

Pathway Healthcare Ltd

# Cabot House

## Inspection report

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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 ●

# Summary of findings

## Overall summary

About the service: Cabot House is a care home providing accommodation and personal care for up to nine people with learning disabilities, including Autism. The home is a large detached house.

The people we met had complex learning disabilities and were not able to fully tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements.

The care service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

Staff knew how to recognise and report abuse and were confident any concerns raised would be responded to by their manager. Relatives told us they felt people were safe at the service.

Risk assessments were in place to ensure people's safety. Medicines were managed and administered safely. There were sufficient staff available to support people in their home and in the community.

There were a range of checks in place to ensure the safety of the home. Accidents and incidents were monitored to identify and address any patterns or themes. Learning from incidents was shared with the staff team. There were systems in place to manage infection control.

Staff received the right training and guidance to enable them to effectively support people. People's complex needs were well planned for. Staff supported people to have good health care support from professionals.

Where people lacked the capacity to make decisions for themselves, their capacity to make these decisions had been considered. However, best interest decisions around certain restrictive practices were not always documented by the service in line with the Mental Capacity Act 2005.

People were involved in choosing what they wanted to eat and were supported to have a healthy and nutritious diet.

Staff were aware of people's routines and preferences, and they used this information to develop positive relationships and deliver person centred care. Relatives we spoke with did not raise significant concerns, however one relative felt that the differing levels of challenging behaviour had a negative impact on some people that presented less challenging behaviour.

Staff described how they supported people by treating them with respect and dignity. Staff recognised when

people were not happy and responded appropriately to support them. We made positive observations of staff interacting with people.

Relatives told us staff were caring. Staff were understanding towards people and people were comfortable in the presence of staff. People participated in chosen activities and accessed the local community, staff encouraged people to participate in things of interest to them.

Care plans were detailed. Relatives told us they felt involved in their family member's care.

Relatives felt able to raise concerns with the staff or the registered manager directly.

Statutory notifications been completed to inform us of events and incidents. There were systems in place to monitor and improve the quality of care and support provided.

We have made a recommendation to the provider around the Mental Capacity Act 2005.

Rating at last inspection: Good (report published December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Cabot House

## Detailed findings

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two adult social care inspectors.

Service and service type: Cabot House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was carried out on 22 May 2019 and was unannounced.

What we did: Prior to the inspection we reviewed information that we had about the service including safeguarding records and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We reviewed this information during the inspection.

As part of our inspection we met with the nine people living at the service, however people were not able to verbally tell us about their experiences of life at the home. We therefore used our observations and discussions with staff. We also received feedback from five people's relatives and a healthcare professional who had a contract with the service.

We also spoke with six members of staff. This included a senior manager, the registered manager, the providers positive behaviour support practitioner and care staff. We reviewed two people's care and support

records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it.
- One staff member said, "I would report anything to the [registered] manager, I am happy she would take the right action she is approachable. There is information in the office about whistleblowing and I would do [whistleblow] if necessary."
- Safeguarding incidents had been reported to the local authority.
- Relatives told us they thought their family members were safe. One relative informed us, 'Cabot House is a safe, warm and friendly environment.'

Assessing risk, safety monitoring and management

- People had current, detailed individual risk assessments. We reviewed examples of risk management in relation to health conditions, activities and the environment. There was clear guidance for staff on managing these risks.
- Some people living in the home could become anxious, leading to incidents where they harmed themselves or others. There were detailed plans in place on how staff should support people at these times. Staff gave examples of how they followed people's care plans.
- Some people had specific plans in place for staff to use approved restraint techniques on them at times when they were a danger to themselves or others. Staff described how these holds were only ever used as a last resort.
- Emergency plans were in place to ensure people were supported in the event of an emergency.
- There were a range of checks in place to ensure the environment and equipment in the home was safe and regularly maintained.

Staffing and recruitment

- There were enough staff to provide people with safe care and support. Staff confirmed shifts were covered. The registered manager had an ongoing recruitment plan to fill staff vacancies.
- Relatives and the healthcare professional we contacted commented positively in general about staff, however some less positive comments were received about staff retention.
- We reviewed the staffing rotas and saw shifts were covered. In the event of unplanned sickness, the service used existing staff or staff from a nearby service owned by the provider to cover.
- Staff were safely recruited, and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

### Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- There were no medicines requiring additional security and recording being stored or administered at the time of our inspection.
- Medicines management audits were completed to monitor medicines were administered safely.
- Protocols for the administration of 'As Required' medicines were completed.
- Handwritten entries on medicines administration records were not always signed or countersigned by staff to confirm the handwritten entry was correct. The registered manager told us this would usually happen, and confirmed they would review the records where this had not been completed.

### Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice.
- Staff were responsible for cleaning the home and encouraged people to be involved.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons during personal care, to help prevent the spread of healthcare related infections.

### Learning lessons when things go wrong

- All incidents and accidents were recorded by staff and reported to the registered manager.
- Staff told us incidents were manageable. One staff member said, "Incidents are manageable, we have the right training, I've never felt out of control, restraint is only ever used as last resort. We are always looking for people's triggers, they are recorded in care plans. As a team we reflect on incidents and learn."
- The registered manager reviewed incidents and took action where required. For example, requesting input from outside professionals.
- Records showed that since the introduction of a positive behaviour support practitioner there had been a significant decrease in reported incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions had been considered and mental capacity assessments had been completed. For example, having a care plan in place that detailed the support required from staff.
- We found there were some restrictions placed on people. For example, we found restrictions in relation to the amount of time a person could spend on a piece of electronic equipment and another restriction on a person being able to access their clothing drawers. It was also confirmed the kitchen was locked at times.
- Individual capacity assessments had not always been completed relating to the restrictions we identified. Whilst it was evident the restrictions were to reduce or mitigate known risks to people, there were no capacity assessments or best interest decisions for the restrictions to demonstrate they remained the least restrictive option and were kept under regular review.
- DoLS applications had been made as required, the registered manager was contacting local authorities to enquire on the progress of the DoLS applications where needed.
- Staff told us they had received training in the MCA and they had an understanding of the Act.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
- The registered manager and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- New staff received an induction when they began working at the service. This included orientation to the service and shadowing a more experienced staff member. Staff told us this prepared them for the role.
- Staff were provided with training and support to ensure they could support people with the care they required. Additional training had been provided to meet people's specific needs including supporting people with health conditions and when they became anxious.
- Staff told us they received one to one supervision with their line manager and an annual appraisal, we reviewed records that supported this.
- Relatives told us they thought staff had the right training and skills to support their family members. One relative told us, 'The staff are well trained and have good relationships with the residents and are able to support them well to enjoy happy fulfilling lives.'

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive meals which met their choice and dietary requirements.
- There was a menu in place which staff described was based on their knowledge of people's likes and dislikes. There were other options available if people did not want what was on the menu.
- People required assistance with food preparation. We observed staff prompting people to choose and prepare their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were set out in their care plans, staff monitored people's healthcare needs and sought professional input where required.
- Relatives told us staff were quick at identifying any concerns and seeking appropriate health professional support. A healthcare professional told us, 'Overall, [person's identity] appeared to be happy and settled in the placement, and their family said that they were generally happy with the placement.'
- Staff supported people to attend healthcare appointments. Staff knowledge about people was good and professional advice provided was followed.
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom which reflected their preferences and interest. People had chosen to personalise their rooms with photographs and personal items.
- The home had various communal spaces for people to use and a large secured garden, which we observed people enjoying on the day of the inspection.
- Feedback from relatives was positive in general, however one commented, 'The house has lost the homely feel it once had and needs some refurbishment throughout.'

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Not everyone could tell us their thoughts about the staff team supporting them, however people were relaxed in the company of staff. Staff had developed positive relationships with people. We observed positive interactions between people and staff.
- One person told us, "Yes" when we asked them if they liked the staff
- Relatives told us staff were kind and caring. One relative commented, 'The staff are caring, and necessarily flexible given the different needs and personalities of the residents.'
- Staff described how they treated people as individuals and respected their wishes. Staff were aware of people's diverse needs. One staff member told us, "I treat the home how would I like my home to be, I treat people with dignity and respect. We keep a calm atmosphere, and acknowledge everyone can have a bad day, we are here to support them."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices using pictures and objects.
- Staff described how people made some decisions in the 'here and now' and that they responded to these choices.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when assisting personal care and knocked on people's doors before entering. One staff member described how they supported people with personal care, encouraging them to do as much as they could for themselves and giving them privacy.
- Relatives were positive about privacy and dignity, one commented, 'We can see that [person's identity] is really well cared for, [person's identity] needs are understood and [person's identity] is very happy to be living at Cabot House.'
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome. One relative told us, 'As parents, we feel that we are always welcome to a friendly house.'
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were individualised, detailed and relevant to the person. Relatives were involved in reviewing people's care. One relative said, 'Communication with Cabot House is easy and encouraged. They are always at the end of a phone line and are also prompt at keeping us up to date with developments.'
- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others, including professionals.
- Staff knew people well and responded to their individual communication needs. There were a range of tools in place to support people's communication needs.
- Relatives felt the staff were responsive to their family member's needs. One relative said, 'I have always felt the home has a family feel to it and is not an institution. I love the way the residents and staff all sit down at mealtimes together.'
- People engaged in activities of their choosing. Each person had their own activities schedule. People took part in activities such as personal shopping, the cinema, walks and visiting places of interest. Care plans gave information on people's preferences in relation to their social interests. Staff had a good knowledge of these. Throughout the inspection we observed staff engaging people in their preferred activities both in the service and the local community.
- Relatives were generally happy with the activities people participated in. One commented, 'Our [person's identity] is really enjoying taking part in all the activities offered to her, these include, riding, swimming, shopping, bowling, cinema, day trips and eating out.'

Improving care quality in response to complaints or concerns

- Most people living at the home were unable to raise a verbal complaint and relied on staff to support them with this.
- Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative said, 'On the rare occasion I have an issue, I speak to the manager, with whom I have a good relationship, and the issue is resolved very quickly to my satisfaction.'
- The complaints records showed that when matters had been raised by people's relatives the registered manager had taken action.

#### End of life care and support

- Care plans included some information relating to end of life care. However, most people using the service did not have the mental capacity to understand this. The information was based on the knowledge staff had of people and included input from their family members.
- At the time of the inspection no one was receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager demonstrated they were committed to providing person centred care to the people living at Cabot House.
- Staff commented positively about working at the service. Staff said they worked well together as a team. One staff member said, "We work well as a team and look out for one another."
- Staff told us that the registered manager was approachable. One staff member said "[Name of registered manager] is approachable, open and transparent."
- Relatives commented positively about the management of the service. One relative told us the registered manager promoted a good team spirit and another commented the registered manager was, 'Doing quite an amazing job in a very difficult situation.'
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The Care Quality Commission (CQC) had been notified by the registered manager of incidents which had occurred in line with their legal responsibilities.
- There was a clear staffing structure in place and staff were aware of their roles and responsibilities.
- There were effective systems were in place to monitor the standard of care provided at the service. A range of audits were carried out by the registered manager and the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought through key worker meetings. Areas covered in the meetings included, the environment, staffing, meals and activities. Pictures were used as an aid to communicate the agenda to people, and their comments were recorded.
- Relatives views were sought in the form of a questionnaire. The results in the 2018 surveys were positive.
- Staff meetings were held to communicate key messages to staff. Meeting minutes showed matters such as people's care and support needs, training, infection control and documentation were discussed.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, local

district nursing teams, GPs, speech and language therapists and psychiatrists. This was to meet and review people's needs.

- A healthcare professional we contacted wished to highlight they had previously requested information that was not provided to them and at other times they had needed to contact the registered manager to chase the requested information. They felt this was an area the service could improve on.