

Pathways Care Group Limited

Westgate

Inspection report

60 Edward Street
West Bromwich
West Midlands
B70 8NU

Tel: 01215800196

Website: www.pathwayscaregroup.co.uk/

Date of inspection visit:
09 August 2018

Date of publication:
12 September 2018

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

This inspection took place on 9 August 2018 and was unannounced. At our last inspection in August 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Westgate 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. Westgate accommodates up to 7 people in one adapted building. At the time of our inspection 6 people lived at the home.

There was a registered manager in place. 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.

At the last inspection in August 2016 we rated the key question 'Is this service Safe?' as 'Requires improvement.' At this inspection the service had improved to now be rated as good. The provider had made improvements to the safety of the premises to reduce risks to people. People continued to receive safe care because staff knew how to report any harm. Risks to people's safety were thoroughly explored and well managed to enable people to live an as ordinary life as possible. There were enough staff to meet people's needs and people's medicines were managed safely. The home environment was kept clean and hygienic.

People received effective care to meet their assessed needs because staff had relevant training and support to help them in their role. Staff sought people's consent and any restrictions on people's liberty were understood. People continued to be supported with preparing and choosing what they ate and drank. People's health was maintained with access to a range of healthcare professionals.

People were supported by staff who demonstrated a caring and kind approach and who protected their privacy and dignity. People continued to be involved in decisions about their care and their choices were respected.

People continued to receive care that was responsive to their needs. Their individual needs and preferences were known and staff were flexible in responding to changes in people's needs. People felt happy to approach staff with any concerns or complaints.

The provider continued to review the quality of care via their own audits and checks which were effective in identifying improvements which had been acted upon. People were happy at the way the home was run and their views were regularly sought. There was a positive culture which focused on people to provide them

with a lifestyle of their choosing.

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 has improved to Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good

Westgate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 9 August 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authority about information they held about the provider. This helped us to plan our inspection.

During our inspection we spoke with four people using the service. Two people using the service were unable to speak with us so we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, a senior care staff member and three care staff. We looked at three care files, four medicine records, accidents, incidents and complaints records. We sampled the providers audit to monitor the quality of the service and looked at people's feedback on the service.

Is the service safe?

Our findings

At our last inspection in August 2016 we rated this key question as requires improvement. At this inspection we found that improvement had been made to previous environmental safety such as covering water pipes to prevent the possibility of burns. The rating had improved to a rating of Good.

People continued to feel safe. One person said, "People [staff] are nice to me; no one shouts and I'm not frightened". Another person said, "I do feel safe; staff are really good here; they come and check on me". Staff understood how to recognise and report abuse and had received training in safeguarding people from harm. There had been no safeguarding issues regarding people's care.

Risks to people's safety were identified and well managed. Risk assessments provided detailed information about how to keep people safe whilst they were undertaking a variety of daily tasks such as accessing the community or doing daily chores. Some people needed support to manage behaviour that could place themselves or others at risk. These risks had been discussed with them and relevant professionals to identify the support they would need such as additional staff when going out. Staff we spoke with were well informed about how to manage risks to people and we saw they supported people in line with their risk assessment. For example, we saw a person was supported to mobilise on the stairs with the support of staff to reduce the risk of falling.

People told us there were enough staff to support them and take them out. One person said, "There's always staff to help me". Staff told us there were enough staff to meet people's needs and the registered manager increased staffing when needed. We observed there were staff available throughout the inspection to support people when they needed it. Staffing levels were kept under review to reflect people's increased needs.

Recruitment processes continued to be safe because the provider carried out checks such as the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. Staff confirmed additional checks such as references had been taken before they commenced work at the home.

People's medicines were managed safely so that they had them as prescribed. We saw staff following procedures when administering medicines and medicine administration records (MARs), were consistently completed. Our checks on medicines showed correct balances in place with staff completing a daily check. Detailed guidance and authorisation from the GP was in place regarding protocols for administering medicines covertly, [hidden in food]. When people lack mental capacity to take decisions, any made on their behalf must be in their best interests and we saw documents to reflect the use of covert medicine had been agreed as part of a best interest decision. Staff were able to describe the safeguards in place for administering medicines in a way to keep people safe.

People were protected from the risk of infection; the home was clean and staff used gloves and aprons to reduce risks. Accidents and incidents were reviewed and learning shared with staff. As a result, improvements to people's safety had been made in relation to managing people's specific behaviours.

Is the service effective?

Our findings

At our last inspection in August 2016 we rated this key question as 'Good'. At this inspection we found the service had remained 'Good'.

People's needs had been regularly assessed to ensure they continued to receive the support they required. People told us they had been involved in this. One person said, "My Keyworker talks to me about what help I need". We saw staff were working alongside a number of health professionals regarding guidance about the safeguards needed for one person related to their medical condition and how best to manage this. We found staff understood and met people's needs effectively. For example, one staff member explained how they supported people with epilepsy, and a learning disability with associated communication needs. The use of technology was used to provide effective care. For example, one person had been provided with specialised seating to support their posture. People had access to pictorial prompts to support their communication needs when planning their care to ensure their choices could be established.

People told us staff were trained, one person said, "Staff are good; they know how to help me". Staff told us they continued to benefit from regular planned training related to the specific needs of the people they cared for. New staff completed the Care Certificate which provides a set of standards for health and social care staff. One staff member told us they were enjoying their induction and felt well prepared for their role. Staff continued to have regular supervision to reflect on their practice and described the support they received as very good.

People continued to be supported to plan their meals and participate in food shopping. One person told us, "I can choose what I eat and I like the food". Staff had information related to people's specific dietary needs and we saw people had their meals prepared to suit their needs. Snacks and drinks were available and staff encouraged people to drink regularly. People had access to a range of health professionals and staff sought timely advice and made referrals to health professionals when people's health changed. Consultations and recommendations were well documented and staff were aware of how to support people with their health.

We found the provider was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). They had ensured authorisations to deprive two people of their liberty were being met. 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 made choices regarding their daily routines, activities and their personal care. We heard staff regularly seek consent from people and saw they accepted refusals. Some decisions were made on behalf of people in their best interests and records reflected who represented the person and the outcome of the decision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had renewed

authorisations when these had expired. We saw staff understood the restrictions in place and the reasons for these were well documented in people's care plans.

The premises were adapted to include an assisted wet room which was more accessible to people's mobility. The home was not wheelchair accessible from the front. In addition, some people's needs had increased and we saw these presented difficulties for them in climbing the stairs. These concerns had been identified and were being taken into account in terms of considering alternative accommodation.

Is the service caring?

Our findings

At our last inspection in August 2016 we rated this key question as 'Good'. At this inspection we found the service had remained 'Good'.

People said that staff were kind to them, friendly and listened to them. One person gave a 'thumbs up' when asked if they liked the staff. Another person told us, "Staff are all good; they do listen and they do care, I've known some for years". Another person told us, "I love it here; staff are really nice, it is my home".

Staff spoke with affection and respect when referring to people and we saw positive interactions where people enjoyed conversations and sought out staff contact. People displayed their pleasure in a number of ways; smiling and reaching out to staff and enjoying hugs. We heard staff speak with people in ways that the person could understand; using a combination of verbal language and signs and gestures.

We saw staff provided lots of reassurance and praise in encouraging people's independence such as involvement with daily domestic tasks, making their own drinks and undertaking personal care. Staff told us they were confident they were providing good care and a homely environment in which people had a good quality of life. One person told us what 'caring' meant to them; "Trusting staff, knowing staff will look after you, knowing staff will always listen and try and help you". Our observations of staff reflected they worked to these principles.

People continued to be supported to stay in contact with people they cared about. One person said, "I have visitors and make phone calls". A member of staff also told us they supported people to visit and call their friends and family and visitors were welcomed at the home.

We observed that staff continued to promote and protect people's dignity and privacy. We saw people were supported with their personal care and appearance to a high standard. People told us they chose their own clothes and accessories and staff encouraged people by providing visual prompts to choose from. One person showed us their new shoes and said proudly, "I chose them", which showed staff understood the importance of people's self-esteem. People's confidential information was stored securely.

The service continued to utilise advocacy support to represent the views of those people with no family involvement. We saw an advocate was regularly involved in decisions made on behalf of people to ensure their rights were promoted. People continued to express their views and make decisions about their care via regular keyworker meetings and via the use of visual aids to support their choices.

Is the service responsive?

Our findings

At the last inspection in August 2016 we rated this key question as 'Good'. At this inspection we found the service had remained 'Good'.

People told us they continued to be involved in decisions about their care. Care plans were developed with people and were detailed and focused on people's individual needs, choices and preferences. Staff had an understanding of people's individual needs relating to their protected equality characteristics such as people's disabilities and how this influenced how they wanted or needed their care delivered. For example, one person told us how they had made specific decisions about how their care was delivered. We saw staff had responded to this by equipping the person's room with the items they needed such as a kettle to make their own drinks. We saw that arrangements were in place for the person to access professionals they needed within their own bedroom. These arrangements had helped to reduce the person's anxieties. They told us, "The staff know what I don't like and I'm happy now with the way things are, this is a good home". People were fully involved in care reviews and understood their plans of care. One person told us how they met regularly with their keyworker to discuss their care.

Staff had an extensive knowledge of people, their characters and their needs as they had worked with people for many years. One staff member said, "We know people as individuals and notice straight away if someone is not themselves". We saw staff were responsive and were providing individual care to a person which was more suited to their deteriorating health. Staff said, "We noticed [name] is better in the afternoons so we are providing care in the mornings in the bedroom so the routine is better for [name]". We saw that staff were flexible and supportive to the person throughout the day. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. One person had recently expressed an interest in religion and they told us staff had helped them buy some religious artefacts and were exploring places of worship with them. The provider ensured that people's communication needs relating to a disability, impairment or sensory loss, were met. For example, we saw objects of reference and a catalogue of signs and words was in use to assist a person to communicate their needs. People's care plans, information about keeping safe and complaints procedures were presented in picture and easy read format.

People told us if they were not happy they would speak to staff and could name individual staff they felt happy to approach. One person told us, "I would speak to [name of staff] and they would sort it out". No complaints had been received but arrangements were in place to record and investigate any concerns.

People continued to be satisfied with their social and recreational opportunities. We saw these were person centred, reflected people's interests and were flexible. One person said, "I can go out to lots of places; I like the shops, the pub, walking". We saw people utilised community amenities as they wished. Staff told us, "We explain what's available and if people want to try it we support them". People had continued to choose and plan their holiday and days out events.

No one was in receipt of end of life care but people's wishes were recorded in the event this information was

needed.

Is the service well-led?

Our findings

At the last inspection in August 2016 we rated this key question as 'Good'. At this inspection we found the service had remained 'Good'.

People told us they were happy living at the home and liked the registered manager and staff. One person said, "All the staff are good, and "[Registered manager's name] does a good job". Another person said, "Everyone is very good to me, I like living here and feel safe".

Staff described the culture in the home as positive, proactive and person centred. One staff member said, "We always put people first; look at what they want and the manager includes us in discussions and listens to our ideas". Another staff member said, "We are well supported with training and meetings and have good teamwork". We found the turnover of staff was low and everyone enjoyed working at the home and understood the aims of the home.

The provider had continued to seek people's feedback on their experiences via questionnaires. This included relatives, staff and stakeholders and we saw their feedback was positive. One person told us, "They ask me what I like about living here and I said the staff". We saw the provider kept people involved in news via a quarterly newsletter and this showed a variety of achievements were celebrated.

The provider had continued to carry out regular checks on the quality of the service. This included a tracking system in place for checking on the status of DoLS applications. People's care plans were regularly checked to ensure information was accurate and up to date. Health and safety checks were in place to ensure the building remained safe. We saw these checks were effective in identifying any improvement needed and there was a system for the registered manager to escalate findings to the provider for action. For example, they had a plan for redecoration and improvements had been made to the garden and further improvements identified.

The registered manager showed they understood the requirements of the duty of candour; to be open and transparent when things go wrong. For example, they had established protocols to avoid reoccurrence of incidents resulting from specific behaviour. The registered manager had continued to notify us of any incidents as required by law. Staff were aware of whistle blowing and were confident in how to use these procedures if they had concerns about people's care.

The provider was working in partnership with a number of external professionals such as the, community learning disability team, advocacy, and health consultants to obtain advice in how to support people's specialist needs. Recommendations were clearly recorded in people's care plans to ensure they received safe and effective care.