

## Pathways Care Group Limited

# Greenways

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 February 2017. We rated the service as "Good". After that inspection we received concerns in relation to two medicine errors and safeguarding incidents. As a result we undertook a focused unannounced inspection on 30 January 2018 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenways on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Greenways is a care home registered for a maximum of 17 adults, some of whom may have learning disabilities or mental health care needs. At the time of our visit, there were 12 people living in the home.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They knew what action to take if they were aware that people who used the service were being abused.

We checked the safety arrangements for the administration of medicines and spoke with care workers about their duties. We found the home had suitable arrangements for the recording, storage, administration and disposal of medicines. Audit arrangements were in place and people confirmed that they had been given their prescribed medicines. There were no gaps in the medicines administration record (MAR) charts examined.

People's care needs and potential risks to them were assessed and care workers were aware of these risks. We noted that some people who used the service had behaviour which challenged the service. Some of them had posed a risk to themselves, other people and care workers. We examined the arrangements for managing these matters. Care workers were aware of how to provide people who had behaviour needs, with effective and responsive care. We were aware that some people needed to be regularly supervised and supported by care workers. In such instances, the service would benefit from having a written close supervision policy and procedure. This is needed to provide guidance for care workers on ensuring the safety of people. .

We discussed staffing arrangements with care workers and people who used the service. With one exception, they told us that there were enough care workers deployed to meet people's needs. Care workers were knowledgeable regarding the needs of people and we noted that they interacted well with them.

Arrangements were in place to ensure that people received care which met their needs. The care of people had been carefully assessed and subject to reviews with them and professionals involved in their care. Some difficulty had been experienced in caring for people with behaviour which challenged the service. The home

had however, taken action to ensure that care workers had the required training and they only accepted people whom they could safely care for.

There were arrangements for ensuring that the home was efficiently managed and people were well cared for. Regular checks and audits were carried out by the registered manager and the area manager. These included checks on care documentation, cleanliness, staffing arrangements, medicines, incidents and maintenance of the home.

Residents meetings were held every two months where people could make suggestions and discuss any concerns they had regarding their care and the management of the home.

## 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. There were sufficient care workers on duty. Care workers were aware of the safeguarding policy. Risk assessments contained action for minimising potential risks to people. Care workers were knowledgeable regarding the management of people with behaviour which challenged the service. There were suitable arrangements for the management of medicines.

Good ●

### Is the service responsive?

The service was responsive. The needs of people had been carefully assessed and appropriate care plans were in place. Care workers had a good understanding of the needs of people and were able to manage people with behaviour which challenged the service. The care of people had been subject to reviews.

Good ●

### Is the service well-led?

The service was well-led. Audits and checks had been carried out by the registered manager and area manager. There was a clear management structure. Care workers worked as a team. Meetings had been organised where people and care workers were updated regarding the management of the home. A new satisfaction survey for people was due to be started soon.

Good ●

# Greenways

## **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 checked 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 30 January 2018 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home and the local authority.

There were twelve people living in the home. We spoke four people who used the service. We also spoke with the registered manager, deputy manager, team leader and four care workers. We observed care and support in communal areas and looked at the medicines cabinet.

We reviewed a range of records about people's care and how the home was managed. These included the care records for five people living there and staff training records. We checked the policies and procedures and medicines records.

# Is the service safe?

## Our findings

We observed that people were cleanly dressed and appeared well cared for. Care workers were pleasant and interacted well with people. Care workers went about their duties in an orderly manner. The premises were clean and there were no unpleasant odours.

The service had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. Care workers had received training in safeguarding people. They knew what action to take if they were aware that people who used the service were being abused. They were also aware that they could also report it directly to the local authority safeguarding department and the CQC if needed. Several safeguarding concerns were notified to us and the local safeguarding team since the last inspection. The registered manager had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with mental health issues, behaviour which challenged the service and self-neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency.

We discussed staffing levels with people who used the service, the registered manager and care workers. On the day of inspection there were a total of twelve people who used the service. The staffing levels consisted of the registered manager and four care workers during the day shifts. In addition, there was a deputy manager and a team leader on duty. There were two care workers on duty during the night. With one exception all people and care workers informed us that there was usually sufficient staff for them to attend to their duties. With one exception, people told us that they were satisfied with the care provided. We received feedback that there were some occasions when there was insufficient staff to take people out on outings when they wanted to. The registered manager stated that outings had been organised for people. However, she would look into the matter and if additional staffing were required for specific activities, she would discuss this with the service commissioners.

We received several notifications involving incidents where people who used the service had exhibited behaviour which challenged the service. In some instances, the police and the local safeguarding team had been involved. We examined the arrangements for managing such incidents. We noted that the service had guidance for care workers for these circumstances. Care workers informed us that they had been providing with appropriate training and knew what to do when caring for people. Care workers had been provided with buzzers which could be used to summon immediate help in an emergency. There were also buzzers on the wall which could be used for summoning assistance in an emergency.

During this inspection, we noted that a person exhibited behaviour which challenged the service. We observed that workers responded calmly and spent time talking with the person concerned. They gave this person time to settle down. Care workers told us that when people exhibited behaviour which challenged the service, they would ask people to come and have a chat in the quiet room, they may offer them a drink or engage them in activity which relaxed them. They were also aware that when needed they could administer as required medication. They stated that they would summon emergency assistance if people

were at risk.

We were aware that some people needed to be regularly supervised and supported by care workers. Other people needed to be attended to by two care workers.

Although these arrangements were mentioned in the individual care plans, the service did not have a written policy and procedure for this. Following the inspection, the provider informed us that they had reviewed their practice and were preparing written guidance for care workers.

In the two months before the inspection, two medicines error were reported to us. We discussed the errors made by care workers. The registered manager informed us that these errors were discovered following their own audits. She told us what action had been taken to minimise the risk of errors occurring again and to learn from the incidents. Meetings had been held with care workers to discuss the safe handling of medicines. Care workers had been provided with refresher training on the safe handling of medicines. This was also confirmed in the notification submitted to us. Care workers were reminded of the importance of taking their time when administering medicines and to adhere to their safety guidelines for administering medicines. They were also instructed to check MAR charts had been asked to check that they had been properly completed. MAR charts were signed by two care workers.

We checked the safety arrangements for the administration of medicines and spoke with care workers about their duties. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by staff. The home had a system for auditing medicines. This was carried out by the registered manager, deputy manager or team leader. There were no gaps in the six MAR charts examined. This indicated that people had received the medicines that they were prescribed. There was documented evidence that care workers had received medicines training. People we spoke with told us they had been given their medicines. Our findings indicated that the home had appropriate arrangements for the recording, storage, administration and disposal of medicines.

## Is the service responsive?

### Our findings

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person's care plan showed that they were at risk of misusing certain substances. We noted that the home had a policy which forbid people bringing illicit drugs and alcohol into the premises. There was also specific guidance to care workers on how to care for this person. This care included checks of their bedroom to ensure that they did not have substances which can be misused. We noted that following checks done and the discovery of prohibited substances in the bedroom of a person, appropriate action had been taken. This included explaining the home's policy to the person concerned and having a review of their care with them and professionals involved.

The records indicated that some people in the home had at times exhibited behaviour which challenged the service. The registered manager and care workers informed us that they had received training on caring for people with that behaviour which challenged the service. This was evidenced in training records we viewed. Care records of people contained risk assessments and guidance on how to care for people. Support was also provided by the community mental health team and meetings had been held to discuss care arrangements if people involved in certain incidents. A small number of people however, continued to exhibit behaviour which challenged the service. Care workers informed us that they were able to manage people. We observed that care workers were calm and able to help calm a person who exhibited behaviour which challenged the service.

We noted that the service did not have access to a behaviour analyst who could provide additional support on the management of people with behaviour which challenged the service. We discussed this with the registered manager who stated that she would discuss this with her area manager. We were informed after the inspection that the company had a behaviour analyst and they would be seeking support from this professional in the care of people with behaviour which challenged the service.

People told us that they were mostly satisfied with the care provided. Two people informed us that they had felt better since staying at the home. One person said that they would like to have more activities. The registered manager stated that they would review the provision of activities for people.

## Is the service well-led?

### Our findings

There were arrangements for ensuring that the home was efficiently managed and people were well cared for. Regular checks and audits were carried out by the registered manager and the area manager. These included checks on care documentation, cleanliness, staffing arrangements, medicines, incidents and maintenance of the home.

The registered manager stated that there were meetings with the area manager to discuss progress and any action needed. Planning meetings had also been held with senior staff each week. Residents meetings were held every two months where people could make suggestions and discuss any concerns they had regarding their care and the management of the home.

The home had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care plans were up to date and well maintained.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons<sup>1</sup>. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

The home had a clear management structure. The registered manager was supported by a deputy manager and a team leader. The area manager visited the home monthly to support the registered manager.

The home had completed a satisfaction survey of people who used the service at the beginning of last year. We saw the analysis of the completed forms and noted that the feedback was positive. A new satisfaction survey for people was due to be started soon.

Action had been taken by the service to prevent medicine errors. Medicine administration audits were carried out weekly by senior staff and these included checking MAR charts. Management staff had held meetings with care workers to discuss the safe handling of medicines. Care workers had been provided with refresher training on the safe handling of medicines. The registered manager had reminded care workers of the importance of taking their time when administering medicines and to adhere to their safety guidelines for administering medicines.

The management of the home had also taken action to ensure that care workers were able to safely care for people with behaviour which challenged the service. Appropriate guidance had been provided for care workers for these circumstances. Care workers had received appropriate training and knew what to do when caring for people. There were buzzers which could be used to summon immediate help in an emergency. After the inspection we were informed that the provider had a behaviour analyst and the registered manager would be seeking support from this professional in the care of people with behaviour which challenged the service.

