on behalf of people and one person said, "The representatives from [name of service] come and they talk to people who are struggling to speak and they make notes and they listen. Its good they are there and we can talk to them, they are very helpful to have."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy was promoted. Some people's room doors had signs instructing staff to knock and wait before entering. One person said, "They are all very kind and polite, but sometimes knocking and waiting is very short. That is why [manager] started putting the signs up like in the doctor's surgery...not all people agreed to have it on their door. I think it's a good idea and I have it on mine."
- Staff considered people's comfort and dignity and were proactive in thinking of ways to maintain this. We saw that during a recent staff meeting, it was raised by staff and agreed by the manager that females using the service would be supported to seek expert fitting and supply of proper underwear.
- People told us staff were respectful. Relatives told us, "Staff are very solicitous of the residents, they act in the residents' best interests...I'd be very happy to recommend Pathfields to anyone looking for a nursing

home for their family."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- A lack of organisation made people's care plans difficult to understand. Records of reviews were inconsistent and additional information was not always dated. There was a lot of repetition. Some care plan documents were incomplete and contained information which conflicted with other records within the same person's plan.
- Records did not reflect what people and relatives told us about being involved in planning their own care.
- The registered manager told us that in response to feedback they are implementing an additional daily audit of care plans by the nurse in charge, ensuring records are clear, accurate and up to date.
- People had access to a well-stocked large activities room and there were staff dedicated to planning and carrying out group activities with people such as bingo and watching films as well as one-to-one activities. We were told that live bands visited the service and events were organised such as summer fetes and Christmas parties. One person said, "I like the activities here. But I also like having quiet time with my friends watching TV."
- The registered manager had purchased three tablet computers and these were available for people to use as they chose, for example, one person who spoke English as an additional language used the tablets to access newspapers from their native country and keep in touch with family and friends abroad.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, in the care plan of someone who spoke English as an additional language, we saw clear instructions for staff on how to aid communication. Where people experienced difficulties reading printed information, notice boards had devices attached with a push button which allowed a voice recording of the information to be played.

Improving care quality in response to complaints or concerns.

- The service had a complaints policy and we looked at complaints records. We saw that complaints were appropriately recorded and dealt with, and that learning was shared with staff to reduce the likelihood of recurrence. For example, after a complaint regarding staff using their personal phones whilst on duty, posters were put up in staff rooms as a reminder that phones should not be used.
- People knew how to raise concerns and were confident they would be dealt with properly. A relative said, "Any issues, I speak to staff and they ensure it is resolved adequately."

End of life care and support.

- In addition to the service having a policy to ensure people's wishes around their end of life care were followed, the registered manager had commenced a programme called Gold Standards Framework for End of Life Care in Care Homes. This provided additional training for staff, drop in support for people and

relatives, and regular audits of end of life plans.

- Information regarding advanced care planning was available in the main lounge for people to look at.
- People's care plans contained information regarding their choices for their end of life care, and a symbol system was used to identify when people had chosen in advance not to receive emergency healthcare.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were not sufficiently robust to have identified the shortfalls we found during inspection. For example, maintenance checks were completed monthly, however records showed one person's en-suite shower had been consistently recorded as out of service for 5 months and no action detailed as to how this was going to be addressed; staff had not identified issues relating to safety and door security; and where decisions had been made in relation to pre-employment checks these had not been documented.

The service had failed to effectively improve the quality of the services provided and assess and mitigate the risks relating to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- We saw the registered manager was well known to people, relatives and staff. One person said, "[Manager] is lovely, [they are] the best of all, [they are] always there in case people need to talk to [them]. [Manager] encourages [people] to talk asking "how are they" and if they need anything. My [relative] is a professional carer and was impressed with how this place is run." A staff member told us, "[Manager] is very supportive" and a relative said, "I know who the management are and they are visible."
- The registered manager was committed to driving improvement and was in the process of implementing a number of schemes to ensure changes were well managed, sustainable and in people's best interests. For example, where people's registered GP was not local, there had been difficulties in arranging GP visits, so the manager was actively seeking alternative GP provision with a local surgery in line with people's choices.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required. The most recent CQC rating was on display in the main lounge.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Care plans were not always written in a person-centred way. Information was sometimes written about people in the third person, rather than in people's own words.
- We found the culture to be one of openness and transparency. Staff felt well supported by the registered manager. We were told, "[Manager] is approachable."
- Regular competency checks and staff supervision were carried out by the registered manager to ensure care was of good quality and identify any training issues.

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

characteristics; Working in partnership with others.

- People told us they felt encouraged to be involved in the way the service was run. One person said, "I do like my routine here, I have people to interact with, but I also have my space to be on my own. I join residents meetings, yes, it's very important that we have the possibility to discuss what we would like to do."
- Regular staff meetings were held during which staff were asked to lead change and improvement through the registered manager's 'Conversation into Action' scheme. Staff were also asked to complete surveys on an annual basis and we saw action was taken following feedback when required. We saw very positive feedback from the most recent staff survey.
- Staff worked well with healthcare professionals including tissue viability nurses, opticians and podiatrists. The registered manager recognised the value of support from outside the service; volunteers from the local community supported people with activities and training for staff included input from local dentists, Cynthia Spencer Hospice and the Alzheimer's Society.

Continuous learning and improving care.

- The registered manager was receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.
- We saw the registered manager analysed information from accidents, incidents, complaints and concerns to drive improvement within the service. Information was shared with staff at the conclusion of any investigations to ensure the likelihood of recurrence was reduced.