

Pathways Care Group Limited

Wallace Lodge

Inspection report

401 Bamburgh Avenue
South Shields
Tyne and Wear
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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 ●

Summary of findings

Overall summary

Wallace Lodge is a purpose built detached bungalow which provides care and support for up to three people with a learning disability. At the time of our visit there were three people living at the home. This inspection took place on 12 May 2016 and was announced to ensure people who used the service would be present.

We last inspected the service in June 2014. At that inspection we found the service was meeting all the regulations that we inspected.

At the time of our inspection the service did not have 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. The registered manager had recently left the service following a number of years' service at the home. An acting manager had been appointed to provide interim management support for the home.

The home had a homely feel, communal areas were light and bright, people's rooms were decorated and personalised to their choice.

The registered provider carried out regular health and safety checks included checks of gas safety, electrical safety, electrical appliances and fire safety. Each person had a detailed personal emergency evacuation procedure in place which outlined how to support the person in the event of an emergency.

During our inspection we observed sufficient staff on duty to meet people's needs.

Identified risks were assessed and managed to minimise the risk to people who used the service and others.

Staff had a good understanding of safeguarding and described confidently what action they would take if required.

The registered provider had a robust recruitment procedure in place which included ensuring appropriate checks were undertaken before staff started work.

Medicines records we viewed were up to date and accurate. People were supported to take their medicines in their preferred way.

Staff understood and applied the principles of the Mental Capacity Act 2005 (MCA), and were aware of people's rights when they could not consent themselves. We saw staff supported people to make choices and decisions.

People were supported to maintain a balanced diet. We saw that each individual's preference was catered for and people were supported to manage their weight.

Staff had completed mandatory training required to perform their role. We noted all training was up to date.

People were treated with dignity and respect. Staff had a sound knowledge of the people they supported. Staff encouraged people to be as independent as possible.

The home ensured people received care and support from healthcare professionals including social workers, community psychiatric nurses, opticians and GPs.

People were involved in a wide range of activities including attending church, an art group, going to the pub and shopping. Staff supported people to maintain family relationships and links with the local community.

Care plans were detailed and reflected people's individual needs. Reviews of people's care were regularly completed and included input from the person.

Staff told us they enjoyed working at the home and they felt supported by the acting manager.

The registered provider had a comprehensive system to audit the running of the service. These included checks of the medication systems, care plans and training.

Feedback was sought from people, relatives and staff in order to monitor and improve standards. Team meetings were held monthly to discuss issues within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The registered provider had undertaken the necessary recruitment checks to ensure staff were suitable to work with vulnerable people.

Staff we spoke with had a clear understanding of what actions to take if they had concerns about a person's safety or care.

Processes and procedures were in place to manage medicines in a safe way and people were supported to take their medicines in their preferred way.

Is the service effective?

Good ●

The service was effective.

People had access to health care professionals to ensure they received effective care and treatment.

Staff understood and applied the principles of the Mental Capacity Act.

Staff supported people with food and drink and promoted a healthy balanced diet.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, considerate and caring.

Staff were caring and respectful when providing support to people.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care records were individualised and contained comprehensive personalised information about the person and their preferences.

People's support plans were regularly reviewed to ensure they were meeting people's needs.

People said they had no complaints about the care provided at Wallace Lodge.

Is the service well-led?

Good ●

The service was well led.

The atmosphere in the home was relaxed and friendly. Staff told us they enjoyed working at Wallace Lodge.

The registered provider had quality assurance processes to monitor the quality and safety of the service provided.

People's care records and personal information were kept secure.

Wallace Lodge

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.

An adult social care inspector carried out the inspection on 12 May 2016.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of these organisations raised any current concerns about this home.

During this inspection we spoke to three people who lived at Wallace Lodge, two support workers, the acting manager and the acting manager's line manager.

We looked at two people's care records and three staff files including recruitment information. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service.

We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

Is the service safe?

Our findings

People told us they felt safe living at Wallace Lodge. One person said, "They look after me." Another said, "They keep me safe."

The importance of safeguarding people was instilled throughout the service. We noted it was discussed at supervisions, at 'staff and residents' meetings and notices were on display within the home. Staff we spoke with were able to describe different types of abuse and what action they would take. One support worker told us, "I would go straight to the manager and if I had concerns I would go higher to another manager." On reviewing training records we saw all staff had attended safeguarding training.

All safeguarding concerns raised were investigated and alerts made to the local authority. The acting manager maintained a log of issues and recorded the actions taken. At this time lessons learnt from individual safeguarding incidents were not collated to identify if trends or patterns needed further investigation.

Medicines were managed safely. Medicines were stored securely with only authorised staff having access to them. Each person had a 28 day supply which was placed on an individual rack. The medicines administration records (MARs) we viewed showed no gaps or discrepancies. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Records for the ordering and receipt of medicines were complete and accurate. We saw regular audits and checks were conducted by senior support staff daily and a monthly audit by the acting manager. Staff were able to describe how each person preferred their medicines to be administered. One person told us, "They look after my medicine."

The registered provider conducted a robust recruitment process prior to new staff starting employment at Wallace Lodge. We examined three staff recruitment files. We found each recruitment file held an application form, interview record, two completed reference checks and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. The operational manager advised that the registered provider was introducing a three year cycle of DBS checks.

Throughout our inspection we noted people using the service were never left unattended and staff were attentive to people's requests and needs. We saw two staff were on duty during the day and one staff on waking duty at night. One support worker told us, "We have enough staff, we work together." The acting manager told us, "Our agency use is minimal as if we are short we can use staff from [a neighbouring home] and they know the clients here."

Risk assessments were completed individually for people based upon their needs. Where a risk was identified a risk evaluation was carried out which considered the risk, existing control measures and additional action required. We saw reviews were carried out monthly; this meant staff had current accurate information on how to keep people safe. The provider also had general risk assessments relating to the

environment and keeping people safe outside of Wallace Lodge.

We reviewed accident and incident records. We saw accidents were recorded in a timely manner and were collated with the numbers and type of injury recorded monthly. Each month the information was evaluated to identify any trends or contributory factors which may require investigation.

The registered provider had a detailed business continuity plan which outlined how the service would continue to safely care for people in the event of an emergency. Each person had a personal emergency evacuation plan (PEEPS) which detailed how to support them in the event of an emergency. PEEPS were located in individual care records and also held in a central file which was readily accessible to staff in an emergency.

The registered provider carried out monthly health and safety checks to ensure people lived in a safe environment. All records relating to the maintenance and safety of the building were up to date and monitored. We saw all staff took part in fire drills; day time drills were conducted monthly with night-time drills every three months.

Is the service effective?

Our findings

Staff we spoke with told us they had completed mandatory training and took part in training which was specifically designed for the people they cared for. One staff member told us, "I completed an in-depth induction and I have finished all my training." Another said, "We get all the training we need to look after people." We asked people living in the home if staff were trained well. One person told us, "Yes they look after me well. They do a good job."

We reviewed training records and saw mandatory training was up to date and monitored by the registered provider. Mandatory training covered areas such as fire safety, infection control, food hygiene and moving and handling. Staff also had the opportunity of completing training in the epilepsy, challenging behaviour and Managing Actual & Potential Aggression (MAPA).

Staff we spoke with told us they received regular supervisions. The acting manager advised supervisions were conducted six times a year with an annual appraisal. They told us, "I have not managed to do them all." The acting manager recognised the shortfall in supervisions and planned that those staff would receive their supervision the following month. We saw teamwork, safeguarding, training and working practices were discussed at each supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the how the principles of the legislation applied to people who used the service. The acting manager told us an assessment of the person's capacity to make decisions was carried out prior to a consideration for a Deprivation of Liberty Safeguard. A monitoring system was in place to ensure no people were deprived of their liberty without authorisation.

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were given time to make a decision. One staff member told us, "With [person] I make sure I offer choices, [person] will point to the thing they want."

We asked people about the mealtimes. One person told us, "I ask for things and they get it for me." Another person said, "The food is good." One person went to the pub at tea time, whilst others had their meal when they wished. A staff member told us, "There is a varied choice for people." We noted menus were discussed in the residents' monthly meetings.

We spoke to staff about people's nutritional needs. One staff member told us, "It's about balance. [Person] can be prone to put on weight so we keep an eye and encourage alternatives but it is the client's choice." The kitchen was accessible by people who lived at the home. People were encouraged to remain independent and were supported to prepare meals and drinks.

People were supported to access health professionals when required. One person told us, "They come with me when I go to the doctor." We reviewed care records and saw, when required, staff were quick to involve external healthcare professionals to support people in their change in needs. Records confirmed people attended regular health checks with GPs, optician, dentist, and were supported to introduce any change in their treatment.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "They are lovely and caring." Another said, "I am happy."

Wallace Lodge had a homely feel and a calm, relaxed atmosphere. Staff ensured people came first and were central to everything that happened at Wallace Lodge. One staff member said, "This is their home." Another staff member said, "We fit around the people, we are here for them."

We observed interactions between staff and people using the service. We also overheard interactions when staff were not aware of our present. Staff were attentive to people's needs and responded quickly when people needed support.

Staff were friendly and interacted well with people. People appeared to be comfortable and enjoyed the company of the staff members. Staff spent time chatting, drawing and watching television with people. Staff were able to describe people's preferred method of communication. One staff member told us, "[Person] will point at things. You must talk face on and slowly." We saw staff were patient with people ensuring they had ample time to process questions and give an answer.

Staff we spoke with were able to describe people's daily routines, choices and preferences. They were able to tell us about people's life histories and family structures and had knowledge about people's medical conditions and their needs.

People were treated with respect and dignity. Staff were able to describe how to treat people with dignity and respect. One care worker told us, "I knock on a person's bedroom before going in and keep people covered during personal care." We saw people's care records guided staff to ensure they maintained people's privacy by knocking on people's bedroom doors before entry.

Staff members understood the importance of promoting people's independence. One person told us, "I pick all my own clothes and [support worker] will help me wash." One staff member said, "We support people to do as much as possible but are at hand if needed." Another staff member said, "[Person] likes to pay for their things, we just have to make sure they receive the correct change." This was clearly documented in the person's support plan.

When people first came to live at Wallace Lodge they received a 'service user guide', a pictorial guide detailing the philosophy of care, personal effects, independence and choice, finances and medicines. It also included information on advocacy, complaints and safeguarding. The acting manager advised that currently no person was receiving support through the advocacy service.

Is the service responsive?

Our findings

Care records were comprehensive and contained personal information about the person, their life history and detailed the people important in their lives. We saw each person's care file contained an 'All about me' grab sheet. This included a short, concise report about the person, their needs and preferences which was readily available for quick reference.

Care records were individual to each person and specific support care plans were in place to meet each person's needs. These covered such areas as personal hygiene, finances, mobility, medication and relationships and were written from the perspective of the person receiving the care. For example one person's support plan about mobility said, 'I would like staff to ensure my belt is fastened securely this is for my safety not for restraint.' Within medication it said, 'I would like the staff to place all my medication in the medication pot and then hand the pot to me.' Support plans comprised of a thorough, detailed account of how a person wished to receive their care and support with a short concise version for staff to consult.

We saw care plans were reviewed monthly with the person taking part. It was evident that changes in people's needs were documented within their care records with the introduction of a new support plans and supporting information.

We observed staff encouraging people to take engage in day to day activities. The acting manager told us, "We know people's interests and try to arrange suitable activities. [Person] enjoys going to see the boats arrive and [Person] likes to go shopping." They told us, "We are always reviewing and researching new activities for people to try."

The registered provider ensured staff were available to support people in their chosen activity. We observed whilst one person was supported to attend a local church, other staff members supported people to enjoy the sunshine in the garden, followed by drawing and playing dominos.

The acting manager told us, "We organise joint trips out with the residents from Wallace Mews (sister home). We have a mini bus and people know the staff well." People were supported to maintain family relationships and community links including their religious beliefs. One person told us, "I call my family on the telephone. The staff put the numbers in for me."

Staff members were knowledgeable about people's interests and hobbies. Staff told us one person likes to write letters to the Queen and the person proudly showed us a letter they had received from the Royal household thanking them for the letter. During our visit a person created a drawing of the people living at Wallace Lodge and was supported by a staff member to spell a new name to add to the picture.

People gave us examples of activities that were available to do. Activities included cinema, trips to the seaside, garden centre, shopping, the pub and going to see a show. One person told us that they had recently been to see the Jungle Book at the cinema.

The registered provider had a complaints procedure which was on display in the entrance of the building. We noted people also received a 'service user guide' which contained the complaints procedure; this was available in an accessible format and described how to make a complaint and what would happen. The acting manager advised no complaints had been received in the last 12 months. Although no complaints had been made the registered provider had a process for investigating and recording any concerns raised.

Is the service well-led?

Our findings

People told us they were well looked after at Wallace Lodge. One person told us, "Anything you want just ask and they help." Another said, "They do a good job."

Wallace Lodge service user guide reported, 'Our staff will help and encourage you to enjoy the best life you can.' This message was demonstrated in the support, encouragement and desire demonstrated by all staff we spoke with. One staff member told us, "It's about doing the best we can."

The management structure had recently changed at Wallace Lodge with the registered manager leaving the service in early May 2016. The acting manager advised that they had been covering the registered manager's post for two months. Although the acting manager had only been in post a short time they appeared confident in the role and were fully supported by their line manager and the registered provider. The acting manager's line manager told us, "[The acting manager] has done a great job, they work hard and repeatedly deliver results." The acting manager told us, "I have been supported by [line manager] I know they are at the end of a phone."

We asked people and staff for their thoughts about the management of the Wallace Lodge. One person told us, "I wanted to come to live here; I am very happy." Another person said, "It is good." One staff member said, "They haven't been manager long but I think they are doing a good job."

Staff told us the acting manager and operational manager were supportive and approachable. One staff member told us, "We can go to [the acting manager] with anything." Another staff member said, "If I have an issue I just speak to [the acting manager]. Between us we can usually sort it out." The acting manager told us, "I have an open door policy staff know they can contact me."

The acting manager demonstrated a sound knowledge of the people using the service, their needs and the workings of the service. We observed staff worked together well and ensured people were well supported and their wishes were met. One staff member told us, "We work well as a team. If someone is off we cover each other." Another said, "We support each other." Staff described how the acting manager was also part of the team. One staff member said, "[The acting manager] knows the people we support and if we need cover would even work a shift." The acting manager told us, "It's a team effort."

The registered provider had effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support. We saw the acting manager had completed monthly audits covering all aspects of the service, such as infection control, medication, finances, care plans and training.

Staff had structured opportunities to share information and give their views about the service people were receiving. We saw staff attended monthly team meetings. One staff member said, "We have regular meetings and we discuss things at our supervisions." Staff told us they enjoyed working at Wallace Lodge. One staff member told us, "I love my job, I love supporting the people."

We looked at what the registered provider did to seek relatives and people's views about the quality of the service. We saw residents/relatives' meeting were held monthly and covered such areas as safeguarding, menus and the running of the home. The acting manager told us they had reviewed recent questionnaires which had been sent out for Wallace Mews and Wallace Lodge. However the responses received only captured information about Wallace Mews. On recognising this issue the acting manager immediately sent out further questionnaires to obtain feedback for Wallace Lodge.

We noted the acting manager had notified the CQC of all significant events which had occurred in line with their legal responsibilities. The acting manager advised us of their intention of registering with the CQC to become Wallace Lodge's registered manager