

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:
22 August 2016

Date of publication:
13 October 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Our inspection took place on 22 August 2016 and was unannounced.

This was our first inspection of this provider since they had been registered with us on 18 December 2013.

The provider is registered to accommodate and deliver personal care to seven people who lived with a learning disability or an associated need. Six people lived at the home at the time of our inspection. We started our inspection early in the morning. We did this to enable us to meet and speak with as many of the people we could in case they all went out into the community later in the day.

The manager was registered with us and was present during our inspection. 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.

People told us that they felt safe at the home with the staff. There were systems in place that staff knew they should follow if at any time they felt that people may be at risk of abuse. Some environmental issues, the night fire risk assessment and medicine systems did not ensure that people would always be safe. Night staffing levels had not been determined using a tool that would determine the dependency level of each person to show the precise number of staff required to keep people safe.

New staff were given induction training to ensure that they had the knowledge of how to support people safely and appropriately when they started work. Staff had received all of the other training they needed to do their job safely. Staff had received training and understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) and ensured that people were not unlawfully restricted. People were offered meal choices to ensure that their preferences and dietary needs were met. People received input from a range of health care professionals to meet their healthcare needs.

People were supported by staff who were kind and friendly. Relatives were welcomed by staff who were polite and helpful. Care plans highlighted people's needs and preferences and people and their relatives were involved in reviews.

A complaints procedure was available for people to use and people told us that they would be happy to use it if they had the need. People and their relatives were encouraged to make their views known on the quality of the service.

The provider had a leadership processes in place that people and their relatives understood. Staff were led, directed and supported in their work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Some safety and medicine issues were in need of being addressed to prevent a potential risk of accidents and incidents.

Staffing levels had not been determined using a tool that would determine the dependency level of each person to show the precise number of staff required at night to keep people safe.

Safe recruitment systems were followed to prevent the possibility of the employment of unsuitable staff.

Is the service effective?

Good 

The service was effective.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) training and ensured that people were not unlawfully restricted.

People received assessment from a range of health care professionals to meet their healthcare needs.

People were offered the food and drink that they liked and met their needs.

Is the service caring?

Good 

The service was caring.

People told us that the staff were caring and helpful.

People's dignity, privacy and independence were maintained and encouraged.

Staff made visitors feel welcome and visiting times were open and flexible.

Is the service responsive?

Good 

The service was responsive.

Care plans were produced with the involvement of people and their relatives and reflected people's health and care needs.

People were offered a range of leisure time and occupational pursuits.

People and their relatives knew how to access the complaints process if they felt they had the need to.

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring and audit systems were carried out to promote the best interests of the people who lived at the home.

The registered manager was visible and approachable within the home and people were familiar with them and at ease in their presence.

Meetings were held and ensured that people and staff could raise issues. and be involved in decision making regarding the service provided.

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 inspection took place 22 August 2016 and was unannounced. The inspection was carried out by one inspector.

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. The form was completed and returned to us within the timescale we set. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We took the information provided into account during our inspection activities.

We met all of the people who lived at the home and spoke with four people, three care staff members and the registered manager. The majority of people who lived at the home were able to communicate with us but not all so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for two people and their medication records, three staff recruitment, supervision and training records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at provider feedback forms that had been completed by relatives. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We observed meal times.

Is the service safe?

Our findings

A person said, "I am safe". Another person said, "I feel safe here with the staff". Staff we spoke with told us that the people who lived at the home were safe. They told us that they followed the instructions in risk assessments and care plans. We saw that assessments had been undertaken regarding people's risks for example, when walking and going out into the community. We found that there had been minimal incidents or injury. This highlighted that the assessments and planning to prevent accidents had worked to prevent untoward incidents such as falls and injuries.

We found that some improvement was needed regarding environmental safety. We saw that some wardrobes had not been secured to prevent the possibility of them falling over and some pipe work had not been covered to prevent the possibility of burns. We found that there was no fire risk assessment or procedure for night staff to follow. At night there was a lower number of staff than during the day that meant that procedures should be precise to ensure that people would not be at risk if a fire were to occur. The registered manager told us that they would address these issues.

People told us that there were enough staff to support them. Staff told us in their view staffing was satisfactory to keep people safe and to meet their needs. We observed that staff were available during meal times and to take people out into the community. However, we found that only one staff member was provided during the night to support all six people one of whom suffered from a medical condition that required supervision. The registered manager told us that they had not used any formal tool to determine the precise staffing levels required. This meant that there was a potential risk that insufficient staff were available to keep people safe at night and meet their needs.

We observed that staff did not keep the medicine keys on them at all times and that they were left in a place that did not ensure they were safe and secure. This meant that there was a risk that medicines could be accessed by people who were not authorised to which could be a risk to their health. The registered manager told us that they would ensure that the medicine keys were held more safely. We saw for one person's medicine that the full instructions were not printed on the medicine record for example, the fact that the person should not lie down for a time after taking their tablet. This was an important instruction that staff should have been aware of as it could affect a person's health if not carried out. Staff we spoke with was not aware of this instruction. The registered manager told us that they would ask their providing pharmacist to include the additional instructions on the medicine record.

A person said, "The staff give me my tablets as they should". We observed a staff member supporting a person to take their medicine. They explained to the person that they were giving their medicine, what they were for, offered a drink to take their medicines with and ensured that the person had taken their medicine. We saw that the person took their medicine willingly.

Staff told us that they had received training before they were allowed to administer medicine and felt confident to manage people's medicines. Records we saw highlighted that staff had been given medicine training and had their competence assessed to ensure that they were safe to support people to take their

medicine.

We found that protocols had been implemented to instruct staff when 'as required' medicine should be given. This meant that the medicine would be given when it was required, and not given when it was not required.

A person said, "Nothing bad". Another person told us, "No hitting or shouting". Staff told us and certificates confirmed that staff had received training on how to safeguard people from abuse. The completed Provider Information Return (PIR) sent to us highlighted that, "We discuss the abuse policy with people and staff in the meetings". Staff we spoke with knew how to recognise the signs of abuse and how to report their concerns. The registered manager knew of the reporting processes they should follow if they suspected or it was reported to them that abuse had occurred and had made an alert to the local authority safeguarding team regarding an incident between two people who lived at the home. A person said, "The staff keep my money to make it safe". We looked at the processes in place to safeguard the money of the people who lived there. We checked money against records and found that it was correct.

The provider ensured that only suitable staff were employed. Staff we spoke with told us that all of the required checks had been carried out before they could work at the home. A staff member said, "No staff can start work until all clearances have been completed". We saw that references had been obtained and a Disclosure and Barring Service (DBS) check had been undertaken for each staff member before they started work. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

Is the service effective?

Our findings

People we spoke with told us that they were happy with the service provided. People said, "It is good here", "I am looked after". Provider forms completed by relatives read, "I think [person's name] is well taken care of", and, "[person's name] likes living there". A staff member said, "It is much better here than the last place I worked. People are well supported, go out if they want to, and have a good life".

Staff told us about the induction training that they had received. A staff member said, "I had a good induction when I started. I had time to get to know people and I worked with staff who had worked here for a long time". Staff records that we saw confirmed the induction processes. The registered manager told us that they had the Care Certificate induction standards available and were used for new staff. The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

One staff member told us, "I do feel supported". Other staff we spoke with also told us that they felt supported on a day to day basis. Staff told us and records that we looked at confirmed that staff received supervision sessions on an almost monthly basis to give them feedback on their performance and identify any training needs.

Staff we spoke with all told us that had received the training that they needed. A staff member said, "I have done the training I need". Staff training records that we looked at confirmed this and that specialist training such as learning disability and epilepsy awareness were also available. Another staff member said, "I feel confident to do my job". We saw that the registered manager maintained records to demonstrate the training that staff had received and when refresher training was next due. This showed that the provider was committed to staff training to ensure that staff would meet people's needs and keep them safe.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person told us, "I do what I want". Staff we spoke with had knowledge of the principles of MCA and DoLS. Training records confirmed that staff had received MCA and DoLS training. Staff knew that they should not restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices. We observed that people were not restricted and that their consent was actively sought by staff before assisting or supporting them. We saw that assessments were used to determine people's capacity and to support them to make everyday decisions. This showed that appropriate actions had been taken to ensure that no person would be unlawfully restricted.

A person said, "I see the doctor". Another person said, "I have my eyes checked". Staff and records confirmed that people attended the healthcare appointments that they required. Records and staff also confirmed that people had received an annual healthcare review by their doctor and had been offered an annual influenza injection to help prevent ill health.

The aim of a hospital passport is to assist people to provide hospital staff with important information about them and their health. We saw that 'hospital passport' documents were in place that included the information hospital staff would need to provide appropriate, safe, care and support.

A person told us, "I like the food". People we spoke with told us that they decided on a weekly basis what they wanted to eat. During the day we heard staff asking people what they would like to eat and drink. Care plans that we looked at highlighted people's food and drink preferences and staff we spoke with were aware of these. People told us that they enjoyed the variety of food and mealtimes. We saw that people were offered hot and cold drinks regularly throughout the day to prevent dehydration. We saw that meal times were relaxed and pleasant.

Care plans highlighted any allergies that people had and confirmed their risks associated with eating and drinking. Staff we spoke with was aware of people's dietary requirements. Records confirmed that where there was a concern staff had referred people to the dietician and speech and language health care professionals.

Is the service caring?

Our findings

A person told us, "The staff are kind to me". Another person said, "The staff help me". Staff we spoke with told us their peers were all caring. We saw that staff spoke and interacted with people in a kind and compassionate way. A provider feedback form completed by a relative read, "All of the staff try to make them [person's name] happy". We saw staff sitting with people and talking with them about their families and what they wanted to do during the day. There was a caring, inclusive, warm atmosphere within the service. We found when observing and speaking with people that they knew the other people who lived at the home and showed an interest in each other. During those times we saw that people looked relaxed, happy and were smiling.

A Person said, "The staff let me wash myself". Another person showed us their bedroom and said, "I can come in here on my own when I want to". The completed Provider Information Return (PIR) sent to us highlighted that, "We respect and support people to maintain their privacy and dignity in the home". Staff we spoke with told us how they promoted privacy and dignity in everyday practice. This included, encouraging and supporting people to do their own personal care to maintain their dignity, keeping doors and curtains closed when supporting people with personal care.

One person told us, "I do things for myself". Another person said, "I make drinks". Staff we spoke with all told us that they only supported people to do things that they could not do to maintain their independence skills. A staff member said, "We try at all times to promote people's independence".

A person said, "I choose what I want to wear". Another person said, "I get my clothes". Staff knew that people liked to dress in their preferred way. A staff member told us, "Everyone here chooses and wears what they want to wear". Staff told us that the staff took people shopping when they needed new clothes so they could select what they wanted. We saw that people wore clothes that were appropriate for the weather and their age and reflected their individual taste and styles.

A person said, "Yes I know my plan". A provider feedback form completed by a relative read, "I am listened to". The completed Provider Information Return (PIR) sent to us highlighted that, "Person centred plans reflect the individual needs and choices". Records that we looked at highlighted where possible people and their relatives were involved in care planning to ensure that their wishes and preferences were known and acted upon.

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us that the input of an advocate had been secured at times when decisions had to be made in people's best interests.

A person said, "I am going to see my family and go to a party". Other people also told us that they enjoyed their family visiting them or them visiting their family home. Staff told us that they actively enabled and supported people to visit their families. The completed Provider Information Return (PIR) sent to us

highlighted that, "We support people to maintain regular contact with their families and friends". We found by speaking with people and staff that visiting times were open and flexible.

Is the service responsive?

Our findings

A person said, "The staff know me". Staff told us that they knew people and their needs well.

The completed Provider Information Return (PIR) sent to us highlighted, "We have planned keyworker reviews". Records that we looked at highlighted information about people's likes and dislikes. All staff we spoke with gave us a good account of people's likes and dislikes regarding their care and were aware of how people preferred to be supported. Staff we spoke with knew people's needs. We found that care plans detailed people's medical conditions and other important facts. Provider feedback forms completed by relatives highlighted that staff knew their family member's needs. One read, "I realise they [person's name] can be a handful and staff know". A person had episodes of behaviour that challenged the service and we saw that there were instructions for staff to follow to inform them of what they should do regarding the behaviour. This highlighted that the provider had equipped staff with the information they may need to meet people's needs.

People told us that activity provision was satisfactory. A person said, "I go out when I want". Another person told us, "I like going out and do". A staff member said, "People who want to go out into the community and enjoy that". One person attended a day centre four times a week and another person attended a similar facility three times a week. Two people told us that they enjoyed visiting the local church the day before supported by a staff member. This showed that the provider ensured that people supported people to engage in a range of activities to meet their leisure time and religious needs.

The completed PIR sent to us highlighted, "A complaint procedure is available in the format for easy understanding". We saw that a complaints procedure was available in words and pictures aimed at making it easier for people to understand. A person said, "I would speak to the staff if I was not happy". People told us that they were aware of the complaints procedure. Provider feedback forms completed by relatives read, "Very few issues have been raised", and "I have no issues". The registered manager and staff told us the process they would follow if people or their relatives were not happy to resolve issues. We found that no complaints had been made.

Is the service well-led?

Our findings

A person said, "It is good here". A completed provider feedback form read, "I think that the service is well-led". Staff told us that the service was run well.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified us of all of the issues that they needed to. 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. The PIR was completed and returned to us within the timescale we asked. This showed that the provider was meeting legal requirements set.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by senior staff. A person told us, "I like [manager's name] they are good". Another person said, "They [manager's name] are nice". The registered manager made themselves available and was visible within the service we saw them speak and interact with people. We observed that people spoke with the registered manager and looked happy when doing so. Our conversations with the registered manager confirmed that they knew all of the people who lived there well.

Staff told us that they were clear about what was expected from them. A staff member told us, "We [the staff] are directed and guided well to ensure that we work properly. We have meetings that are good as they keep us up-to-date with things that are important". We looked at minutes of staff meeting minutes that confirmed that the meetings were held regularly. Provider feedback forms completed by relatives confirmed that staff worked as they should.

Staff we spoke with told us what they would do if they were worried by anything or witnessed bad practice. A staff member said, "Whistle blowing is about being able to report concerns". I would report anything that I was concerned about". We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to.

The completed PIR read, "We carry out planned quality assurance surveys to determine the views of individuals". The provider used feedback forms for people, their relatives and staff to make their views known about the service. We saw that these were used regularly and that the feedback was positive. People told us that regular meetings were held. A person told us, "We have meetings they are good". Staff we spoke with confirmed that they had meetings with people to find out their views and to ensure that meals and other aspects of the home were to their satisfaction.