

Pathway Healthcare Ltd

Magellan House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This focussed inspection took place on 29 March 2018. We carried out an announced comprehensive inspection of this service on 25 October 2017. A warning notice was issued for a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and we found breaches of other regulations. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magellan House on our website at www.cqc.org.uk.

Magellan 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. Magellan House provides accommodation and personal care for up to nine people specialising in care for young adults with autism and learning disabilities who have communication and positive behaviour support needs, seven people were living at the service on the day of our inspection. They required support with personal care and had additional communication needs. Accommodation was arranged across two floors of a large house. The service is one of three residential care homes run by Pathway Healthcare Ltd, a specialist provider of care, support and housing services. The service had been developed in line with the values that underpin the Registering the Right Support guidance and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen.

The service had a registered manager. A registered manager is a person who has registered with the 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 home is run.

We inspected the service against two of the five questions we ask about services. Is the service well led and is the service safe? This is because at our previous inspection on 25 October 2017 we identified breaches of the Regulations. We issued a warning notice telling the provider to carry out improvements in the area of safeguarding people from abuse and improper treatment. We also asked the provider to carry out improvements in the area of medicines management.

At this focussed inspection on 29 March 2018 sufficient actions had been taken to address these issues. People were being supported safely with minimal physical intervention. Staff had received the training they needed to support people effectively. Incidents and accidents were recorded and monitored and staff understood their responsibility for safeguarding people. "One relative told us that the atmosphere at the

home was calmer and they felt confident that their relation was safe living at the home."

People's medicines were managed, stored and administered safely. Staff had received training and there was clear guidance and protocols to support the administration of medicines. Records were accurate and there were systems in place to monitor and address any shortfalls.

Staffing levels were sufficient to support people's needs. A relative spoke positively about the improvements they had noticed at the home and attributed this to having more consistency within the staff team.

Risks to people had been assessed and there was clear guidance for staff in how to support people. Positive Behaviour Support (PBS) plans were comprehensive and provided detailed guidance for staff in how to support people with complex needs and behaviours that could be challenging. A relative told us, "My relation is having a good quality of life now because staff understand how to support him, they recognise triggers and know how to address them."

At the last inspection on 25 October 2017 we identified failings in governance arrangements. This was because systems had not always been effective in assessing, monitoring and improving the quality and safety of the service. Accurate records were not always consistently maintained. At this focussed inspection we found that improvements had been made and quality assurance systems were in place. However these systems were not fully embedded within practice and there remained some inconsistency in records.

Staff spoke highly of the management of the home and described visible leadership from the Registered Manager. A relative also commented on the welcoming and approachable atmosphere at the home.

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 ●

We found that action had been taken to improve safety and the service was now safe.

People were receiving their medicines safely and systems were in place to ensure the safe storage, disposal and management of medicines.

People were being protected from abuse and improper treatment. Staff demonstrated a firm understanding of their responsibilities to keep people safe. Risks were managed effectively. Incidents were monitored and learning was used to make improvements.

There were enough suitable staff to care for people safely. Recruitment procedures were robust.

Is the service well-led?

Requires Improvement ●

It remained that the service was not consistently well-led.

Records were not always updated to reflect changes in care provided. Governance arrangements were not fully embedded.

Leadership was visible and staff understood their roles and responsibilities. People, their relatives and staff were engaged in developments at the home.

Staff had developed positive connections within the local community and effective working relationships with other agencies.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Magellan House

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. We undertook a focused inspection of Magellan House on 29 March 2018. The inspection was unannounced.

This inspection was done to check that improvements to meet legal requirements, planned by the provider after our comprehensive inspection of 25 October 2017, had been made. We inspected the service against two of the five questions we ask about services. Is the service well led and is the service safe. This was because the service was not meeting some legal requirements.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. On this occasion we had not asked the provider for a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke to two people who use the service and following the inspection we spoke with one relative by telephone. We spent time observing how staff interacted with people. We spoke with three members of staff and with the registered manager and the clinical director. We looked at a range of documents including policies and procedures, care records for three people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information.

At the last inspection of 25 October 2017, the home was rated as Requires Improvement overall.

Is the service safe?

Our findings

At the last inspection on 25 October 2017 we found areas of practice that were not consistently safe. There was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and process were not established or operated effectively to prevent abuse and improper treatment of people. This was because some people could display behaviours that could be challenging to others and staff were not always supporting them in the least restrictive way. This meant that people were at risk of being restrained in a potentially unlawful way. A warning notice was issued relating to this breach of regulations. The provider was required to become compliant by 31 January 2018.

At this inspection on 29 March 2018 the provider had made improvements to comply with the legal requirements and the breach of regulations had been met. Staff had received training in how to support people safely with minimal physical intervention. The registered manager told us that physical restraint was no longer used. Care plans included detailed positive behavioural support (PBS) plans. These were comprehensive plans that identified specific behaviours and likely triggers, situations or environments that could lead to these behaviours occurring. Staff were knowledgeable about techniques they could use to distract and diffuse situations so that incidents of behaviour that were challenging did not escalate. One staff member told us about the training they had received in how to support people safely. They explained that this had led to a better understanding of people's needs and how best to support them. This had included identifying possible triggers for incidents of behaviour that could be challenging and learning techniques to diffuse situations that required physical interventions. Staff members described how this had led to a calmer atmosphere where people and staff felt safe. Our observations throughout the inspection were that people were relaxed and appeared comfortable in the presence of staff and other people who lived at the home. The registered manager told us that there had been a reduction in incidents involving behaviour that could be challenging since the last inspection. A relative told us that they felt confident that staff were well trained and recognised triggers and took action to ensure people were supported. They said, "Things have really improved, the home is a much calmer happier place and I feel people are safe there."

At the last inspection on 25 October 2017 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because there were shortfalls in the management and administration of people's medicines. This meant that people were at risk of not receiving their medicine's safely. The provider sent us an action plan on 10 January 2018 explaining what they would do to ensure that they were meeting the regulations by 31 January 2018. At this inspection on 29 March 2018 the provider had followed their action plan, improvements had been made, and they had now met this breach of the regulations.

Staff had received training in the administration of medicines and their competency had been assessed. Medicines were stored securely and there were checks in place to ensure the fridge and room temperatures were within recommended ranges to help keep medicines safe for use. Medication Administration Records (MAR) charts were accurate and up to date. Some people were receiving PRN or 'as required' medicines. There were clear protocols in place to guide staff in how, when and why they should be taken and included maximum doses over a 24 hour period. Staff were knowledgeable about the medicines that people were

prescribed. Any shortfalls in recording were identified and actions were taken to ensure that MAR charts provided an accurate reflection of the administration of people's medicines. Any errors that occurred were recorded as incidents and the registered manager described using this information to learn from mistakes. For example, a system had been introduced to ensure that staff were handing over medicines effectively when people went to visit their family and needed to take medicines with them. This had ensured that medicines were not forgotten or left behind.

Staff demonstrated a clear understanding of the responsibilities with regard to safeguarding people from harm or abuse. Records confirmed that appropriate actions had been taken to report safeguarding incidents in line with the provider's policy and local safeguarding arrangements. One staff member told us, "It's our responsibility to make sure people are safe and looked after, we have protocols in place to make sure they are protected. If I had any concerns I would report them to the manager straight away." Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff were aware of the provider's whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. A staff member told us, "I would report to head office or call the local council or CQC and let them know."

There were enough staff to care for people safely. A relative told us that having more regular staff had made a difference to the care at the home. They said, "Having regular staff both during the day and at night, and less use of agency, has made a huge difference. The staff team have stuck it out and things have really improved." The registered manager told us that staff numbers were assessed depending upon the needs of the people living at the home. Staff had been recruited to ensure that staffing levels were maintained. A staff member told us, "We use some agency staff when we need to, but they are always familiar people who have worked here before." Records confirmed that staffing levels were being consistently maintained. A small team of agency staff were working regularly at the home. The registered manager explained that they were provided with an induction and worked alongside an experienced staff member until they were familiar with people.

The provider had a robust system in place for recruiting new staff. Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references and a recent photograph.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, a fire risk assessment was in place, there were weekly checks of the fire alarm system and fire drills were undertaken regularly. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan. Staff had completed training on the prevention and control of infection. Systems for monitoring standards of cleanliness around the home were consistently completed and we observed that all areas of the home were clean and tidy.

Individual risk assessments were completed to support people to stay safe without restricting their freedom. Risk assessments and care plans provided clear guidance for staff in how to support people, for example, to manage medical conditions such as epilepsy. Care records reflected the complexity of people's needs. For example, some people were living with complex conditions such as autism spectrum disorder which meant that they found some aspects of life difficult to manage. Risks associated with behaviours that could be challenging were identified within people's Positive Behaviour Support (PBS) plans. These were comprehensive plans that provided clear guidance for staff in how to support the person to feel safe and

happy. They were detailed and highly personalised according to people's individual needs. This enabled staff to use strategies that were designed around each person. Staff told us this provided the most effective approach to managing risks. PBS plans were regularly reviewed. A staff member explained the importance of maintaining a consistent approach when supporting people with complex behaviour and when recording the interventions. They described how records were used to assist and inform the review process so that PBS plans reflected the most effective strategy for managing risks for each person.

A system was in place to record and monitor incidents and accidents. Investigations of incidents had resulted in changes in practice. The registered manager had oversight of this and completed a monthly summary to ensure that there was learning when things went wrong.

Is the service well-led?

Our findings

At the last inspection on 25 October 2017 we found that the home was not consistently well led. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not effective in the assessment, monitoring and improvement of the quality and safety of the services provided. There was a failure to maintain securely an accurate and contemporaneous record in respect of each service user. The provider sent us an action plan on 10 January 2018 explaining what they would do to ensure that they were meeting the regulations by 31 January 2018. At this inspection on 29 March 2018 the provider had followed their action plan, improvements had been made and they had now met this breach of the regulations. However there were some areas of practice that remained in need of improvement and further work was required to fully embed and sustain positive changes.

Systems and processes to maintain accurate records had improved but were not always consistent. For example, a system was in place to review incidents and accidents. This had resulted in a change being made in how staff supported a person. The change was recorded as an action in the incident record and had been communicated to staff verbally through the staff handover process. However the risk assessment and care plan for the person had not been amended following this change. This meant that there was a risk that staff did not have access to accurate information regarding the person's care. Staff we spoke with were aware of the change and confirmed that staff working with the person would know the new routine. The registered manager took immediate action to update the records. Whilst we have not judged this to be a continued breach of the regulations it remains an area of practice that needs to improve to become embedded within practice to maintain accurate records in respect of each person.

At the last inspection on 25 October 2017, there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider had failed to notify the Commission of specific events in line with legal requirements. At this inspection on 29 March 2018 the registered manager understood their responsibility to notify CQC of specific events and notifications had been submitted.

Various auditing systems were in place to support management oversight. For example, the registered manager undertook a weekly audit to check that medicines were being managed effectively. Regular health and safety checks were in place and an external quality assurance audit had provided positive feedback. An overarching improvement plan recorded actions taken to support continuous improvement and indicated when specific actions had been completed. The registered manager and clinical director described new systems that had started, or were planned, to further improve governance arrangements. They acknowledged that not all systems were fully embedded. This remains an area of practice that needs improvement to ensure that systems and processes for monitoring quality and embedded and sustained.

Staff spoke highly of the management of the home. One staff member said, "There have been a lot of changes and it feels like progress has been made. It feels very safe here now." Another staff member

commented, "The focus is always on the residents and it's a very positive place to work." The registered manager spoke passionately about their vision for the home. They described how they wanted to develop an outward looking culture where people were supported to achieve their potential and fulfil their goals. A member of staff described the registered manager as an "inspiring leader" and spoke about the "vibrant and energetic atmosphere" that they had generated at the home.

The registered manager described a positive relationship with the provider and was receiving support from the Clinical Director, who was present during the inspection. The registered manager said that they felt internal communication had improved and described how the provider has supported them following the last inspection. For example, specific training had been arranged for the staff team in the use of Positive Behavioural Support (PBS) plans. A relative told us that they had been concerned that the registered manager was not always getting the support they needed. They told us, "The manager had massive challenges at the beginning but they are getting more support now. There is better communication and having a dedicated administrator and two team leaders has made a difference."

Staff were clear about their roles and responsibilities and described being well supported. One staff member said, "The staff team here is strong and we are good at taking criticism. The manager has encouraged that, and we have learnt from past mistakes." There were systems and processes in place to monitor the quality and effectiveness of the service. Incidents and accidents were monitored and analysed to identify patterns or trends. Staff told us that this was important, for example, in ensuring that any triggers for behaviour that could be challenging were recognised and to ensure strategies for supporting people remained effective.

Staff described being involved in planning developments at the service and said that their ideas and contributions were encouraged and welcomed. Staff told us how people and their families were also encouraged and supported to be involved and engaged in developments. For example, people were invited to attend regular house meetings where they could suggest and discuss any ideas they had for improvements. Relatives had been invited to events such as afternoon tea and a barbecue where they were encouraged to discuss any ideas they had for improvements at the home. For example, one suggested improvement related to developing a sensory garden. This had been included in the home's development plan. A relative said, "As a family we are very involved and the manager encourages this. We have talked through our hopes and wishes for the future and it does feel as though we are listened to. We have had parents meetings with the management and they listened to our concerns and acted to put things right. It is a very friendly and welcoming atmosphere and it feels like our extended family now. "

Staff had made links with the local community and people were able to access local resources regularly. For example, some people were members at a local gym, others regularly visited a social club where they were recognised and welcomed. A staff member described how people were involved in supporting local community activities, for example some people had taken part in a jumble sale to raise money for a local community church project.

Staff described positive working relationships with other agencies including local GP and pharmacies. Staff described working closely with health care professionals when developing individual PBS plans for people. Recent correspondence received from a health care professional described a positive working relationship and praised the staff for improvements that they had seen in the quality of the care provided.