

Pathways Care Group Limited

Stanway Villa

Inspection report


9 Nursery Close
Stanway
Colchester
Essex
CO3 ORL>

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Website: n/a

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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 

Overall summary

This inspection took place on 31 July 2015 and was unannounced.

Stanway Villa provides care and support for up to a maximum of eight people who have either learning disabilities or have experienced a life changing illness. On the day of our inspection there were eight people living at the service.

The service has a manager registered with the Care Quality Commission (CQC). 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.

Summary of findings

The service had robust recruitment procedures in place and supported staff through an in-depth induction period. Staff were then supported through supervision, appraisals and on-going training.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. Medicine profiles had been produced which provided staff with guidance as to people's medical conditions, medicines that had been prescribed and for what reason, such as allergies and how people chose to take their medicines.

There were sufficient numbers of staff to meet people's needs. Staffing levels were flexible to provide for people's changing needs and provide support for them with their social and leisure interests where one to one support was required. Rapport between staff and people was supportive, warm, kind and respectful. People were comfortable in the company of staff and demonstrated their enjoyment of being with staff with lots of laughter expressed.

The manager and staff demonstrated a good knowledge of their roles and responsibilities with regards to the Mental Capacity Act 2005 and the steps to take to enable people's best interest to be assessed if they lacked capacity to consent to their care and treatment.

Staff were skilled in communicating with people. They showed understanding, kindness and were respectful when communicating with people.

People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with their keyworker and group meetings with the manager.

People were supported to access and attend a range of personalised social, educational and occupational activities. Staff supported people to access the local community and encouraged activities which promoted their independence.

Staff demonstrated a thorough knowledge of the needs of people and had been trained in a range of relevant subjects to support them to provide safe, effective and responsive care to people.

People's needs were assessed before they came to the service. The support plans which were regularly reviewed gave clear guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities.

The service was well led with systems in place to assess people's views about the care they received. The manager empowered people to be involved in making decisions about how the service was run and how their care was provided. The service staff were working with other professionals to provide the required support to people and to plan future support needs. The manager and the provider had quality and safety monitoring systems in place. Where shortfalls were identified, action plans were produced with timescales. This showed that the provider responded to protect and ensure the health, welfare and safety needs of people were met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse, as staff had received training regarding the types of abuse and on how to use the relevant policies and procedures.

There were systems in place to manage risks to people's, health welfare and safety. People were supported to take informed risks and support plans gave clear guidance to staff.

The provider had safe and effective recruitment systems in place.

Medicines were administered by staff who had been appropriately trained. The manager carried out regular audits of medicines. This meant people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Supervision was provided to staff so they could increase their knowledge and develop their skills.

Staff were understanding of how to apply the Mental Capacity Act.

People were involved in planning weekly menus and able to choose the food they ate. People's independence was promoted as they were encouraged to be involved in the preparation and cooking of their meals.

People were supported to maintain good health and had access to health care services. People at risk had their health care needs monitored with specialist advice and support sought when required.

Good



Is the service caring?

The service was caring.

Support was planned with the individual in response to their need and personalised to their specific requirements.

People were treated with dignity, respect, and supported in an empathic manner.

Staff listening to people and their views were recorded in their respective support plans.

Good



Is the service responsive?

The service was responsive.

People and their relatives were consulted about people's needs and preferences. This enabled staff to provide care and support which reflected people's preferences, wishes and choices.

There was a complaints system in place and staff were supported to be open to resolve issues that people reported to them

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The manager analysed incidents and had put into place service improvements

The manager carried out surveys and the information was considered and appropriately implemented for the improvement of the service to people.

There was a range of quality and safety monitoring systems in place and the service had a maintenance plan in operation.

Stanway Villa

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 inspection took place on 31 July 2015 and was unannounced.

This inspection was carried out by one inspector.

Prior to our inspection we looked at information we held about the service. For example, when the service notified us of any significant incidents or events.

On the day of our visit we spoke with three people who used the service, (one of those people showed us around the service), the manager, and two support workers.

Following our visit to the service we spoke with a professional who regularly visited the service to support people discuss and meet their needs.

We looked at three people's care records, staff training, recruitment of staff, medicines management and other records in relation to the quality and safety management of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us. "I have not really felt safe before but I am here." Another person told us. "When I am upset or worried I can speak with the manager or my keyworker and they help me."

All of the staff we spoke with told us they enjoyed working at the service because of the relaxed atmosphere, where people's needs were considered and the service focussed upon providing safety. A staff member informed us. "I have been involved with writing and reviewing risk assessments with a person. This has helped them to go out to visit local amenities and with life skills to help them get along with people and understand other people's needs." They also told us about the training they had received regarding safeguarding.

We saw the service had policies and procedures regarding the safeguarding of people. Staff had received training in understanding their roles and responsibilities in recognising, responding and reporting acts of abuse. Team meeting minutes reviewed showed us that the safeguarding of people was discussed as appropriate. The manager talked us through how safeguard information was recorded and reported and how it was important at that time to support the people. The staff we spoke with also conveyed that information to us.

In each support plan we viewed we saw that risk had been considered. A resulting plan has been written with the person involved and clearly indicated to staff of what action to follow to support the person. Examples included the administration of people's medicines, when going out into the community and how staff should respond safely to situations when people were upset.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This involved the manager submitting a monthly log of all incidents and accidents to the provider. This assured us that there were systems in place to monitor trends so that action was planned to reduce the likelihood of any reoccurrence.

The manager told us how staffing levels were assessed and organised flexibly across the 24 hour period. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure

opportunities to be met. The manager was usually not included in the staff rota which enable them to spend time with people on planned one to one activities. People and staff told us there was enough staff to meet people's needs. One member of staff told us. "We all know and respect each other, low staff turnover, and bank staff so we can provide consistency for people."

The staff recruitment process included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks. People could be assured that their needs would be met by staff who had been assessed as safe and competent, with the necessary skills required for the job role they were employed to perform. As part of the interview process candidates were invited to the service and to meet some of the people using the service. We saw that upon a candidate being successful at interview a letter of employment was stored on file and the person was given a job contract which related to their job description. A member of staff told us. "I recall the interview and I was asked to expand upon about my application form details."

We saw there were safe and suitable arrangements in place for the safe storage, receipt and administration of people's medicines. The manager told us about the medication profiles, which provided staff with guidance as to people's medical conditions and medicines that had been prescribed. The individual profiles also covered any allergies and possible side effects of the medication. The staff training records showed that staff had received training to administer people's medicines safely. Competency assessments had been carried out on a regular basis. We carried out an audit of stock for each person against administration records. The number of medicines remaining balanced with the records of receipt and administration of medicines. This meant that people received their medicines as prescribed. One person told us. "I do not know what I would do without the staff, as I could not do my own medication, I would never remember it all."

The manager had worked with the pharmacy so that new prescriptions would be delivered if not the same day within 24 hours and there was a robust medicines return procedure in operation. The effect of this was that the service had sufficient medicines but was not overstocked to reduce the risk of medicines going out of date.

Is the service effective?

Our findings

Support was provided to people by staff who had the knowledge and skills to carry out their roles and to effectively meet people's needs.

Staff were appropriately trained and supported within the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. This was confirmed from a review of the manager's training matrix where they logged all training attended by staff. One staff member told us, "I enjoyed the training and learnt a great deal especially about infection control."

The staff we spoke with said they had been supported by having regular one to one supervision and an annual appraisal with the manager. This gave staff the opportunity to discuss their work and to plan their development. One member of staff told us, "I have supervision every two months and it is helpful to check on where I am and a chance to learn more."

The manager informed us that staff had received training and demonstrated their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people's consent before providing care and support in a variety of ways depending on individuals specific communications needs. We saw that meetings regarding MCA had been recorded in the relevant persons file.

In each support plan, we saw that the person's needs had been assessed regarding their mental capacity to consent to their care and treatment. This included an assessment as to the level of supervision people needed and if any interventions could be classed as depriving a person of their liberty. Where people lacked capacity to make an informed decision, or give consent for example with regards to continuous monitoring, referrals had been made by the manager to the appropriate local safeguarding authority.

People were involved in both the shopping for food and the planning of menus of their choice. We saw staff supporting people with the evening meal and offering a choice of drinks. One person told us, "I really enjoyed that meal." We saw records of menu planning meetings where people were able to express their wishes and preferences in planning meals. The support plans contained information regarding people's likes, dislikes and any special dietary requirements. We saw that people had access to the kitchen and were supported to access and prepare snacks and drinks themselves.

All the people were supported to maintain good health and had access to the local health care services. We saw that people had their own GP, Dentist and Optician. A member of staff told us that records of appointments were recorded in the support plans and future appointments logged, so that the person would be supported to attend. We saw in the support plans information recorded from healthcare visits which advised the person and supporting staff of actions to take to maintain their well-being.

Is the service caring?

Our findings

We saw staff treating people with understanding, kindness and sharing jokes together. One person told us. "I think the staff care for me, because they ask each day how I am." They explained that when they had felt unwell the staff had looked after them. When people were approached by staff to ask them questions the staff responded appropriately. Another person told us. "Once I thought I was going crazy, the staff were kind and talked to me." They explained that this had made them feel better and had taken comfort from that support.

At the start of the inspection many people were out of the service at planned events. During the inspection people returned towards the evening meal time. We listened to staff welcoming people back and asking how their day had gone. People were included in discussions and were encouraged to express their decisions. The conversations with people were respectful and we saw people laughing and smiling as they explained events. Staff knew people well and understood their communication needs, wishes and preferences. The manager told us a strength of the staff was that they knew people and has supported people come to terms with difficult situations for them. The manager told us how they and the staff team were supporting people to consider moving on to new services. They told us that people tried to learn new or re-learn old skills such as shopping and travelling independently, if this did not work as well as expected the staff were there to support people with these frustrations.

One person showed us around and informed they were proud of their home and liked living at Stanway Villa. They told us that staff respected their privacy and would knock and wait to be invited in before entering. They also told us how they were pleased that the service respected their choice, an example being that the service provided a home to two cats.

People were encouraged to be independent and supported to live their daily lives as they chose. This included supporting people to express their personality in how they dressed and arranged their rooms as well as assessment and provision of personalised activities. One person told us about how they were supported to maintain relationships with people important to them. This had resulted in them visiting relatives and sometimes their relatives came to see them.

People's preferences were assessed and recorded within their support plans. The support plans were each based around eight core values of respect, independence, privacy, choice, dignity, fulfilment safety and self-esteem. Each support plan was individualised and written with the person, taking into account each of the core values. We saw that the plans were reviewed as required in the light of significant events and also on a monthly basis. Support plans included information where the person had expressed preferences such as food likes, dislikes and, 'How I like to be supported.'

Is the service responsive?

Our findings

We asked a person if they considered the staff were responsive. They told us, “Yes, the staff help me to plan to make sure I have enough of everything like toothpaste.” A member of staff told us that they considered responsive could be considered to an immediate response to something, while also responding to foreseen events such as birthdays and hence planning ahead.

The staff were responsive to people’s needs and preferences which were taken into account so that personalised support was provided. Monthly reviews of the support provided were undertaken. This provided people with the opportunity to discuss any concerns about their welfare and safety with their keyworker. We reviewed records of these meetings which described people’s responses to questions about their life in the past month. This gave people opportunities to talk about their choices, aspirations and discuss their health care needs as well as raise any concerns they might have. One person told us, “The meetings are helpful because I know where I am and can be clear about the next month.”

People told us that their individual needs had been assessed and these were reflected in their support plans

with regards to their social relationships, hobbies and individual leisure interests. People told us about the many and varied opportunities they were provided with, which they told us enhanced their sense of wellbeing and quality of life. One person told us, “I go out most days.” Another person told us that they liked staying at their home and enjoyed watching films especially cowboy films on television. They also enjoyed going out with the staff.

Records confirmed that everyone had access to, and could take part in, a wide variety of community activities according to their personal preferences. For example, visits to bowling, swimming, cinema and social clubs.

The manager told us that issues, grumbles and concerns did not grown into a complaint as the staff worked with the person at the time to resolve issues. There was a complaints policy and procedure in place. Two people we spoke with said they had no complaints, while they told us about how staff had responded appropriately to them when raising issues which were resolved at the time. The manager told us they were pleased that matters could be sorted out at source. However, it was important to learn from peoples comments and should they escalate into a complaint this was an opportunity to work towards improving the service.

Is the service well-led?

Our findings

One person told us. “The service is well-led because there is always someone here to help.”

The manager and staff promoted a culture that was well-led and centred on the needs of people at the service. People told us how they were involved in decisions about their care. One person told us. “I am much happier since I have been here, because things are organised.”

There was effective communication between staff and the manager. Staff told us they were able to contribute to decision making and were kept informed of people’s changing needs through effective communication forums such as staff meetings, daily handover meetings, supervision and appraisal. Staff had opportunities to raise any issues or concerns through regular management support. One staff member told us. “The manager is approachable.”

The manager and staff were committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Staff told us they were regularly consulted and involved in making plans to improve the service with the focus placed upon the needs of people who lived there. A professional who supported people at the service told us. “The manager is helpful and caring, in fact all of the staff at the service are.”

Their views were sought from the people who used the service regarding the quality of the service they had received. We read the results of surveys that had been previously gathered. Comments included. ‘I like the food and I like the furniture and colours.’ The results of surveys were compiled into a report where areas for improvement had been identified, actions with timescales had been set.

There were effective systems in place to monitor and check the quality and safety of the service. These included comprehensive monthly health and safety checks, monitoring the management of medicines, support plans and infection control monitoring. The manager produced a monthly report with actions for the provider. This enabled the provider to analyse accidents and incidents as well as monitoring the wellbeing of the service and to identify where action was needed for continuous improvement.

The provider had a system in place to monitor and learn from incidents, accidents, compliments, concerns and complaints. Concerns and complaints received were to be logged. Records viewed showed a system that recorded timescales for response to concerns, outcomes and actions taken.

The service had an on-call system so that staff at the service had access to senior management support at all times.