

Pathway Healthcare Ltd

Bancroft House

Inspection report

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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

About the service

Bancroft House is a residential care service that is registered to provide accommodation and personal care for people with learning disabilities or autistic spectrum disorder and mental health support needs. The service was registered for the support of up to six people. At the time of the inspection six people were using the service.

The service was a large detached property in a residential street near to the centre of the town. Each person had their own bedroom and en-suite bathroom. There were shared living and eating areas.

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

People were supported to assess, monitor and manage risks related to their support needs safely. There were systems and process to help prevent abuse occurring and staff knew how they should act if there were concerns about people's safety.

People's needs had been assessed in ways that considered best practice evidence-based guidance and ensured they were not discriminated against. This had helped people to achieve good support outcomes, such as reducing behaviours that may challenge, going to new places and having new experiences.

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. Staff were able to access the right training to help them meet people's individual needs.

People said staff listened to them and respected their choices. Staff supported people in a kind, compassionate and respectful way. Staff communicated with people about their support in ways that were accessible to them, including non-verbal ways such as using pictures and signs. People were involved in planning and reviewing their care to help them receive person-centred support and achieve their life goals.

The service was well-led and there was an inclusive, positive open culture in the home. Staff's well-being and differences were supported. Staff and the registered manager worked well with relatives and other health and social care professionals to be able to provide good support to people.

Service quality and safety was regularly reviewed to identify any issues and build on good practice. The registered manager was supported by the provider to oversee and complete any improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support:

- The model of care and setting maximised people's choice, control and independence

The service was a domestic style property in a residential street. There were no signs on the outside of the service to indicate this was a care home.

The service was situated near to the town centre and staff encouraged people to become active members of the local community.

Staff did not wear name badges or uniforms when supporting people.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights

People were supported to make their own choices and be as independent as possible.

Staff treated people with kindness, compassion and respect.

Staff supported people in the least restrictive ways and in their best interests.

Right culture:

- Staff and management promoted ethos, values, attitudes and behaviours to ensure people using services lead confident, inclusive and empowered lives

The provider and registered manager promoted high quality individualised support and had developed a strong set of values to support staff to achieve this.

There was an open and positive culture that respected people's differences and treated everyone equally.

People and staff were encouraged to be involved in sharing their views and ideas about how to develop the service.

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

This service was registered with us on 25/09/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the amount of time the service had been registered with CQC.

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.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Bancroft House

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Bancroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

What we did before the inspection

Before the inspection, we reviewed information we held about the service. We considered the information which had been shared with us since the last inspection by the provider, the local authority and other agencies and health and social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with the registered manager, the team leader, one support staff and the provider's adult social care operations manager.

We reviewed people's care and medicine records. We spent time talking to and observing people being supported, including during lunch. We visited some people's bedrooms.

After the inspection –

We reviewed copies of people's care and medicine records, training records, rotas, incident reports and quality assurance records. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the provider's Positive Behaviour Support Lead, two staff working at the service and three relatives of people using the service via telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare had been assessed, and there were systems in operation to monitor and manage their safety. People, or people acting in their best interests, were involved in deciding how to manage risks. This helped make sure people's personal freedom, independence and choices were respected.
- Staff we spoke with had a good understanding of how to manage risks, including risks associated with people's behaviours that may challenge and epilepsy. Health and social care professionals told us staff supported people to manage behaviour related risks safely.
- The registered manager and the provider's Positive Behaviour Support (PBS) team monitored support people were receiving with their behaviours that may challenge. They were supporting staff to address any issues or build on good practice. There were several examples of how this monitoring and support approach had helped prevent and reduce people's behaviours that may challenge.

Using medicines safely

- Staff were trained and assessed as competent to support people to take their medicines safely. Systems to order, transport, store and dispose of medicines were working well.
- People had medicine administration records (MAR) that showed people had been supported to have their medicines as required.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- There were systems in place for staff and management to report, review and investigate safety and safeguarding incidents. Staff we spoke with could explain how to recognise and report signs of abuse, to help stop this happening.
- People were given support to understand what keeping safe from abuse means and how to get help if they were worried. People living at the service and their relatives said they had no concerns about abuse at the service.
- Staff recorded accidents or incidents, and these were reviewed by the registered manager. Information about any incidents was shared within the staff team, the provider's senior management and with other health and social care agencies. This helped to agree on any necessary actions to avoid or prevent future incidents.

Staffing and recruitment

- There were enough staff to meet people's needs safely. There had been a period where the service had been short staffed. The registered manager had provided bank staff and staff had worked extra shifts to cover the shortfall and ensure people's needs were met safely. The service was now over-recruited to reduce

the risk of future staffing shortages.

- There were safe recruitment practices. The provider's Human Resources (HR) department screened potential new staff before inviting for interview, as well as requesting appropriate pre-employment checks, to help prevent unsuitable staff from working in a care setting. Staff were required to complete an induction and probation period, as well as on-going training, to help make sure they were able to work safely.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity to be able to make decisions about different activities had been assessed. If people lacked mental capacity to decide about something, best interest decisions had been made in line with the MCA.
- The registered manager had applied for DoLS for people who required them. Staff were receiving MCA and DoLS training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been effectively assessed so the service knew how to help them achieve their preferred support outcomes. One person said staff helped them to achieve what they wanted to with their support.
- Assessment processes were designed to help make sure staff respected people's equality and diversity and would not discriminate against their individual support choices. The provider and registered manager considered evidence-based best practice guidance when assessing people's needs, such as information from the British Institute of Learning Disabilities (BiLD) and the Restraint Reduction Network.
- As a new service, staff had been involved in liaising with relatives and professional multi-agency teams to transition people into their new home and remained involved with them to support people on an on-going basis. Many relatives and health and social care professionals told us staff worked very well with them during and after transitions, and this had resulted in the effective outcomes for people.

Staff support: induction, training, skills and experience

- Staff were offered training in relevant subjects and the manager was supporting staff to make sure they completed all of this. Staff were supported to, or could ask for, further necessary training to help improve their skills if they needed it.
- Staff received regular supervisions and appraisals. In addition, the registered manager and other staff within the organisation, such as the PBS practitioner and PBS assistants, carried out regular on-suite observations, de-briefs and 'reflective practice' to help embed learning from training and promote effective ways of working.
- Staff experience and knowledge was considered when deploying them to support people, to make sure people had effective support. There was a system of staff "champions" and a comprehensive induction system to make sure new staff had support to carry out their roles effectively.
- The staff induction had recently been reviewed to include person-centred competency checks, to help make sure new staff understood and were confident to meet people's individual needs and preferences, such as PBS and communication.

Supporting people to live healthier lives, access healthcare services and support, Supporting people to eat and drink enough to maintain a balanced diet

- People's health and nutritional needs were assessed and monitored by staff and they received support that met their needs. Staff supported people's specific dietary needs, including cultural needs. If they needed it, people had support to make decisions about their nutritional choices to promote a healthy and balanced diet.
- Staff discussed people's health and wellbeing with them and monitored this, supporting them to access healthcare treatment if necessary. One person told us staff helped them to go to the doctor and understand what the doctor said. A relative said they had no concerns about staff acting to arrange necessary health support if people's needs changed or they became unwell.
- People could eat when and where they liked. The registered manager promoted a social approach to mealtimes and people and staff chose to mainly eat together. We observed a lunch, which was relaxed, and staff and people enjoyed each other's company while they ate.

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

- The service had a communal kitchen, dining room, lounge and a large garden and summer house where people could take part in activities and meet with other people and visitors. People could spend time in their individual rooms whenever they wanted, and these had been personalised according to their choices.
- The service had been adapted the upper floor to allow for appropriate space to meet one person's individual social needs. Each person had their own toilet and shower room, and there was an additional bathroom with a bath installed, as some people liked having baths.
- People liked to be able to interact with staff and move around their home freely. There were no restrictions on people coming into the staff office and spending time there whenever they wanted. To accommodate this preference, the registered manager had adapted the staff storage in the office to make it more secure.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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, Supporting people to express their views and be involved in making decisions about their care

- People were treated with compassion. One person told us, "I'm grateful if I feel upset, can talk to staff they will listen. If I've been upset, they have helped me to do something about this".
- We saw people being supported in a caring way by staff during our visit. One staff told us it was important to be support people in a caring and inclusive way. They said to do this, it was important to always listen to people, not put pressure on them and give them time and space to make their choices.
- Staff communicated with people in ways that were most accessible to them, including non-verbal ways such as pictures, social stories, pictorial and symbol planners and hand signs and gestures. We saw staff using these ways to communicate with people during our visit to good effect, for example to explain choices staff could support people with for activities or meals.
- A health and social care professional told us they had been impressed during a visit with how well staff had used and interpreted signs when communicating with one person.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware and understood the provider's conduct policy of always treating people with dignity and respecting their confidentiality. The provider's conduct policy included confidentiality considerations in line with relevant legislation. One staff said, "We have training about confidentiality, we never share information about people without proper consent, or repeat things outside of work".
- Staff encouraged people to be as independent as possible. Staff told us it was important to always allow people to do as much as they wanted for themselves if they were able and have as much control of their support as they could.
- One person told us about how staff had worked with them to allow them to do tasks for themselves they had previously received support with. They said this was one of the things that made them happy to be living at the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People, and other relevant people such as relatives and healthcare professionals were involved in planning their support. This had helped staff to plan people's care using as much information as possible about people's strengths and levels of independence, as well as their physical, emotional and cultural needs.
- There were daily breakfast meetings where staff supported people to plan personalised support for the day and week ahead. Staff completed daily notes and had regular keyworker meetings with people to help them review their needs and identify individual support goals based on their wants and needs. A relative told us staff had recognised and responded well to work with their family member to plan and implement new support when their needs changed.
- One person told us, "Staff ask me what I want to do. Mum is involved as well, and we are working towards me taking trips out on my own". We were told of other examples where personalised support planning process had meant other people had achieved goals they had previously struggled with before coming to the service.

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 had support to follow their interests and staff planned activities based on people's interests. Several people at the service had support to go to college and people were given daily choices of support to do activities in the community based on what they liked. People were supported to maintain contact with families and friends and develop relationships with people.
- The registered manager and staff had found ways to ensure people had been able to access the wider community and take part in activities during Covid-19 lockdowns. This included sourcing and accessing private swimming pools and exploring alternatives if people's ideal choice was not possible due to Covid-19 restrictions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff considered people's individual needs and communicated with people in ways they understood. There were symbols and pictorial information about people's support displayed in communal areas and the office. This helped people know where things were and be aware of other information about their support

such as staff details, meals, activities, hygiene and safeguarding.

- Staff could adjust information to support people's communication preferences as and when this may be necessary. We saw example of when this had been done, such as providing easy-read information when helping people to make decisions about their money or diet.

Improving care quality in response to complaints or concerns

- The registered manager told us they were in regular contact with important people in people's lives such as family members and encouraged formal and informal feedback and complaints. They told us they aimed to resolve any issues in an open and timely manner and most of the time this could be done informally.

- Relatives told us they knew how to make a complaint and if they had done this, they had been happy with the response from staff and the registered manager. A person told us they knew they could speak to staff and they were good at helping them if they were unhappy about anything.

End of life care and support

- No one at the service was currently being supported with end of life care. Everyone living at the service had been supported to consider decisions about if they wanted cardiopulmonary resuscitation or not if they became seriously unwell. One person was being supported to consider advance care planning due to a medical condition.

- The registered manager told us if and when necessary, other people could be supported with advance or end of life care looking at their spiritual, emotional and medical needs in more depth to make sure they got the right support, resources and equipment to have as dignified and pain free a death as possible.

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care,

- There were quality assurance systems and processes in operation that included a variety of internal auditing and review process relating to service performance and the safety and quality of care. The findings from these audits informed development plans, which identified actions for completion to address any issues and build on what was working well to improve the service.
- This process was overseen by the registered manager, who was supported by senior management and the provider's PBS team to complete actions. We saw this process was working effectively. Risks and quality issues were identified quickly, and actions had been taken or were planned to address them within a reasonable time.
- Within the service and the wider organisation there were systems of regular performance conversations and appraisals with all staff and registered managers to help make sure they understood and were positively accountable for their roles and responsibilities.

Working in partnership with others

- Health and social care professionals gave some feedback there had been some recent delays in sharing information about people's support when requested, but this had not impacted on people's support as far as they were aware.
- Overall, we received some very positive feedback about how well staff worked in partnership with others to support people in the best possible way. One health and social care professional highlighted how well staff had worked with them and other agencies during a potentially very challenging transition, saying they felt that the challenges were such that, "many services could have really found (the challenges) impossible to manage".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, 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 provider had a clear vision of empowering people with learning disabilities to lead the best possible lives, in the way they wanted. There was a code of conduct policy that helped explain the expected values of staff to be able to achieve this vision, including acting honestly, treating people with dignity and respect, being open to positive challenge, listening to and not discriminating against people.
- The registered manager and staff were aware of the provider's visions. Staff we spoke with understood the

values they were expected to display and why this was important.

- The registered manager was aware of their responsibilities regarding duty of candour regulations and could explain when and how they would fulfil these, if necessary.
- The registered manager was committed to creating an open, inclusive and positive culture at the service. They chose to spend time working alongside staff and socialising with people, alongside their other managerial responsibilities to promote this.
- Staff, relatives and health and social care professionals told us the service they thought the service was well-led. Relatives told us how impressed they were with the registered manager's approach to leading their team to deliver person-centred care. One staff said, "The team morale and atmosphere is amazing. The staff work together and are supportive of each other".
- A health and social care professional told us, "When I have visited the home, I have always found staff to be genuinely curious and interested in the people whom they support and for managers to encourage greater discussion and enquiry about optimum support approaches for the clients".

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

- The registered manager had built on the provider's policies and placed an emphasis within the service of raising awareness and encouraging learning and discussions and supporting staff's well-being and equality and diversity rights. One staff said, "Differences in the team are respected, everyone is treated equally".
- Staff and people were encouraged at regular meetings to contribute their ideas to the development of the service. One staff said, "The manager is very good at listening to people, and always invites and encourage feedback. This makes us work well as a team".
- The registered manager had started a series of regular meetings with relatives of people since the service opened to allow them to share their views. Relatives told us they felt their feedback was acted on. The provider had developed formal annual people and relative feedback surveys that would be sent out now the service had been open for twelve months.