

Pathways Care Group Limited

Greenways

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Greenways is a care home providing the regulated activity of personal care for a maximum of 17 people. The service provides support to people who may have a learning disability or mental health care needs. The home is a three storey, detached house close to shops and public transport. At the time of our inspection there were 14 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People's experience of using this service and what we found

Right Support:

People's choices were at the forefront of decision making. Staff supported people to maintain their independence, where possible. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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.

Right Care:

People received person centred care from staff who put the individual first. Staff had received appropriate training to support people with their needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff assessed the risks people might face. Staff understood how to protect people from poor care and abuse. There were robust internal safeguarding systems in place to keep people safe.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The provider had developed the service to support and improve the lives of people at the service. The values of the service underpinned the support people received. People were empowered to lead fulfilling lives and make choices about how to spend their lives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 November) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review their environmental and health and safety checks so that deficient areas could be promptly identified and rectified. We also recommended that staffing levels be reviewed to ensure that the needs of people were met. At this inspection we found the provider had acted on the recommendations and they had made improvements.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenways on our 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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Greenways

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Greenways is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people, 4 family members, 3 staff, the registered manager and the deputy manager. We reviewed 3 peoples care records including checks of medicines records and 3 staff files. We reviewed the providers quality monitoring processed and other records relevant to the management 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection there were deficiencies related to the administration of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and people received support from staff who followed effective processes to assess and provide the support they needed to take their medicines safely.
- One person told us, "My medication is kept in a locked cabinet on the wall in my room and staff have the key. I feel safer this way, so I know I am getting the right medication. A family member said, "My [relative] has to have this support especially around him taking his medication, and he needs to drink plenty of fluids because of the meds he takes, and staff ensure this happens."
- People had up to date medication profiles included in their support plans. These specified areas such as how and where medicines were administered, the support needed and personal preferences on how they took them.
- The registered manager conducted monthly medication audits as part of the quality assurance process to pick up any errors and to ensure staff were administering medicines safely.

Assessing risk, safety monitoring and management

At our last inspection we recommended that the service review their environmental and health and safety checks so that deficient areas can be promptly identified and rectified. The provider had made improvements.

- Peoples safety was monitored and risk assessed including the environment they lived in.
- One family member told us, "I am glad that my [relative] is in a place that can now keep her safe and she doesn't have the risks she faced before where she lived."
- Support plans had detailed risk assessments in place. One staff member told us, "Risk assessments for people identify the areas of risks in their lives and gives us guidelines to follow to lessen those risks and keep the person safe."
- During the inspection we saw the environmental checks were up to date and certificates were in place such as, legionella's, fire safety and electrical testing.
- The registered manager reviewed health and safety in the service on a weekly basis to pick up any areas of

concern.

Staffing and recruitment

At our last inspection we recommended that the staffing levels and the deployment of staff be reviewed with care staff, people and their representatives to ensure that the needs of people are met. The provider had made improvements.

- The service had enough skilled staff which matched the needs of the people using the service.
- One family member told us, "There seems to be enough staff as [relative] goes out a lot to her club, swimming and places for coffee."
- A staff member said, "We are always taking the people out to places they like to go such as walks, meals, shopping, and the park," another said, "There are enough staff to cover the shifts, and to support the people who live here."
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was an up-to-date safeguarding policy in place and staff had training in safeguarding.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us, "I don't think I could live on my own I like it here and they [staff] keep me safe."
- Staff were aware of the various types of abuse and how to report them. One staff member told us, "If the safeguarding is serious, we would have to call the police and the safeguarding team straight away, to inform them of what was happening."
- The registered manager worked in partnership with the local authority around safeguarding issues and had ensured that protection plans put in place were followed up and actioned.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where people were unable to make a specific decision, we saw evidence that best interest decisions had been made with the involvement of relevant people.
- Staff had received training in MCA and understood how to support people in line with the act.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service followed government guidance so that people could receive visitors safely.
- PPE was available at the entrance to the service and all visitors had their temperatures taken before they entered the main part of the service.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well.
- Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned at debriefs and staff meetings.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we identified that the service was not providing person-centred care which met the needs of people in respect of appropriate social and therapeutic activities. This was a breach of Regulation 9 (Person Centred Care) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff supported people through recognised models of care focused on people's quality of life outcomes.
- Peoples support plans were developed from the initial assessment. They included areas such as communication, working and socialising, eating and drinking, personal care and emotional support. One person's plan described how they sometimes chose to make their own food and would ask for assistance when needed.
- One person told us, "I can do things on my own I just tell the staff and they let me do what I can do on my own, I am involved in my support."
- During the inspection we saw people being involved in gardening, karaoke and arts and crafts. We saw one person going out shopping with staff and to have a coffee afterwards.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- One person's communication plan described them as being non-verbal however they went on to say they responded to staff by different forms of body language and/or facial expressions, as well as hand gestures, signs, and symbols.
- Information around the service was in accessible formats with pictures, symbols and easy read versions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations, by one to one meetings and reviews of their support plan.
- Peoples religious and spiritual needs were taken into account. One person told us, "My religion is [religion] but I don't practice it, but I do like to eat the food. The staff support me to buy these foods and other stuff, which I really enjoy."
- One family member told us, "The staff are very good at accommodating [relative] and support [relative] with a good balance of maintaining their independence and supporting them when needed."
- The registered manager had involved people and the staff in a plan to source activities in the local area for people to try, this included places of worship.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily, by phone, email, at meetings and by completing feedback forms.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. The registered manager achieved this through regular meetings and following up on action plans.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- One person was moving out to a flat of their own and they told us, "I have been here for [number of years] and I am moving out to a place of my own just down the road. I can come back and visit my friends and invite them to my new place."
- A staff member said, "The manager encourages us to think about new activities that the people we support would like to do, we speak to the people and suggest things as well as taking their ideas on board. We put them to the manager, and they agree them, the manager is not averse to any ideas anyone has."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The registered manager had notified the Care Quality Commission of incidents and the action they had taken to make improvements and reduce the risk to the people they cared for and staff.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and a good oversight of the services they managed.
- There were clear lines of responsibility and accountability within the management structure and action had been taken by the registered manager and provider to ensure the service reflected best practice. As a result, opportunities to make improvements had been identified and acted upon.
- A quality assurance system was in place to monitor all aspects of the service like the environment, support plans, medicines and health and safety.
- One staff told us, "The registered manager has influenced the service and the way we work a great deal since they have been on board. They are always there 24/7 and have given us a lot of support."
- The provider had a clear vision for the direction of the service which demonstrated an understanding of how to support people to achieve the best outcomes possible.

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

characteristics

- People, and those important to them worked with managers and staff to develop and improve the service.
- The satisfaction survey for 2022/2023 had been carried out. The analysis in the report showed that overall people who lived at the service and their families were satisfied with the care provision. They felt listened to, had support that met their needs, were treated with dignity and respect, were happy and felt safe.
- The registered manager had monthly meetings with the people who lived at the service, staff and regional managers.
- Menus were discussed at a recent meeting where people suggested trying different meals, someone who was vegetarian said they wanted to choose their meals on the day, another person suggested having a Sunday roast and another proposed a Friday takeaway.
- Following meetings and quality questionnaires, actions were recorded relating to any areas highlighted or requests made.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The manager had implemented a service improvement plan to enhance people's opportunities and outcomes. Some of the areas highlighted were activities for people, support plans to become even more accessible and person centred, and the environment.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision.
- The registered manager attended professional meetings with other agencies such as local authorities and health and social care professionals to ensure care and support was reviewed and monitored.