

Pathways Care Group Limited

Fairholme

Inspection report

134-136 Beach Road
South Shields
Tyne and Wear
NE33 2NG

Tel: 01914546598






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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 September and was unannounced. This meant the provider did not know we were coming.

Fairholme is a care home with accommodation for up to 22 people who require personal care, some of whom are living with mental health problems. At the time of our inspection 20 people were receiving a service.

We previously carried out a comprehensive inspection of this service on 8 February 2016.

Breaches of legal requirements were found because the provider did not have effective systems to ensure the care and treatment of service users was appropriate, met their needs or reflected their preferences. The quality assurance system was not effective in monitoring the quality and safety of the service provided to service users.

After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of the regulations relating to person centred care and good governance.

As part of this comprehensive inspection we checked that they had followed their plan to confirm that they now met the legal requirements.

We found the assurances the registered provider had given us in the action plan had been met.

Care plans had undergone redevelopment and people had been included in their care planning. Care plans and risk assessments were reviewed monthly as a minimum or when a change in need took place.

The provider had developed a quality assurance process to obtain the views of people, other health care professionals, relatives and staff. Questionnaires were sent to people who used the service and were in being returned. The manager had a system in place to analyse responses received.

At this inspection we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, specifically medicine management and premises and equipment.

We found anomalies in the stock balance recording for one person's medicine. The medicine administration record (MAR) did not contain the amount of medicine received in the last medicine delivery cycle. There were gaps in recording for one medicine on the MAR.

We found on one person's MAR, the dates and amount of medicines received were not always recorded. For

example, diazepam was recorded as being delivered but no amount, olanzapine receipt was dated but no amount received was recorded.

Where a person was self-administering their own inhaler, the date they were issued with a new inhaler was not recorded on their current MAR. Previous MARs showed that staff had recorded when a new inhaler had been issued. This meant that the service's recording process in relation to medicines had not been followed correctly or consistently.

The recording process for returning controlled medicines had not been followed. Controlled medicines for one person had been returned to the pharmacy but the service's controlled medicine record book had not been signed by the collecting pharmacy. The service's general returns medicine book had been signed by the collecting pharmacy.

The medicine audit process had failed to identify short falls in medicine management.

This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas within the premises appeared tired and in need of updating, the furniture in people's rooms was stained and in need of replacing. The provider had a plan of refurbishment but this did set specific dates for completion. This meant the provider had failed to ensure suitable arrangements for maintenance of the premises and equipment.

This was a breach of Regulations 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured results from health and safety audits were actioned within specific timescales. The audits that the management team were completing had failed to identify the shortfalls in meeting the requirements of all the necessary regulations. We have made a recommendation that the service seek advice and guidance to enable them to create systems and processes to respond appropriately and without delay where quality or safety is being compromised.

The service did not have a registered manager in post. 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.

The manager has recently submitted an application to the Care Quality Commission for registration but this was rejected due to inaccuracies. The application had recently been resubmitted but had not been validated at the time of the inspection.

People told us they received their medicines at the right time. The medicine room was clean and tidy. Staff responsible for administering medicines had received competency checks.

People were complimentary about the service and made positive comments. They were happy with the care and support they received. One person said, "I am happy here, the staff are canny (Nice)." Another person said, "I'm part of a family here."

Recruitment practices at the service were thorough and safe. Staff training was up to date and staff received

regular supervision and appraisal. We looked at current and recent staffing rotas for the service. There were enough staff employed to make sure people were supported appropriately. People told us they felt the service had the correct level of staff supporting them.

Staff had an understanding of safeguarding and whistleblowing and told us they would speak to management if they had any concerns. They felt confident that management would listen and act on any concerns they raised.

Systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. People told us they knew how to make a complaint. One person told us, "Oh I would make a complaint, no bother, [manager] is great." Another person said, "I have nothing to complain about but I would speak with staff, they do listen."

The registered provider had procedures in place in case of an emergency. People had personal evacuation plans (PEEPs) in place. A business continuity plan had been developed so staff knew what to do in an emergency. Health and safety checks were carried out to ensure the service was safe for people and staff. Checks included gas and electrical safety checks.

People's health needs were regularly monitored and assessed. The service contacted other health care professionals when necessary, such as GPs and dieticians. People accessed community health care by way of attending dentist and optician appointments.

People said they were involved in their care and how they were supported. One person told us, "I don't like doing my plans but I know it's important so I am involved." Another person said, "I have ambitions and speak to the staff about these to see if I can do things."

People were supported to have a healthy varied diet. A snack station was available for people to help themselves to hot and cold drinks and snacks. One person told us, "We help plan the menu but can have something different if you want to."

Staff understood the Mental Capacity Act 2005 (MCA) where people lacked capacity to make a decision and the Deprivation of Liberty Safeguards (DoLS) to make sure any restrictions were in people's best interests. DoLS authorisations were in place for people who required one.

People engaged in a variety of organised activities. Group activities and one to one sessions took place and the service facilitated day trips. We saw records of recent and future planned outings.

People told us they would feel confident to approach the staff or manager if something was wrong. Resident meetings were held and a recent survey had been undertaken to gather feedback and opinions about the home and the service.

People felt the management in the home was open and honest. One person told us, "[Manager] and [deputy manager] are great, it is so much better now."

People had individual bedrooms which allowed privacy. We saw personal effects on display such as pictures and ornaments. We found some bathroom areas had been recently decorated and new carpets laid. Supplies had been purchased to start decorating people's bedrooms. We viewed evidence of quotes for improvement work which the manager had obtained for head office.

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 always safe

Medicines were not always managed safely.

The provider had failed to ensure suitable arrangements for maintenance of the premises and equipment.

Staff recruitment was robust and pre-employment checks were completed.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date.

Staff received supervision and appraisals.

Health care professionals were involved in peoples care when necessary.

Is the service caring?

Good ●

The service was caring.

We observed positive interactions between people and staff.

Staff understood peoples preferences and were knowledgeable about their support needs.

The service had information available to people and visors regarding advocacy

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place and relevant to people's needs.

People were involved in activities both in the home and in the community.

The provider sought the views and opinions of people, staff and other stakeholders to improve the service.□

Is the service well-led?

The service was not always well led.

There is no registered manager in place.

The services improvement plan did not contain timescales. The audits that the management team were completing had failed to identify the shortfalls in meeting the requirements of all the necessary regulations.

People and staff felt the manager was open and approachable.□

Requires Improvement ●

Fairholme

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 8 September 2016 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with six people who lived at Fairholme. We spoke with six members of staff including the manager, and the deputy manager who were all on duty during the inspection.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included care records of three people, recruitment records of two staff, training records, medicine records and records in relation to the management of the service.

Is the service safe?

Our findings

We looked at how medicines were managed. We found anomalies in the stock balance recording for one person's medicine. The medicine administration record (MAR) did not contain the amount of medicine that had been received.

We found on one person's MAR, the dates and amount of medicines received were not always recorded. For example, diazepam was recorded as being delivered but not the amount received, a receipt for olanzapine was dated by no amount recorded. This meant the stock balance of people's medicine could not be monitored safely.

Where a person was self-administering their own inhaler, the date they were issued with a new inhaler was not recorded on their current MAR. Previous MARs showed that staff had recorded when a new inhaler had been issued. This meant that the service's recording process in relation to medicines had not been followed correctly or consistently.

The recording process for returning controlled medicines had not been followed. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are controlled medicines. There are specific control measures attached to these medicines as they are liable to misuse or abuse. There was a controlled medicines returns book which had not been used to record the return of one person's controlled drugs. Instead the general medicines return book had been used. This meant the correct procedure for controlled drugs returns had not been followed.

The medicine audit had not been effective in identifying these concerns.

This meant we could not be sure medicines were being managed in a proper and safe way.

This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Across the premises some areas appeared tired and in need of updating, the furniture in people's rooms was stained and in need of replacing. The provider had a plan of refurbishment but this did not have specific dates in place for completion. This meant the provider had failed to ensure suitable arrangements for maintenance of the premises and equipment.

This was a breach of Regulations 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We spoke with the ancillary staff who told us, "I do a deep clean in one area every day so over the month every room is covered." Records of cleaning were maintained. The manager told us there was a plan to refurbish the home but this would take some time as rooms could only be decorated on a rolling basis. The service had one room empty which was to be used as a temporary accommodation for people whilst their

rooms were being decorated. Since the last inspection we found some bathroom areas had been recently decorated and supplies had been purchased to start decorating people's bedrooms. We viewed quotations for improvement work which the manager had obtained for head office.

We spoke with people about whether they felt safe. People told us they did feel safe. One person said, "I am happy here, I am protected." Another person told us, "I am safe and sound here."

We looked at staff recruitment records. These showed checks had been made with the disclosure and barring service (DBS) before new staff were employed. This was to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained; completed application forms and employment history were available. This meant the provider followed a safe procedure when recruiting staff.

Training records showed staff had completed up to date safeguarding and whistleblowing training. Staff knew how to keep people safe and gave examples of how they followed support plans and risk assessments. Staff were able to describe the signs of potential abuse. For example, a change in behaviour or physical marks such as bruises. All of the staff we spoke with knew what to do if they suspected or witnessed any abuse. One care worker told us, "I would report it to the manager." Another told us, "I would report it to the manager or if my concern was with them then I would go higher." The provider had a system for the recording and monitoring of safeguarding concerns. Investigations were carried out and lessons learnt used to improve practice, such as increased or refresher training.

Risk assessments were completed for people using the service based upon their needs. For example, for those people who were living with epilepsy and nutritional needs.

Risk assessments were also in place to cover work practices within the service, along with building maintenance records. The staff carried out routine health and safety checks, including gas and electrical safety checks, water temperature checks and fire safety checks which were up to date.

We found evidence of accidents, incidents and allegations of abuse being reported. The manager audited these to identify if there were any trends or patterns. If any concerns were found then action had been taken to minimise these.

Medicines were stored securely in a locked cupboard in the medicines room. Each person had a medicine file which contained the most current medicines administration record (MAR). Records gave clear instructions on what medicines people were prescribed, the dosage and timings. Where a person was self-administering their own medicines, an entry as 'given' was made on the MAR on a weekly basis when the person's medicine stock was replenished. Arrangements were in place for secure storage in the person's room.

We saw staff had received the appropriate training to ensure the safe administering of medicines and had their competencies checked regularly. We observed staff administering medicines to people. People were approached sensitively and the medicines were administered safely.

People told us there was enough staff to meet their needs. One person told us, "There are plenty of staff around, they take time to sit and have a chat." Staff were visible throughout the day and people received support when it was required. We found many people in the service were independent and only required minimal support with personal care.

We reviewed the current rota and recent weekly rotas. The service had enough staff on duty, depending on the people's assessed support needs. Care workers we spoke with told us there were enough staff. One night carer told us, "I can spend time talking with people, you know to reassure them and help with problems." Another said, "We have a proper structure now with staff, we know what we are doing."

The provider had suitable plans to keep people safe in an emergency. The business continuity plan (BCP) gave instructions for staff in the event of an emergency. We saw each person had a personal emergency evacuation plan (PEEPs) this detailed action to be taken in the event of an emergency and was accessible to staff. The manager advised these were updated whenever there was a change in people's needs.

Is the service effective?

Our findings

People we spoke with felt the service was effective. One person told us, "I am doing great, I like to go out and I meet my friends and go to the café." We found compliments had been made about the service, one health care professional had written, 'The staff go over and above what is expected of them.'

Staff we spoke with felt confident and suitably trained to support people effectively. Training was updated when necessary. Staff completed mandatory training which covered, but was not limited to, safeguarding and health and safety. The service used a computerised system to record training. The system flagged when training was due to be updated or had expired. The system allowed the service to book any face to face training ahead of time to maintain care workers' knowledge. One care worker said, "We do a lot of training and the district nurse praised us for our care, which made us feel good." Another commented, "I am doing a team leading course, this will help me to motivate people to try and do more, that's got to be a good thing."

The manager told us the service was supported by the local authority with training. We found evidence of courses booked with the Council. Up and coming training sessions were on display for staff. The manager told us, "We have booked end of life training for staff after we had someone who was receiving palliative care." Staff had received an awareness session from district nurses to give them some basic knowledge of palliative care and what that entailed. The palliative care team had sent a card to the staff team, it read, 'You did so well in caring for [person].'

Records confirmed staff received regular supervisions and appraisals. The service had a supervision and appraisal planner. Staff told us they felt their supervisions were now much better and they used the time to discuss development and to raise any issues or concerns. One care worker told us, "I have just had my appraisal and now I am inducted onto level 3 in Health and Social Care. I will be going on a course to manage a team as well."

Staff ensured information was passed from one shift to another. They felt communication was good between management, senior staff and care staff. People's needs were discussed and updates or actions which needed to be addressed were shared. A white board was maintained by management and senior care workers to track key information and appointments. The staff also maintained daily notes about each person to ensure other staff knew what had occurred prior to them coming on duty. Effective communication meant that all staff could carry out their role responsibly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 procedure for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager tracked the DoLS applications and kept a log of each person who had a DoLS authorisation in place. Peoples care plans detailed their DoLS authorisation and what support was needed from staff.

We spoke to staff about people's DoLS, and asked for their understanding about individual circumstances. Staff were able to describe the reason for the authorisation and how they supported people. For example, accompanying a person to access the community.

Cooperation between care staff and healthcare professionals was evident in care records including social workers, dieticians, community psychiatric nurses and GPs to ensure people received effective care. One person told us, "They will organise the doctor if I ask." During the inspection we observed one person discussing their health needs with the deputy manager, who then arranged a GP appointment. We found when a person's health had deteriorated the manager had gained the support from other health care professionals to support staff awareness. This meant that the manager ensured peoples changing needs were being managed effectively.

A four weekly rolling menu was in place which had been developed with the involvement of people who used the service. People were supported to maintain a varied and healthy diet. Nutritional assessments were completed when necessary, along with care records to monitor people's food and fluid intake and weight.

We observed the lunchtime meal. The tables were laid with tablecloths and condiments. People chose where they sat, mostly in friendship groups. Hot and cold drinks were available. The main course choices were well presented and looked and smelt appetising. People told us they enjoyed the meal. We observed people helping themselves to hot and cold drinks, snacks, fruit and biscuits throughout the day.

Is the service caring?

Our findings

People told us they were happy with the support and care they received in the service. One person told us, "[Staff member] always makes sure I have everything I need, we often go out." Another person said, "On an evening we often sit and have a chat together, I like that." A third person told us, "The staff here are so helpful, really loyal, [senior carer] is great, so caring."

The staff displayed a caring, kind and compassionate attitude towards people. We observed many positive interactions, such as care workers stopping to chat to people, taking time for people to communicate. Staff clearly understood people's preferences and were knowledgeable about the support and care they required. People made comments such as, "I love them to bits" and "they are wonderful." One care worker we spoke with told us, "It is amazing to work here, it is more about improving service users' lives, I have a good relationship with people. We are all here for the same thing."

Staff were open and relaxed talking and listening to people in a caring manner. One care worker told us, "People are getting on well, I am helping with them getting their skills back, we all care, and it's their home after all." There was lots of laughter in the home, staff were having a joke with people in an appropriate manner. There were obvious friendship groups between people who used the service.

People were given choices appropriate to their needs, staff knocked on bedroom doors before entering. Staff used people's preferred names and actively encouraged decision making. One person said, "The food in here is great, [chef] makes some great things, I can make a sandwich myself if I want."

The service had information available to people and visitors regarding advocacy. The deputy manager had developed a newsletter for the service to ensure people and relatives are kept up to date with what is going on in Fairholme.

We saw plans the registered provider had to promote an employee award scheme. The award is to be given to recognise and acknowledge individual care workers. The deputy manager had developed some documentation for people to complete to vote for a care worker they felt deserved to be put forward.

Lounge areas had a range of seating, pictures and ornaments were on display. Bedrooms were personalised with photographs, pictures and ornaments.

Is the service responsive?

Our findings

During our last inspection in February 2016 we found care plans did not reflect people's individual needs. We could not be sure if people were receiving specific personalised care according to their needs.

We reviewed the action plan the provider sent to us following our last inspection. This gave assurances action would be taken to review all care plans and risk assessments. The provider told us these actions would be completed by 1 April 2016.

We found the assurances the provider had given in the action plan had been met. The manager confirmed care plans and risk assessments had been updated. We looked at three people's care records. Care plans were specific to people and reflected their needs. Care plans and risk assessments were reviewed regularly and updated when necessary. People were involved in care planning where ever possible." One person told us, "I don't like doing my plans but I know it's important so I am involved". Another person said, "I have ambitions and speak to the staff about these to see if I can do things". This meant staff had up to date care plans and risk assessments to enable them to deliver personalised care.

Staff were able to discuss people's care needs and had an understanding of person centred care. One care worker told us, "There is always choice, what time to get up or what time to go to bed, it's all about them." Another said, "It's gotten better and better, we work together with people."

People said there were plenty of activities in the home. We saw people's interests and hobbies were valued. Photographs were around the walls showing outings and trips people had taken part in. The service had a pool table which was very popular. One person told us, "We can have lots of games with each other, I like to play." Another person said, "I go out and about, if I need to go anywhere [care worker] will come with me." A third person said, "I stay overnight sometimes that's good so I get to see [friend]." We observed a baking session whilst in the service. People were really involved and were having a great time with staff, chatting and laughing. It was clear that this was a regular activity as one person told us, "Oh we're always making scones and cakes, do you want one?"

The service had a complaint's policy and procedure that was accessible to relatives, people and staff. There had not been any formal complaints made to the service. The manager told us that any minor comments or concerns were dealt with immediately so they did not develop into complaints. One person told us, "I would complain to [manager] if I had a problem."

Records showed the manager held regular meetings with staff, people and relatives. Meeting minutes were available. The service had recently carried out surveys on an annual basis to capture the views of relatives and people who used the service. The recent survey responses contained very positive comments. One read, 'Fairholme is very much a homely feeling home, positive results so far.' Another commented, 'Staff are approachable, always helpful.'

Is the service well-led?

Our findings

The service did not have registered manager in post. The manager told us they had submitted an application to the Commission for registration but they had been required to resubmit with amendments. At the time of the inspection an application had been resubmitted but this had not been validated.

The audits that the management team were completing had failed to identify the shortfalls in meeting the requirements of all the necessary regulations. We found actions from health and safety audits did not have specific timescales for completion or review. The manager acted immediately developing documentation to address this. They told us, "[deputy manager] and I will review the audit and add the timescales." We have made a recommendation that the service seek advice and guidance to enable them to create systems and processes to respond appropriately and without delay where the quality or safety of the service provision is being compromised.

The atmosphere in the service was welcoming and positive; the approach of the manager was open and honest. We discussed their plans for the service and it was evident many changes had already taken place. Staff we spoke to confirmed this. People were becoming more independent and there had been a move away from daily living tasks being done for people. The emphasis in the service was to do such tasks with people or to support them to do things themselves. Staff told us this was the biggest impact the manager has had. One care worker told us, "[manager] is amazing, I know have more responsibility, I can do care planning, rotas and I bring the voice of the staff forward in my role. I am much more confident."

The manager had a clear vision for the service and was passionate about supporting the people who used the service to maintain and gain new skills. They told us people using the service were gaining confidence to try new things and to be more engaged in their support and care. People we spoke with did feel a renewed sense of engagement with staff. One person told us, "It's all changed since [manager] came, I struggle sometimes but I am doing more for myself."

The manager operated an open door policy and emphasised the importance of open communication in the home. Throughout the inspection both the manager and deputy manager were available for staff and people who used the service and visiting health care professionals.

Staff told us they were well supported by the manager. One staff member told us, "There is good communication between the manager and staff." Another staff member commented, "I feel I am part of a team, we have regular meetings with the manager." A third told us, "Management is very supportive here, I have been here a long time it is much better now."

Staff told us they felt they could raise concerns with the management team any time, and they didn't need to wait for a staff meeting. Meetings were held with people who use the service to discuss how the service is running, any changes or just to catch up.

We found there were systems in place to monitor the quality of the service provided and this included

seeking feedback from the people who used the service, health care professionals and where ever possible relatives. Comments included, 'staff are approachable, always on hand,' and 'I would have no problem recommending the home to other professionals.' We also saw pictorial images to indicate people were happy with the service.

The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The manager kept a file of all the notifications completed. All personal records were secure and stored in accordance with the Data Protection Act.

The manager had a system in place to record and manage accidents, incidents, safeguarding concerns and complaints. These were reviewed to identify if there were any trends or patterns. The manager advised and staff confirmed that lessons learnt were discussed. Multi-disciplinary meetings were held when necessary. This meant that the service was actively involved in promoting partnership working.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises requirement maintenance, no timescales on improvement plan