

## Pathways Care Group Limited

# Azalea House 2

### 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

Azalea House 2 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide care and support for up to three people with mental health needs and learning disabilities. The home is located next door to its sister home, Azalea House 1. Both homes share facilities which include the garden and communal areas. People living in both homes also move freely from each location and staff also support each other. The homes are currently registered as two separate locations although they work as one. For the purpose of this report we will be focusing on Azalea House 2.

We carried out a responsive focused inspection on 7 December 2016. When we completed our previous inspection we found concerns relating to the areas of safe, effective and well-led. At our last inspection we rated the service requires improvement. At this inspection we found the provider had made improvements in these areas.

The home had a registered manager. 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by caring, friendly and respectful staff. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing.

Staff regularly reviewed the care provided and were guided through regular input by the person receiving care to ensure the care provided continued to meet their individual needs, in a person centred way.

The provider had an effective system to handle complaints and concerns.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

## 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 provider had ensured proper and safe use of medicines.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were protected against the spread of potential infection.

When errors were made by the provider or staff, these were acted on and lessons learned and improvements were made.

### Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation and standards.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff work together to deliver effective care, support and treatment?

People were supported to live healthier lives and had access to healthcare services and on-going healthcare support.

People's needs were met by the adaptation, design and decoration of the premises.

Consent to care and treatment was always sought in line with legislation and guidance

### Is the service caring?

Good ●

The service was caring.

The service ensured that people are treated with kindness, respect and compassion, and that they are given emotional support when needed.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

### Is the service well-led?

Good ●

The service was Well-led

There was a consistent approach to record keeping.

There was a clear vision and credible strategy in place to deliver high quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people using the service.

Governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed.

The people who used the service, the public and staff were engaged and involved in the service.

The service continuously learnt improved and ensured sustainability.

The service worked in partnership with other agencies.

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# Azalea House 2

## **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 checked 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.

This comprehensive inspection took place on 7 February 2018 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information we had received from the local authority.

During the inspection we spoke with three people who used the service. We spoke with the registered manager and two support staff. We looked at the care records of three people using the service and the recruitment and training records for four staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service.

# Is the service safe?

## Our findings

At our last inspection we rated the home as requires improvement for safe. This was because not all staff felt that there was sufficient numbers available to support people safely. At this inspection we found that this was no longer a concern.

People felt safe living in the home including one person who said, "I am safe here. There is always someone around." Staff we spoke with also felt that there was sufficient staff available to support people safely. One member of staff said, "Yes' there is enough of us."

The provider had effective systems in place to safeguard people from harm. Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely and the staff we spoke with were able to demonstrate good understanding of local reporting procedures and the provider's safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents. Staff were also monitoring people in order to identify concerns early on.

Risks to people were assessed and their safety was monitored and managed to keep them safe within the home and out in the community. Staff respected people's freedom and supported them to lead an active life. For example, where people were known to exhibit aggression, behaviour management plans were in place and risk assessments outlined actions staff needed to take to keep the person and people in the community safe from harm.

There were sufficient numbers of staff to support people safely. We saw that all people within the home were able to support themselves with most tasks and staff would generally oversee and prompt them. All the people we spoke with confirmed that there was sufficient staff available at all times.

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. We saw that regular medicines audits were undertaken and staff competency was also assessed. Staff also confirmed that they had received training and were regularly assessed on their competency to administer the medicines safely.

People were supported in a way that ensured they were protected from risks of acquired infections. We observed throughout the day that staff were available to maintain the cleanliness of the home. We observed that staff complied with infection control policies and there were regular cleaning duties assigned which ensured people's rooms, bathrooms and communal areas were cleaned regularly.

We were able to see how the provider had learnt from incidents and put effective systems in place to reduce the risk of them happening again. For example, where a person had been involved in altercations outside of the home, processes had been put in place which triggered staff to take action if they suspected the person could do it again.



## Is the service effective?

### Our findings

During our previous inspection we had rated this area as 'requires improvement' because staff had not received the training required to effectively support people. During this inspection we found that training was now up to date and staff were confident with their skills and ability to support people.

We observed that staff demonstrated the skills, knowledge and experience to deliver effective care and support. People we spoke with said that the staff were well trained and supported them in accordance with their assessed needs. Staff felt that the training equipped them to support people in an effective manner. One member of staff said, "The training is good, I have been supported and when I came to work here, I had an induction which helped me understand my role."

The provider carried out regular assessments on people's needs and choices to ensure they were providing people with care and support to achieve effective outcomes. For example, one person living in the home was known to collect items and store them. Staff in the home were working with this person to help them overcome this need. They educated the person on how to recycle items and therefore reducing the items they stored in their room.

People were supported to eat and drink, and maintain a balanced diet. All people in the home told us that they were able to eat and drink without support from staff. They did however choose to have staff prepare meals for them. We saw that menu options were available, bowls of fresh fruit were placed around the home and people were able to freely prepare drinks in the communal kitchen.

The provider and staff had effective communication with organisations that worked to support people living in the home. The manager was able to show us how the provider, local authority and staff worked together to deliver effective care and support which meant that people were at the centre of all care decisions. Staff supported people to live healthier lives and gain access to healthcare services such as doctors, optometrists and mental health support. One person said, "[Registered manager] goes to the doctors with me and will check my medication."

The home had been adapted to support people's needs. We saw that the communal gardens had been adapted to provide a quiet area where people could sit and reflect. There was also an area where people could grow vegetables and plants. One person had a pet which they had been able to bring with them to the home and was freely roaming.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation 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. There was no one in the home who was deprived of their liberties.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that all people in the home had the capacity to consent to their care and support, and staff told us that they always asked for people's consent before care was provided.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion by the staff and the service. One person told us, "The staff are good and kind."

Each person was assigned a keyworker who supported them to achieve the best possible outcomes for their daily lives. We saw that one person had been given a voluntary role in the home to support them with their emotional needs.

The provider and staff listened to people and provided them with support in a way that made them feel that they mattered. People told us that staff would listen to them and talk to them about their emotional needs.

The service supported people to express their views and be actively involved in making decisions about their care and support through monthly keyworker meetings which gave them an opportunity to discuss any changes they wanted or just to have a catch up with the keyworker in a formal basis. One member of staff said, "We have the monthly meetings but we tend to work really closely so if need be, we will have meetings earlier."

People's privacy and dignity was respected. People had their own rooms and staff would gain consent before entering. Although staff did not directly support people with personal care they would prompt them and remind them of the importance of good personal hygiene. People were encouraged to remain independent in their daily lives. We saw that on the day of our inspection one person returned from a bike ride. We asked them where they had been and they said, "I went out to see a friend, I go out three times a week on my bike."

## Is the service responsive?

### Our findings

People living in the home received personalised care that was responsive to their needs. We saw that care plans reflected their individual preferences and choices and the staff worked with people to ensure they lived a fulfilled life. For example, one person had been given the responsibility of looking after the home's pet rabbit. They told us how proud they were of the animal and how they had looked after it. They said, "I treat it like my own child, I love watching her running around the garden." We also saw that where people had families, they were supported to maintain contact with them. One person said, "I like it that they will let [relative] know what's happening with me."

The provider had a complaints policy in place and people living in the home were aware of who they could speak with if they wanted to make a complaint. At the time of our inspection the provider had not received any complaints about the service from the people who lived in the home.

The provider did not at present support people with end of life care. However care plans contained evidence of discussions with people about their end of life wishes. The Registered manager told us that at present, the people using the service had declined to discuss their end of life wishes or put a plan in place, but that this was reviewed regularly as part of care reviews. The registered manager also said that this was an area they would eventually have to address with people as they got older or if their health deteriorated. We saw that documentations, such as an end of life policy and assessments were already in place in the event of people requiring such support.

## Is the service well-led?

### Our findings

At our previous inspection this area was rated as 'Requires Improvement' because there was no registered manager in post. During this inspection we saw that the service had a registered manager in post.

The registered manager was able to demonstrate to us the provider's vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service.

People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service and the manager through their keyworkers, and because the registered manager was always available and had an open door policy. People felt empowered because the provider and staff worked with them to ensure their daily lives reflected their choices on how they wanted to live. This showed that the environment within the home was both inclusive and empowering which in turn, provided people with positive outcomes which meant that they were able to lead relatively active and independent lives.

The registered manager and staff had understood their responsibility to report to us any issues they were required to notify us of. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed. Staff understood their responsibilities and were able to talk to us about risks and incidents that would need to be reported. Staff performance was monitored and frameworks were in place to ensure each member of staff was aware of their duty of care towards the people they supported.

People who used the service were involved in the improvements made within the service. We saw that the garden area to the home had been updated and renovated with feedback and assistance from people using the service. People were encouraged to get involved with the home and improvements within it. We saw that certificates were displayed which congratulated people on things they had done within the home. One person showed us their certificates and told us how proud they were to be recognised for the work they had done to improve the home. Staff felt valued and enabled to contribute to the development of the service through monthly team meetings and we saw that the team worked closely to ensure the best possible outcomes for the people they supported.

The provider had effective systems to assess and monitor the quality of the service. The registered manager completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The registered manager worked with people and staff to ensure the service was improving and working to meet people's needs. We saw that people were encouraged to maintain links with the neighbouring home, to the point that people from both homes spent most of their time together and chose to be around each other. The registered manager told us, "We are looking into changing our CQC registration and becoming one home, it's silly to be referred to as two homes when we work as one."

The service worked in partnership with other agencies such as the local authority, local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of the people they were

supporting.