Pathway Healthcare Ltd

Cabot House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**

Overall summary

We inspected Cabot House on the 27 October 2015. This was a focussed inspection looking and asked the question 'Is the service safe?' This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cabot House on our website at www.cqc.org.uk.

Cabot House provides accommodation for up to nine people living with severe learning disabilities, complex needs and associated challenging behaviour. On the day of our inspection five people aged from nineteen to forty three years lived at the service.

A manager was in post but who was not registered with the Care Quality Commission. They had submitted an application which was in the process of being reviewed. 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. The person in day to day charge of the service is referred to as the manager throughout the report.

The home had been through a period when there was a lack of consistent managerial oversight. Since the new manager had been in post, they had identified areas where improvements could be made. Not all notifications were being made when required to The Care Quality Commission. We saw that actions had been taken but that it was recognised that further improvements were required to ensure people were safely supported.

Staffing levels were determined by assessing people's support needs. There were staff vacancies at the time of our inspection. Agreed staffing levels had been maintained the majority of the time but on occasions when agreed staffing levels had not been achieved it was evident that this was due to last minute unforeseen circumstances and contingency plans were put into place in response. These shifts were all attempted to be covered by the manager of the home so that the home was kept to the level of staff required. Interviews were

Summary of findings

held to fill vacancies in line with the provider's recruitment procedure. Expected leave was planned for and accommodated within the rota. Staff told us staffing was sometimes an issue due to sickness. We heard the provider had taken steps to try to cover these shifts but had not always been able to do so. People's needs had been met and no harm had occurred as a result of them operating short staffed. However, we have assessed this as an area of practice that requires ongoing improvement.

Cover for staff vacancies and staff expected leave was planned for. Agency staff were used to cover shifts. Whenever possible the same agency staff were used on a regular basis. The use of agency staff had not impacted on the quality of support delivered to people. All agency staff underwent an induction to the service before they worked unsupervised and were aware of people's needs.

People felt safe and were supported by staff who knew about abuse. People's safety risks were identified, managed and reviewed. Risks had been appropriately assessed as part of the care planning process and staff had been provided with guidance on the management of identified risks.

People had their medication administered safely by staff who were trained and competent in their role.

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?

Cabot House was not consistently safe.

The staffing level was sufficient to meet people's needs. However, when there was unplanned leave these levels were not always maintained.

Notifications of significant events were not always being made when required to the Care Quality Commission.

Where risks were identified, these had been assessed and information

Requires improvement

Cabot House

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.

We undertook a focused inspection of Cabot House on 27 October 2015. This inspection was completed to respond to concerns we received that the service was not safely meeting people's needs. We have reported our findings under one of the five questions we ask about services: Is the service safe?

The inspection was announced because of the small scale of the service and in the interests of finding people at home. The inspection was completed by one Inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spent time with people who were supported by the service. We were invited by people to spend time with them and we took time to observe how people and staff interacted. We spoke with the registered manager, two support staff and a general assistant. We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, staff duty rotas and records relating to the management of the service.

The last inspection was carried out on 15 January 2015 and at that time we asked for improvements in two questions; Is the service effective and is it well led? These questions will be addressed in the next comprehensive inspection.

Requires improvement

Is the service safe?

Our findings

Staff were aware of the safeguarding procedures and knew what action to take to protect people should they have any concerns. We were told about an incident that potentially may have caused a risk to the person involved, staff and members of the public. We looked at the record of the incident but found that it had not been recognised as a potential safeguarding issue. It had not been referred to the local authority safeguarding team to ensure any risks could be reviewed and managed to ensure people's needs were safely met. The manager confirmed a notification had not been made. Notifications of specific events are required to be sent to The Care Quality Commission by providers in line with their legal responsibilities. We have assessed this as an area of practice that needs to improve.

Steps were taken to cover staff sickness. Staff told us told us they felt staffing was sometimes an issue due to unforeseen circumstances including last minute sickness. The manager told us they used agency staff to cover shifts at the service. The same agency staff were requested on a regular basis to help to ensure continuity of support. We witnessed a call from the agency to the manager to discuss their planned agency staff requirements where the experience and knowledge of the service by agency staff was discussed. Where agency staff were used, the provider had obtained confirmation of the qualifications they held and provided them with an induction to the service before they worked unsupervised. It was clear the service had operated on some occasion's with less staff than had been assessed as required, we did not assess this had resulted in any harm occurring to people. Therefore, we have not assessed this as a breach of regulation but as an area of practice that needs to improve.

We found that staffing levels were determined by the assessment of people's support needs. For most of the time staffing levels were maintained to meet people's needs. During the day this meant three support staff and the manager who worked to support people. At night they were supported by two waking night staff. This had been subject to review but we were told that as a new person had only recently moved in, two waking night staff would be maintained. We saw that on occasion, as a result of last minute sickness, only one waking night staff was on duty. There was a lone working policy for staff and an agreement that staff from another of the provider's services would maintain two hourly contact when this happened.

Staffing levels had not been consistently maintained but people's needs had nevertheless been met. Staff told us they were not aware of people's support being compromised as a result of being short staffed. They told us they were not aware of any accidents or incidents which have may have happened as a result of being short staffed.

Cover for staff vacancies and expected leave such as holiday was planned for. Shifts were covered by offering permanent staff additional hours or by booking agency staff. The number of additional hours staffed worked was monitored to ensure staff did not become tired by working excess hours. We saw that three additional bank staff were recruited by the manager. These are additional staff that the service can call on to provide cover.

The manager acknowledged that staff recruitment and retention had been difficult. There had been a period during which three of the total staff team of 15 had left. However, we saw interviews were held to recruit to the vacant positions and all three vacancies were covered by the appointment of permanent members of staff. The manager, who came into post in August, identified the challenges this presented, not least to people getting to know new staff. They were honest and upbeat about the benefits and challenges to people by energising and invigorating the service. They told us, "We've had a turnover of staff but that can be a good thing in terms of meeting new challenges and intelligently supporting people with problems."

People were kept safe by staff with the use of appropriate risk assessments, to ensure least restrictive options were used and proactive plans were implemented as necessary. People accessed the community with staff as they were not able to go into the community alone without support. Throughout the inspection, we saw people coming and going. Assessments were in place that identified risks to people's health and wellbeing. Where risks had been identified, there were management plans to minimise these. We looked at people's risk management plans. They were reviewed by the new manager in post. Staff told us that the management plans gave them enough information to manage any escalation of behaviours that could challenge. One staff member said, "Plans are there to

Requires improvement

Is the service safe?

tell us what to do when we see a behaviour that may challenge." The new manager told us they had had identified that risk management plans needed to be even more detailed and robust so staff had the information they needed to manage risks in a positive way. They had commenced work on updating risk assessments and behavioural management plans which would support staff in keeping people, themselves and others as safe as possible.

People's support records showed where risks were identified, these had been assessed and information recorded. This was so staff would be aware of the risks and what to do to ensure people's safety. For example, activities undertaken out and about in the community were written as useful proactive strategies. Staff told us they were able to speak with others in the team or with the manager if they had a concern. The manager said there was an on-call system in place for staff to talk to the management team outside office hours.

The provider checked staff were suitable to support people before they began working in the home. This minimised risks of abuse to people. For example, we saw recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

We looked at how medicines were managed and found people received their medicines as prescribed. Administration records showed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were given safely and consistently. The protocols were kept in the medicines section folder which meant they were easily accessible for staff to refer to.

Staff had completed medicine training and staff were "signed off" as competent to administer medicines. The registered manager confirmed and rotas confirmed they ensured there was always a competent person to give medicines on each shift.

The provider had taken measures to minimise the impact of unexpected events. Each person had their own fire evacuation plan so staff and the emergency services would know what support people needed in the event of an emergency. There was a contingency plan in place to respond to unforeseen events.