

Pathways (North West) Limited

# Pathways (North West) Ltd - Blackburn Road

## Inspection report

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Date of inspection visit: 29 October 2014

Date of publication: 16/12/2014

## 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

Pathways Northwest Limited 175 Blackburn Rd is registered with the Care Quality Commission (CQC) to provide personal care and accommodation to seven adults with mental health problems. At the time of our visit there were seven people living in the home. Personal

accommodation is provided in single rooms, two with en-suite facilities. There are separate communal lounges and dining facilities and there are two bathroom/shower areas.

# Summary of findings

This unannounced Inspection took place on the 29th October 2014 and was carried out by one Adult Social Care Inspector. Our previous Inspection was undertaken in June 2013 when we found that the service was meeting all of the outcomes we assessed.

People told us they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people. Staff had received training on behaviour that may challenge and the service consulted with other professionals about managing aspects of behaviour safely.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. There had recently been an application in respect of an individual under the DoLS process

All of the people we spoke with said staff were approachable, they could chat with the staff and they were listened to. Throughout our inspection we observed staff were caring and attentive to people. Staff showed dignity and respect and demonstrated a good understanding of people's needs.

There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care when they needed it. Staff had access to information, support and the training they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the specialist knowledge they required to care for people effectively.

People were provided with a range of activities in and outside the service which met their individual needs and interests. The service supported people to be as independent as possible. People were encouraged to build and develop their independent living skills both in the home and in the community.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required.

People agreed to the level of support they needed and how they wished to be supported. Where people's needs changed, the provider responded and reviewed the care provided.

Staff and people that used the service told us they found the new registered manager to be approachable and accessible. We observed an open and inclusive atmosphere in the service and the registered manager led by example.

Staff were happy working for the service and motivated to provide person centred care.

The provider had a number of audits and quality assurance programmes in place. These included action plans so the provider could monitor whether necessary changes were made and ensure high standards were being maintained.

The service had effective procedures for reporting and investigating incidents and accidents. There were systems to learn from incidents and adverse events and protect people from the risks of similar events happening again.

# 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?

People we spoke with felt safe and staff knew about their responsibility to protect people. There were robust arrangements in place to protect people from the risk of abuse and harm.

We saw people who used the service had up-to-date and individualised risk assessments in their files that were clear for staff to follow.

Recruitment and selection procedures ensured all reasonable precautions to minimise the risk of unsuitable staff being employed at the service had been taken. This was because all appropriate checks, including written references from previous employments, were obtained prior to the individual starting work at the service.

Good



### Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of inadequate nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

Good



### Is the service caring?

The service was caring. The people we spoke with told us staff were supportive and encouraged their independence.

People felt valued and respected and were involved in planning and decision making about their care. People's preferences for their care and support were clearly recorded and family members were involved appropriately.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

The service was committed to the principles of dignity, equality and diversity. People's skills and personal achievements were recognised, encouraged and celebrated in different ways.

Good



### Is the service responsive?

The service was responsive. People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements. Care records were detailed and the service was responsive to people's changing needs or circumstances.

The service encouraged people to express their views and had various arrangements in place to deal with comments and complaints. People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

Good



# Summary of findings

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff were instrumental in finding ways to support people to live as full a life as possible.

## **Is the service well-led?**

The service was well led and promoted a positive and open culture. Staff told us the new registered manager was approachable and supportive.

The provider had effective systems to regularly assess and monitor the quality of service that people received. On-going audits and feedback from people using the service was used to improve the support they received.

Management monitored incidents and risks to make sure the care provided was safe and effective. The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Staff were supported to discuss and question practice and there were safe and effective systems to raise concerns. When this happens they are supported and their concerns thoroughly investigated.

**Good**



# Pathways (North West) Ltd – Blackburn Road

## 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, and to provide a rating for the service under the Care Act 2014.

This unannounced Inspection took place on the 29th October 2014 and was carried out by one Adult Social Care Inspector. During the visit, we spoke with two people living at the home, three support staff, one of the owners and the registered manager. A registered manager is a person who has registered with CQC 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 manager registered with the CQC in October 2014.

We examined in detail the following documents and records: two care plans, Medication Administration Records (MAR), staff duty rota, training records for all staff, three staff recruitment records, monthly audits that had been completed by the registered manager and the team leader. We also looked at policies and procedures in relation to the following – safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLs), risk management, equality and diversity, staff disciplinary procedures, use of restraint, plans to respond in an emergency, recruitment and selection and medication.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe at 175 Blackburn Rd. and were able to describe what they would do if they had any concerns and who to speak to if they were unhappy about the way they were being treated. One person said, "We talk to each other and to the staff on a passing basis but I have regular one to one discussions with my worker."

The provider had clear procedures on safeguarding vulnerable adults including how to recognise abuse and what steps to take. These procedures reflected the most current guidance and legislation. In line with the guidance, the registered manager was appointed as the safeguarding lead. There were posters and leaflets in the communal areas to help people understand what abuse was and how they should report it. We saw that safeguarding issues were discussed regularly at staff meetings and with the people using the service. This showed that staff supported people in raising their awareness about abuse and keeping safe in their home and in the local community.

We spoke with three members of staff who confirmed they attended training on safeguarding every year. They were able to explain the steps they would take if they suspected or saw an incident of abuse. Staff knew about the different types of abuse they might encounter and situations where people's safety may be at risk. Staff were aware of the company's whistle blowing procedures and said they would have no hesitation to report any concerns.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct procedures, including notifying us of their concerns. We saw evidence that the service had cooperated in any investigations and taken action to review or improve practice where necessary.

Records showed that the risks people may face or experience had been assessed. The assessments we looked at were clear and regularly reviewed. They provided details of how to reduce risks for people by following guidelines. The information was personalised, took into

account people's rights and covered risks that staff needed to be aware of to help keep people safe. Some examples of these included personal care, managing medicines and vulnerability in the community.

We found the arrangements for handling medication were safe. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference.

The medication administration records of five people were viewed. These had been completed correctly and had a photograph of the person attached, this is good practice and helps prevent mistakes being made as the person can more easily be identified. There was specific guidance regarding medication prescribed to be administered when required. This helped to ensure that this type of medication was given in a consistent way. We saw evidence to demonstrate the medication systems were checked and audited on a monthly basis. We saw copies of the audits and action plans during the visit. This ensured appropriate action was taken to minimise any risks of error.

We saw information about how to support people who may behave in a way that put themselves or others at risk of being physically harmed. Each person had a support plan which helped staff recognise when behaviour may become challenging. The plan included strategies and interventions for staff to use to help distract the person and diffuse the situation. Staff had completed relevant training on how to respond to situations when people became upset or angry. The training plan showed us that this training was repeated each year for all of the staff members.

We looked at recruitment records of two members of staff and spoke with one member of staff about how they had been recruited to their job. Examination of records showed that checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references, identification confirmation and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Records showed people received appropriate staff support. People said they each had a keyworker who they

## Is the service safe?

met with regularly. We looked at staff rotas and found staffing levels were organised flexibly and according to people's needs. Most of the staff team had worked at Blackburn Rd. for several years which meant that people experienced consistent care and support.

# Is the service effective?

## Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005 (MCA) and is in place to ensure people are looked after in a way which does not inappropriately restrict their freedom.

We saw policies and guidance were available to staff about the MCA and DoLS. We saw staff had undertaken relevant training and knew the key requirements and their responsibilities. Staff we spoke with understood what processes to follow if someone lacked capacity to make decisions or was likely to be deprived of their liberty. The registered manager told us they had recently made a DoLS application to the local supervisory body and were awaiting the outcome.

We saw the provider maintained an electronic system for recording all staff training. The training matrix showed all completed training and planned updates were booked accordingly. The system displayed a record for each member of staff and flagged up an alert when refresher training was due. This showed staff kept their knowledge, skills and expertise up to date at the required frequency. Other records showed that staff had received the training they needed to care for people and meet their assessed needs. For example, staff learned about supporting people who have had behaviours that may be challenging. Staff had attended other specialist training on epilepsy and mental health awareness. Staff we spoke with told us the training was frequent and relevant to their role.

There were systems in place to assess the competency of the staff and to make sure they had the skills to perform their duties. Support staff assured us that they received a thorough induction when starting their role which gave them the opportunity to understand their role and what was expected of them. We saw that staff had monthly supervision and yearly appraisals with the registered manager. This enabled staff to discuss their practice and professional development on a regular basis as well as identify any learning or development needs. Staff we spoke with confirmed they received supervision and this has continued since the new manager took over. They said they felt supported by the registered manager. Comments included, "Approachable and listens well" and "Is enthusiastic and knowledgeable."

We saw there were regular monthly team meetings and staff were kept updated about training needs and organisational information such as policy updates or changes. Staff also shared information through a communication book. We sampled some staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and information sharing within the organisation.

People's nutritional needs were assessed and monitored. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking.

People told us staff supported them with shopping and meal preparation. Some people told us staff helped them with cooking and others said they managed independently. People planned their menus every week and could choose to eat in their room or the dining area if they wished. We saw people's weights were monitored every month and any significant changes and outcomes were documented.

Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after. We saw healthcare information had been kept up to date and reviewed regularly as people's needs had changed. People told us they visited their GP for a health check every year and staff supported them to attend other appointments if needed. One person said they attended an outpatient appointment at the local hospital to receive regular injections and healthcare support.

All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns in people's wellbeing. Records showed where needs had changed, or advice had been given, people's support and risk management plans had been updated. This showed that the service had worked with other professionals as necessary to deliver the care people required.

We saw additional contingency plans guided staff on what action to take if a person experienced deterioration in their mental health and ensured they got the support they needed. Staff we spoke with were aware of potential

## Is the service effective?

triggers for people's anxiety or changes in their mental health and were confident in explaining what further actions they would take to ensure the individual was seen by the appropriate professional, if required.

# Is the service caring?

## Our findings

We observed staff treat people with respect and kindness. We saw people were relaxed and comfortable around the staff; they shared jokes together and staff were attentive to what people had to say. People spoke positively about the conduct of the staff. Comments included, "Staff are great, they listen to us and there's always someone to talk to," "staff support me and explore with me how I feel" and "staff are ok, they are friendly and calm." One person said they liked living at Blackburn Rd. because it was "Homely and the staff cared."

We spoke with three members of staff about the people they supported. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. They were knowledgeable about people's background and interests and these details were included in the care plans. They had a clear understanding of people's needs and what they were required to do to meet those needs.

All the people we spoke with said they felt involved in their care and support and were asked for their views. People felt valued and told us that staff listened to them. They told us that they could choose what they wanted to do, how they spent their time and organised their lives. One person said, "They let me do what I want." Another person commented about how staff supported them with making relationships with others.

Records we saw showed people who used the service were encouraged and supported to make decisions about their care and daily lives as far as possible. Examples included one to one keyworker meetings and house meetings with staff and other people using the service when they discussed issues that were important to them. One person said they saw their keyworker every week and "got on well with them." Another said, "the meetings are useful, they ask if all is ok and if there are any problems within the house." Another person remarked, "Staff always ask how you've been." Meeting minutes were produced so that people could understand and provide appropriate feedback.

People understood the arrangements made for their care and support and knew about the choices and opportunities open to them. People had signed their care plans and assessments to show that they had been involved. The assessments and reviews recorded people's preferences for how they would like their care delivered.

People using the service told us the staff respected their privacy and dignity. They said they had their own keys and the staff would only enter their room if they were invited. We observed staff always knocked on doors before entering people's rooms. Care plans included information about people's rights to privacy and how staff should support them. Staff had received training on the principles of privacy and dignity and person centred care as well as the importance of access to independent advocacy.

# Is the service responsive?

## Our findings

Care records showed that assessments took place before people moved to the home and provided relevant social and personal information, which enabled staff to deliver person-centred care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. There were systems in place to ensure the person's placement and care plans were reviewed regularly. These also involved people's social worker, family and other representatives such as advocates as necessary to represent people's interests.

Care plans were based on people's needs, views, wishes and aspirations and information was presented to people in ways they could understand. Illustrated with photos and clear language, the plans reflected what was important to someone, their capabilities, and what support they need to achieve their personal goals in life. One member of staff told us that care plans were "easy to use and easy to read."

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to their food preferences, interests and cultural background.

We saw there were on-going reviews of people's care needs and staff had updated records accordingly to meet individual changing needs and circumstances. Records looked at and discussions with staff showed that the staff took account of people's changing needs.

Staff told us they handed over information at each shift change and kept each other up to date with any changes in people's needs. Staff wrote records about each person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs. People were supported with increasing their independent living skills such as cooking, laundry and using the local community. Where risks had been identified, information

on the person's progress was also monitored and recorded. Staff gave examples where people had achieved personal goals such as using public transport independently and increased sociability.

People were supported in promoting their independence and community involvement. We saw activities were offered to people, based on their lifestyle choices and as recorded in their care plans. Each person had an activity planner which they had created. This outlined their interests, hobbies and day to day routines. People talked with us about how they liked to spend their time. One person told us "There's lots to do" and another person said, "I like to go out with the staff."

People felt staff respected their independence and encouraged them to learn new skills such as budgeting and travelling independently. One person said, "They help me manage my money, take me shopping and out." Another person told us, "Since I've been living here, I can go out on my own now."

People were made aware of the complaints system. When people first arrived at the service they were given information about how to make a complaint. This was provided in a format that met their needs. For example, in the entrance hallway there was a poster about how to raise concerns. This was supplemented with photos to help people understand the information. There were also leaflets and forms available to people should they wish to complain. We saw that the provider's complaints procedure specified how complaints could be made and who would deal with them.

People told us they felt comfortable to raise a concern and knew who to complain to. They said that the registered manager and staff were "very approachable" and felt confident any issues would be listened to and acted upon. They told us they could speak openly to their keyworker, the manager or staff if they were unhappy with the service. One person told us, "If I'm worried about something, my key worker will help me deal with it." Another person said, "I would speak to the staff, they listen." A third person said, "I go to the manager if I want to complain."

# Is the service well-led?

## Our findings

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure in place. People told us they felt involved in how the service was run and that their views were respected. Throughout our visit we observed the registered manager often spent time speaking with people using the service and responded to their queries or requests for information.

The registered manager was new to the service, and we observed they had a good leadership approach running the home in the best interests of the people who live there. They told us about the work they had been doing to develop the service. This had included reviewing staff training and involving other agencies to improve people's care and support. We were told of one example where the registered manager had arranged for the provider's mental health 'crisis' team to visit and review each person's needs. People using the service spoke favourably about the registered manager. One person told us, "The new manager is nice and listens, very experienced" and another person said, "She seems to really care about us and the staff she is managing." Similarly, staff felt positive about the registered manager's leadership style. Comments included, "excellent, one of the best" and "the manager has improved the care plans, it's all in one place and she communicates well with us, very approachable."

Staff told us they were encouraged to undertake qualifications and training to develop their skills and knowledge. Staff were also assigned roles as champions in dignity in care and person centred support for example. Staff we spoke with said they enjoyed their jobs and one described the provider as a "good employer, one of the best I have worked for."

People using the service, their relatives and other stakeholders were given satisfaction surveys once a year. From the findings and analysis, an evaluation report was written up that identified the aims and outcomes for the following year. The registered manager advised that this year's annual plan was underway as results from questionnaires were still being assessed. The previous year's report showed that people were happy with the care and services provided.

Other internal audits were regularly carried out by the registered manager and staff team who each had designated responsibilities. These included checks on records such as care plans, risk assessments, health and safety and medicines. The registered manager carried out a monthly audit to assess how well the service was running and wrote up an improvement plan. Where shortfalls in service quality had been found, there was evidence that action had been taken in a timely manner. For example, improvements were needed in parts of the accommodation and people were involved in personalising the communal areas by choosing furnishings and new paint colour.

The provider completed audits of the systems and practice to assess the quality of the service. This was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. Any areas for improvement were identified in an action plan. For example, the action plan recorded some minor record keeping issues had been identified for improvement and these had been addressed. We saw that these audits were kept under review by the provider.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The service kept appropriate records of all accidents and incidents. Appropriate investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. The provider regularly looked at incidents and near-misses, complaints, safeguarding and whistle-blowing to identify where any trends or patterns may be emerging. As required by law, our records showed the provider had kept us promptly informed of any reportable events.

Evidence showed us the provider used a range of resources to continually review their practice and place the interests of the people using services at the centre of what they do. The various on-going audits, both internally and externally, ensured the quality of care was regularly assessed and evaluated.