

# Pathways Care Group Limited

# Southleigh

## Inspection report

31 London Road  
Kettering  
Northamptonshire  
NN16 0EF

Tel: 01536511166

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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

Southleigh is a residential care home providing personal care to up to 15 people with learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. 11 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

People's rooms were personalised and communal spaces were available for people, but several areas were in need of re-decoration and maintenance.

People continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns.

Detailed risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and people we spoke with were happy with the support they received in this area.

Staffing support matched the level of assessed needs within the service during our inspection, and staff were trained to support people effectively. All staff felt well supervised and confident in their roles.

People told us they enjoyed the food prepared for them, and food and fluid intake was monitored as required.

Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible.

Care plans reflected people likes, dislikes and preferences. Activities took place and people were engaged with by staff.

People and their family were involved in their own care planning as much as was possible, and a complaints system was in place and was used effectively.

Staff and management were open and honest, and worked in partnership with outside agencies to improve people's support when required. Audits of the service were detailed and any issues found were addressed promptly. The service had a registered manager in place, and staff felt well supported by them.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

More information is in the detailed findings below.

Rating at last inspection

Good (report published 01/07/2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 well-led findings below.

# Southleigh

## 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

The inspection was carried out by one inspector.

#### Service and service type

Southleigh 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 we looked at both 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. The registered manager was not available on the day of our inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with three people using the service to gain their views about the care they received. We spoke with two care staff and the deputy manager. We reviewed the care plans and other

associated records for three people using the service. We looked at other records in relation to the management of the service, these included three staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We found that large wardrobes within people's rooms had not been safely secured to the walls to ensure they could not topple or be pulled over and injure someone. The deputy manager said they would inform the provider immediately and get the wardrobes secured to the walls.
- We also saw an area of flooring between rooms that had not been secured with an appropriate flooring strip, thus presenting a potential trip hazard. The deputy manager said this would also be rectified immediately.
- Risk assessments were in place to support people safely within all areas of their lives. Staff told us they felt confident supporting people and could manage risks well. Assessments we saw were updated regularly and reflected people's current needs.

### Staffing and recruitment

- Staff told us that staffing levels were manageable, but they did feel stretched at times. Staff told us the provider had recently recruited more staff, and that staffing levels would be improving as soon as these staff were able to start work.
- People we spoke with told us they were happy with staffing levels, and could get the support they need. Our observations were that people generally had the support they needed from the staff on shift.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff supported them in a safe manner.
- Staff knew how to identify signs of abuse and were aware of the action they should take if they had any concerns for people's safety. Staff told us they had received training about keeping people safe and records confirmed this.

### Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy they received their medicine on time,

and as they wanted.

- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- Infection control systems were effective and the home was clean.
- Staff had access to personal protective equipment (PPE) they required, and used it according to the provider's policy.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so the registered manager could establish how they had occurred, were also in place.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's rooms were personalised, and communal areas were available for people to use freely. Several areas within the home needed redecoration and attention, as they appeared tired and not well kept. In some areas, paint was peeling from walls, and there were dents and scuffs to the walls.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.
- People's cultural needs were identified within care plans. Where necessary assessments gave a brief overview of a person's background and culture so staff understood what it meant to them.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. All mandatory training was kept up to date. One staff member said, "The training has been good, some of it was online training, some face to face. I feel confident supporting people."
- The staff we spoke with were confident in their roles, and felt the training equipped them for the job.
- Staff told us they felt well-supported. They received supervision and support from the registered manager. This included feedback about their performance and enabled them to discuss any concerns, ideas, training and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet. One person was being supported with a specific diet plan with the target of weight loss, due to health issues they were having. We saw that staff were engaging with this person in a positive manner regarding food, and involving them in the planning of menus and shopping for the service.
- Staff understood any dietary requirements people had, and care plans explained what people's needs, likes and dislikes were with their diets.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were met and staff understood what people's health conditions were. People got the access to healthcare they required. This included input from G.P's, specialist dentists, and chiropody.

- A 'Helping me in hospital' document was made for people. This ensured key information regarding a person's health conditions, communication needs, and likes and dislikes were documented clearly for health and medical staff, should a person need to stay in hospital.

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.

- The service was acting consistently within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions, a decision in people's best interests had been put in place.
- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People told us they felt well cared for by the whole staff team. One person said, "I like it here, Staff are good here. They [staff] take time to chat with me. Very kind people." Another person told us, "The staff are very nice, if you want anything they will do it for you, they are my friends, I love the staff here."
- We saw positive approaches were undertaken by staff when they supported people. Communication was open and friendly, and showed that staff had good understanding of people as individuals, what they liked, the things that interested them and the time each person needed to communicate.
- We observed people were supported to maintain their independence. For example, they were supported to carry out and assist with household tasks.

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

- People were supported to express their views and be involved in making decisions about their care and treatment as far as possible.
- People told us that staff communicated with them well, and they always felt in control of their own care and lives. Staff gave knew how people expressed their views and supported people to change their care as they required.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity at all times. We observed staff knock on doors before entering, and gain people's consent before providing care.
- One person said, "It's much better here than the place I used to be at. The staff understand me, and respect what I want to do and help me."
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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; 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's care needs had been assessed and care plans had been reviewed and updated to reflect their changing needs.
- Care plans reflected people's likes, dislikes preferences and personality, and staff knew how to provide people with personalised care. For example, one person told us, "The staff are helping me with my weight loss. I want to start walking again, I am down to just one takeaway meal per week but I used to have a lot more. The staff encourage me and help me with this goal. The registered manager is very good here. She came to see me in hospital and introduced herself. They know me."
- People were supported and encouraged to access the community and build relationships with other people. Several people living at Southleigh attended external day services and other activities that suited their needs and interests. Staff supported people to access transport to these services and encouraged people in this activity. One person said, "I went to the local disco with staff and really enjoyed it."

### 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.

- The service provided pictorial information for people who required it, for example, the service user guide to the service and the complaints policy and procedure.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. At the time of inspection, no recent complaints had been made. The system and policy in place stated that complaints would be documented and responded to in a timely manner. People we spoke with were happy to make a complaint if required, and felt they would be listened to.

### End of life care and support

- No end of life care was being delivered at the time of inspection. We saw that care plans documented people's wishes in this area, should they require end of life care in the future.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- On one occasion, we saw that a recent safeguarding alert had been raised with the local authority, but the Care Quality Commission had not been notified. The deputy manager told us this would be rectified. The management understood information sharing requirements. We saw that on all other occasions, information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.
- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues. People we spoke with knew who the registered manager was, and said they could speak to her when they needed.
- Managers and staff were enthusiastic and committed to providing a good quality service for people.
- The registered manager and provider had oversight of what was happening in the service. Risks were identified and acted on to monitor the safety and quality of the service people received. People's records were well organised, and kept under regular review to ensure the information was accurate. The providers regional team were able to have oversight on the audits within the service, and take action if required.

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

- People were regularly consulted for their feedback both formally and informally. Surveys had been sent out to people to feedback on the overall quality of the service, so that action could be taken by the provider as required.
- Staff felt confident and able to feedback on the service during team meetings and supervisions with the registered manager.

#### Continuous learning and improving care

- Team meeting minutes showed that a variety of topics had been discussed within the team around improving practice and care. Staff were updated on people using the service, training, and ideas were shared such as a staff photo board being put in place so residents could see who was on shift.

#### Working in partnership with others

- The service worked in partnership with several outside agencies to improve the care that people received. This included the local authority, a variety of healthcare agencies, and day service activity providers.