

## Pathways Care Group Limited

# Azalea House 1

### Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

## Overall summary

Azalea House 1 is registered to provide personal care and accommodation for up to five people with mental health needs and learning disability. On the day of our inspection there were five people living at the service.

The inspection was unannounced and took place on the 13 November 2014.

There was no registered manager in post at the time of this inspection. The previous registered manager left the service in September 2014. The provider had recruited a new manager, who had been in post for approximately two months. They have applied to become the registered

manager for the service and their application was being processed. 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 and associated Regulations about how the service is run.

At the last inspection on 23 June 2014, we asked the provider to take action and to make sure suitable arrangements were in place to ensure that the premises

# Summary of findings

were adequately maintained. Following the inspection the provider sent us an action plan detailing the improvements they were going to make and stated that improvements would be achieved by September 2014.

During this inspection we found that improvements had been achieved. The redecoration to areas of the premises had been undertaken and cracked window panes had been replaced. This meant that people were now living in suitable premises to promote their safety.

People told us that they felt safe living at Azalea House 1. We found staff had undertaken training to support them to recognise and report abuse and to maintain people's safety. They were knowledgeable of the different types of abuse and the action to take if they suspected abuse had occurred or was at risk of occurring.

Where people were at risk of harm, risk management plans were put in place to promote their safety. There were adequate numbers of staff with the required skill mix to support and promote people's safety. There was a recruitment process in place to ensure that only staff who were suitable were employed. People's medicines were administered, handled and stored safely.

Staff received training to meet people's needs; and the training was updated on a regular basis. There was a supervision and appraisal framework in place to support staff with their personal and professional development.

People's consent was sought before care and support was provided; however, there was a potential risk that some people's liberty maybe restricted as mental capacity assessment had not been undertaken. People chose what to eat and drink and were able to prepare their own drinks and snacks. People had access to health care services and other health professionals to make sure they received the support they required to maintain good health.

Positive interactions were observed between people and staff. We found that staff knew people very well and promoted their privacy and dignity.

People's care plans contained were personalised and contained information about their health and social needs. They were reviewed on a regular basis and as and when needs changed. The provider ensured that complaints made were used to improve on the quality of the care provided.

There was a system in place to monitor the quality of the service provision and safety aspects of the service. Regular audits were undertaken; however, the frequency of safety checks undertaken was not consistently followed and adhered to in line with the provider's policy.

# 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 abuse and avoidable harm by staff who had been trained to recognise and report abuse.

Where people were at risk of harm risk managements were in place to promote their safety.

There were sufficient numbers of suitable staff to meet people's needs and to keep them safe.

Staff supported people to take their medicines safely.

Good



### Is the service effective?

The service was not always effective

People were supported by staff who had the required knowledge and skills to carry out their roles.

There was a potential risk that people's liberty maybe restricted.

People were supported to have adequate amounts of food and drink to maintain a balanced diet.

People had access to healthcare services when required.

Requires Improvement



### Is the service caring?

The service was caring

Staff treated people with kindness and compassion.

People were supported to express their views and be involved in making decisions about their care and support.

People's privacy and dignity were supported by staff.

Good



### Is the service responsive?

The service was responsive

People received care that was personalised and responsive to their needs.

People were encouraged to raise concerns and complaints.

Good



### Is the service well-led?

The service was not always well-led

People were supported in a culture that was positive, open and inclusive.

When mistakes occurred there was transparency to ensure they were investigated appropriately and lessons were learnt.

Requires Improvement



# Summary of findings

There were quality assurance systems in place which were used to monitor the quality of the service.

The registered provider failed to submit the provider information report [PIR].

# Azalea House 1

## 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.

The inspection took place on the 13 November 2014 and was unannounced.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgement in this report.

During our inspection, we observed the care that people were provided and how they were supported by staff.

We spoke with three people who lived at the service, one relative, the manager and four care staff.

We looked at three people's care records to see if their records were up to date. We also looked at two staff recruitment files and other records relating to the management of the service, including quality audit records.

# Is the service safe?

## Our findings

At our previous inspection on 23 June 2014, we found concerns around the safety and suitability of the premises. Areas of the service required redecoration as the décor looked tired. A number of glass panes were missing from windows. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to make improvements to the premises. Following the inspection the provider sent us an action plan detailing the improvements they were going to make and stated that improvements would be achieved by September 2014.

During this inspection we found that improvements had been made to areas of the premises that were poorly maintained. The lounge and communal areas had been decorated. Missing window panes from the laundry area had been replaced. As a result people were now living in suitable and safe premises.

People told us that they felt safe living at the service. One person said, "Yes I feel safe here, we get on well and I get looked after, so I am safe." The person also said that staff supported them to keep safe. Another person said, "The staff look after me and I feel safe and comfortable living here. I would be homeless if I did not have this place." We spoke to a family member who said, "My relative is looked after safely."

Staff told us they had undertaken training to support people's safety and to recognise and report abuse. A staff member said, "We have safeguarding training and would always report anything we have concerns about." A second staff member said, "I know that I can report safeguarding matters to the manager or the local authority if needed. It is important we keep people safe." Staff were knowledgeable of the different types of abuse; and the action to take if they suspected or witnessed an incident of abuse. It was evident that staff had been trained to report concerns, if they suspected abuse had occurred or was at risk of occurring."

The manager told us that safeguarding was regularly discussed with people at residents' meetings. This was to promote their safety and to protect them from the potential risk of abuse or harm. Minutes from residents' meetings that were made available to us confirmed that safeguarding was a regular agenda item. We saw evidence that the outcome of any safeguarding investigation was

discussed with staff. This was to ensure lessons were learnt and to reduce the risk of further incidents occurring. We saw training records which evidenced that staff had undertaken updated training in safeguarding and whistleblowing.

There were risk management plans in place to promote and protect people's safety. The manager told us where people were at risk of harm, individual risk management plans had been put in place. We saw there were risk assessments in place relating to exploitation, bullying, road safety, slips, trips and falls to promote and protect people's safety. People were able to go out as and when they wished to. There was a risk management plan in place to support this activity, which had been written in a personalised manner. Where risks had been identified, measures to minimise the risk of harm were put in place to protect people's safety and promote their independence.

We saw there was a risk assessment in place in the event of a fire occurring and the premises had to be evacuated. The manager told us that the fire panel was checked weekly and people and staff were involved in weekly fire drills. Fire records seen confirmed this. This ensured people were made aware of the action to take in the event of a fire to promote their safety. We saw evidence that regular checks of the fire equipment, emergency lighting and water temperatures were undertaken and any deficiencies detected were reported and addressed in a timely manner.

There were sufficient numbers of suitable staff to meet people's needs and to keep them safe. People and staff told us that there were enough staff on duty at all times. A staff member said, "There are plenty of staff on duty, enough to help us take people out and do what they want to do. We have just had four new staff recruited which is good." Another staff member said, "Staffing is okay, we have enough staff to do what we need to. There is not much agency used which is good." We checked the staff rota and found that the agreed staffing numbers had been provided.

The provider ensured that staff employed were suitably recruited and appropriate checks were undertaken. We spoke with a staff member who was recently recruited. They were able to describe the service's recruitment process. They told us they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service

## Is the service safe?

[DBS] certificate had been obtained. Staff recruitment records seen confirmed that the appropriate checks and documentation had been obtained prior to staff taking up employment.

People were supported by staff to take their medicines safely. People told us they received their medicines at the prescribed times with staff support. A person commented, “We know the times we have to take our medication and we make sure that staff give it to us.”

Staff and the manager told us that one person who used the service was self-administering their medicines. There was a risk assessment in place to support this activity. Measures had been put in place to minimise identified risks to promote the person’s safety and independence. We found the service had suitable arrangements for the safe administration, storage, management and disposal of medicines. Staff knowledge and competences on the safe handling of medicines were regularly updated.

# Is the service effective?

## Our findings

People were supported by staff who had the required knowledge and skills to carry out their roles. People told us they were happy with the care they received and that staff knew how to look after them. A family member said, “The staff know my relative’s needs. They keep me informed if there are any changes to their condition.” From talking to staff and observation we found that staff had acquired the appropriate skills to meet people’s individual needs. For example, they were aware of people’s choices and daily routines; and communicated appropriately with them when providing support with daily living activities.

Staff said they had received the appropriate training to meet people’s needs. A staff member said, “We get all the training we need and it covers a lot of subjects.” A recently employed staff member told us they had been provided with appropriate induction training to enable them to carry out their responsibilities to the required standard. The staff member said, “I was able to shadow an experienced staff member for two weeks, until I felt confident in my role and assessed as competent. The manager confirmed that new staff were not allowed to work alone until assessed as competent in practice.

The manager told us that staff had been provided with recent training, which included dementia awareness, safe handling of medicines, cultural and competency, bereavement and loss. In addition to this staff were provided with regular updated training in moving and handling, safeguarding, infection control, fire awareness and health and safety. The training record seen confirmed this.

Staff told us they were provided with monthly supervision and a yearly appraisal. They said that they found supervision and appraisal useful, as it enabled them to discuss their personal and professional development and obtain feedback from the manager about their performance. The supervision and appraisal schedule seen, reflected that it was being followed and staff were due to be appraised.

People told us their consent was obtained about decisions on how they wished to be supported. One person said, “We choose what we want to do and make our own decisions.”

We saw staff asked people for their consent before providing care and support. They asked for their permission before assisting them with daily living activities such as, tidying their bedrooms and personal laundry.

Staff told us that they had received training in the Mental Capacity Act [2005] and Deprivation of Liberty Safeguards (DoLS). They said people’s permission was sought before providing them with care and support. A staff member said, “I always get people’s permission before providing assistance to them.” We saw staff asked people for their consent before providing care and support and explained to them how they would be supported.

We discussed with the manager the recent MCA [2005] and DoLS legislation which was recently introduced and the effect it could have on people living at Azalea House 1 to ensure that their liberty was not restricted. The manager told us that there was one person living at the service who was not able to go out unless staff accompanied them. At the time of our inspection there was no written evidence that the person’s mental capacity had been assessed and they had agreed to this arrangement. This meant that there was a potential risk that the person’s liberty maybe restricted.

People were supported to eat and drink and to maintain a balanced diet. One person said, “We have lots of choices on what to eat and drink.” People said they chose what foods they wished to eat. A person said, “We do the shopping list with staff and they do the shopping and buy what we tell them we would like. Sometimes we go with them if we feel like it.” Another person said, “I don’t have breakfast because I get up at 12.00pm. I make my own lunch. Today I cooked myself four eggs and had some ham as well.”

Staff told us people were encouraged to have a balanced diet and to eat fresh fruits and vegetables daily. They said people were supported to plan the weekly menu and to make their own snacks and drinks. During our inspection we saw people making their own snacks and drinks. We observed staff involved people with cooking the evening meal. People were able to serve themselves with the portions they wished to have. Some people chose to eat in their bedrooms. From our observations people had enough to eat and drink. The portions served were adequate and people were able to have as many helpings as they liked.

The manager told us that one person was at risk of weight loss. We saw that a risk assessment was in place to support

## Is the service effective?

the person's nutritional needs and they were weighed regularly and provided with fortified food and drinks to ensure their nutritional needs were appropriately maintained.

People were supported to maintain good health and access healthcare services when required. A family member told us that staff supported their relative to visit the GP or hospital. The person also said, "Staff make me aware of any changes to my relative's health care needs and contact me

if there are changes to their condition." Staff told us that people were registered with a GP and had regular health checks and access to healthcare services and other professionals such as, the community psychiatric nurse, [CPN], the dietician, chiropodist, optician and dentist on a regular basis. The care plans we looked at confirmed that people's psychological and emotional needs were closely monitored and staff were able to access support when required.

# Is the service caring?

## Our findings

Positive and caring relationships were developed with people who used the service. People told us staff treated them with kindness and compassion. They said that they had good relationships with the staff team and could approach any staff for advice and support. A person said, “Staff are brilliant and we are one big family.”

Staff said they knew the people they were supporting very well and had established positive and caring relationships with them. We saw this knowledge was used to good effect. For example, we saw a person had become anxious because they had to wait for the evening meal to be cooked. They kept repeating the same question. Staff acted with compassion and supported the person through their anxiety by providing them with reassurance and comfort which changed their mood.

People’s preferences and personal histories were known by staff. People told us that they were able to decide how to spend their time and when they wished to rise and retire. One person said, “I can do anything I like within reason.” Staff told us they were aware of people’s individual preferences and what they enjoyed doing to maintain their independence. For example, one person enjoyed gardening and took responsibility for ensuring that the garden was maintained. The person said, “I enjoy working outside and spend hours in the garden when the weather is good.” Another person said, “I sometimes help staff to peel the vegetables.” This showed that staff provided a caring person-centred approach to support people with their preferred daily living activities.

People were supported to express their views and be involved in making decisions about their care and support. People said that staff acted on what they said and that they were involved in their care and support. A person said, “I am able to come and go as I like and keep my own medical appointments.” People told us that they were able to

choose how to spend their time. One person said, “When I go out I always tell staff when I am leaving so they know I am not in”. The person also said, “Meetings are arranged for us, but we cancel them sometimes. This is because we feel well cared for and have no concerns.” Staff confirmed that key worker meetings were arranged for people on a monthly basis to discuss their care and support needs; however, some people chose not to have these meetings and their wishes were respected and recorded.

The manager told us that no one living at the service on the day of our inspection was using the services of an advocate. [The role of an advocate was to speak on behalf of people living in the community with their permission]. We saw that the service displayed information on how to access the services of an advocate. This was to ensure if people required the services of an advocate the information was accessible.

Staff ensured that people’s privacy and dignity were promoted. People told us that staff respected their privacy and dignity. One person said, “Staff do not barge in my bedroom. They knock and wait to be invited in. I keep my bedroom door locked when I am not in.” This demonstrated that people’s privacy was respected by staff.

Staff told us people had been issued with keys for their bedrooms and some chose to keep their doors locked to promote their privacy. Staff said that people were called by their preferred names and this was recorded in the care plans we looked at. The manager told us that people’s records were kept electronically or stored in filing cabinets. People were also provided with locked cabinets in their bedrooms which enabled them to store personal belongings or confidential information to promote their privacy.

People told us that their family and friends were able to visit without any restrictions. This was confirmed by the manager who said, “Relatives and friends are made to feel welcome when they visit.”

# Is the service responsive?

## Our findings

Staff ensured that people received personalised care that was responsive to their needs. People told us that the care provided by staff met their individual needs and their care plans were reviewed on a regular basis. One person said, “My keyworker sits with me and reviews my care plan at least once a month. She would ask me if I had any problems, if I feel okay or if my care needs have changed.” This showed that people had the opportunity to discuss their assessed needs and make changes to their care plans if needed.

Staff said that people’s care plans were discussed with them and they were fully involved in the development of the plan to ensure their individual needs, histories and preferences were taken into account; and care was delivered specifically to meet their individual needs. They told us that people’s care plans were reviewed on a monthly basis or as and when people’s needs changed. An example given was if someone saw the psychiatrist and new treatment had been prescribed the care plan would be changed to reflect the new changes. The care plans we looked at contained information about people’s health and social needs. They were personalised and relevant to each person and provided guidance for staff on how people liked to be cared for and spend their day, including their hobbies and interests and attendance at resource centres and social clubs.

The manager told us that people were encouraged to maintain relationships with family members. For example, staff encouraged people to phone their relatives on special

occasions such as, birthdays and Christmas. Some people chose to purchase presents for family members and staff supported them to do so. This demonstrated that people were supported to maintain links with family members.

People were encouraged to raise concerns. One person said, “If I had a complaint I would speak to staff straight away.” A relative of a person said, “I raised a complaint once and it was resolved to my satisfaction.” We saw evidence that people were regularly reminded at residents’ meetings on how to raise a complaint. The complaints procedure was written in an appropriate format and was displayed in the service to remind people of the process.

The manager told us that complaints made were used to improve on the quality of the care provided and they were analysed to identify trends and areas requiring improvements. We looked at the complaints record and found that there were two complaints recorded. These had been appropriately investigated in line with the provider’s policy. There was a clear audit trail recorded of the outcome of the investigation with action plans to minimise the risk of recurrence.

The manager told us that people and their relatives were asked to complete a satisfaction survey on a regular basis. This enabled them to give feedback on the quality of the service provided and to make suggestions for improvement. We found that the recent satisfaction survey completed did not generate a high response rate. However, we saw a suggestion made by a person’s relative to improve on the quality of the care delivered had been acted on.

# Is the service well-led?

## Our findings

The culture in the service was positive open and inclusive. A relative told us the service was well-led and the manager was approachable and supportive. Staff spoken with also confirmed this. One staff member said, "We get listened to by the manager and have a chance to have our say. If we have ideas we are listened to, so that things can improve." It was evident the culture in the service was open and transparent, as the manager was approachable.

Staff told us that regular staff meetings were held and they were encouraged to make suggestions on how the quality of the care provided could be improved. The manager confirmed this. For example, at a recent meeting staff discussed and agreed to provide more one to one support to people in relation to their daily living activities. This was to enable people to maintain their independence. We looked at the minutes from a recent staff meeting and found that practice issues to improve the quality of the care were discussed and they had been acted on.

Staff told us that some of the people living at Azalea House 1 were able to go out independently and were seen as part of the local community. For example, people living at the service had developed relationships with people living in the local community. We observed some people were able to go out independently, which meant they were free to make friends outside the service.

The manager told us that the organisation's whistle blowing process was regularly discussed at staff meetings. Staff spoken with confirmed this and were confident if they reported poor practice it would be addressed appropriately. The manager said that staff were made aware of their responsibility to treat people who used the service as individuals in their own rights. Throughout our inspection we observed the culture in the service was supportive and open. Staff were accessible to people and they were observed providing assistance and support when required.

The manager ensured there was transparency when mistakes occurred. For example, the manager told us where incidents or errors occurred they were investigated appropriately. We saw there was an issue relating to a medicine error. This was discussed with staff to ensure

lessons were learnt and to minimise the risk of recurrence. The manager was able to describe the process used to ensure that feedback was given to staff in relation to their performance and this was given in a sensitive manner. We found that staff provided feedback to their colleagues on training they had attended, which meant that learning was shared and practice was discussed.

The provider informed us that the registered manager had left the service in September 2014. A new manager had been appointed and work was in progress for them to be registered with the Care Quality Commission [CQC]. We found the provider complied with their legal obligation to ensure that notifications in relation to any incidents occurring at the service were submitted as required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We did not receive the provider information report [PIR] from the provider prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

The service had quality assurance systems in place which were used to monitor the quality of the care provided. People told us that they had no concerns about the service. The manager told us that there was a system in place to monitor the quality of the service provision and safety aspects of the service. We saw audits had been undertaken in respect of medication, infection control and fire safety which were up to date. Health and safety records seen reflected that gas and electrical equipment checks were up to date. We found that the frequency of checks in relation to the boiler, window restrictors and the extractor fan in the kitchen were not consistently followed in line with the provider's safety policy, which stated that checks should be undertaken weekly. It was evident that the provider's policy was not always adhered to.

The manager told us that accidents and incidents which occurred in the service would be investigated and used as a learning tool to minimise the risk of recurrence. We looked at the processes for responding to incidents and accidents. There had not been any over the last year.