

## Brookdale Healthcare Limited

# Pathway 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

Pathway House 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. The care home accommodates up to 12 people in one adapted building. The home can be divided into two separate units, each for six people, when the needs of the people being accommodated require it.

We spoke with the registered manager about the CQC's document 'Registering the Right Support', which asks care homes providing support to people with learning disabilities, to work within certain guidelines. We confirmed with the registered manager that they were aware of this document. They had considered whether they needed to make any changes and felt they were already working within the principles of this model of support.

At our previous inspection in November 2015 we rated the service as good in all five of the questions we ask. The first inspection visit to the service took place on 22 November 2017 and was unannounced. We arranged to return for a second visit on 5 December 2017.

This service requires a registered manager as a condition of its registration. 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. There was a registered manager in post who had been managing the service since it opened in July 2014.

During our first visit we found that medicines were not always being managed safely. The registered manager carried out a thorough and objective investigation into all aspects of medicines management. The actions they took meant that by our second visit people were receiving their medicines safely and as they had been prescribed.

People felt safe living at the service, with the staff and with the support the staff gave them. People were protected as far as possible from abuse and avoidable harm by staff who were trained and competent to recognise and report abuse. Assessments of all potential risks to people and to staff were carried out and measures put in place to minimise the risks, without limiting the freedom that people wanted to take risks appropriately.

There was a sufficient number of staff with the right experience, skills and knowledge deployed to make sure that people were kept as safe as possible. There was an effective recruitment process in place to reduce the risk of unsuitable staff being employed. Staff were clear about their responsibility to report accidents, incidents and concerns and they followed the correct procedures to prevent the spread of infection.

Holistic assessments of people's support needs were carried out before the person was offered a place at

Pathway House, to ensure that the service could provide that support in the way the person preferred. Technology, such as a mobile phone for use when people went out unescorted, was used to enhance the support being provided.

Staff received induction, training and support to enable them to do their job well. When required, staff supported people to cook a meal or to contact external healthcare professionals such as GPs. The service had been effective in supporting a number of people to achieve what they wanted to achieve and move on to more independent living.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives praised the staff, had good relationships with them and described them as caring, supportive and professional. Staff made people feel they mattered and knew each person, and the details about the support the person needed, very well.

People were involved in planning their support and information about advocacy services was available if anyone wanted an independent person to assist them with their affairs. Staff respected people's privacy and dignity and encouraged people to remain as independent as possible. People could have been supported to be more independent with preparing their own, healthy meals.

Each person's support plan was fully personalised, agreed with the person and gave staff sufficient guidance to support the person in the way that would help them attain their goals. People planned their own activities and outings, with staff support.

A complaints process was in place and people, their relatives and staff were confident that any issues would be addressed by the management team. End-of-life care was not provided at Pathway House.

The service had received a number of compliments from people and their relatives. Staff and external professionals told us they would happily recommend this service to others. The registered manager provided good leadership and ensured that staff were clear about their role to provide people with a high quality service, thus upholding the values of the service. Staff felt well supported and happy to be working at Pathway House.

A quality assurance system was in place, including a number of ways in which people, their relatives, staff and other stakeholders were asked to give their views about the service and how it could be improved. Audits and monitoring checks on various aspects of the service were carried out and action plans were in place to ensure that any shortfalls were addressed.

The manager was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters. The service worked in partnership with other professionals to ensure that joined-up care was provided to people.

## 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.

There were enough staff deployed to keep people safe and provide them with the support they required.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff recruitment reduced the risk of unsuitable staff being employed.

Potential risks to people and staff were assessed and minimised, without limiting people's decisions to take risks. Action was taken to ensure that medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported well so that they had the skills and knowledge to deliver effective support to the people who used the service.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make important decisions for themselves.

Holistic assessments of people's needs were undertaken. Technology was used to enhance the care provided.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring, supportive and professional staff who knew each person and their individual needs well.

People were fully involved in planning their care and support and staff showed people that they mattered..

Staff respected people's privacy and dignity and encouraged people to fulfil their goal of being as independent as possible.

### Is the service responsive?

Good 

The service was responsive.

Support plans were in place for each person and the support was fully personalised to meet individual needs.

People were encouraged and supported to find meaningful activity to be involved in.

Complaints and concerns were responded to well.

### Is the service well-led?

Good 

The service was well-led.

The manager provided good leadership and made sure staff were clear about their role in providing people with a high quality service.

A quality assurance process gave people, their relatives, staff and other stakeholders a number of ways in which to comment about the service. Audits and quality monitoring checks were carried out and shortfalls addressed.

Legal requirements were upheld, including notifications being sent to the CQC as required.

# Pathway 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.

This inspection included two visits to the service. On 22 November 2017 the visit was carried out by the lead inspector and an expert by experience, and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for someone with complex and challenging needs. On 5 December 2017 the visit was carried out by the lead inspector and was announced.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. The information also included the provider's responses to concerns that had been raised.

In August 2017 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

During our visits we observed how the staff interacted with people who lived at Pathway House. We spoke with five people who lived there, three relatives of people who lived there and eight members of staff: seven support workers (including senior support workers) and the registered manager. We looked at two people's care records as well as other records relating to the management of the service. These included records relating to the management of medicines, meeting minutes and audits that had been carried out to check the quality of the service being provided.

## Is the service safe?

### Our findings

We checked the way medicines were managed and found some errors. Staff had not followed the provider's policy nor carried out this task in line with their training. They had not carried forward the amount of any medicines left in their original packets to the current MAR charts. This meant we were not able to check whether the number of tablets remaining tallied with the number signed as having been given. Staff were responsible for counting medicines remaining. We noted that no action had been taken when the count had been found to be inaccurate.

By the time of our second visit, the registered manager had carried out a thorough and objective investigation into the management of medicines. They had taken a number of actions to ensure that medicines were managed as safely as possible. These included all staff undertaking further training and competency checks, improvements to the recording sheets and increased supervision for staff identified as directly responsible for some of the errors. They had contacted the pharmacist supplying their medicines who had made further suggestions for actions to ensure safer management of medicines. These had been added to the action plan. We checked whether medicines belonging to three people were being managed correctly. We found that the numbers of medicines in stock had been recorded so that we could check that these tallied with the number of medicines given. We found that the numbers were all correct. This meant that people were receiving their medicines safely and as they had been prescribed.

People told us they felt safe with the service they received at Pathway House and with their support workers. They gave us a number of reasons to explain why they felt safe, including sufficient numbers of staff being available and that their money and medicines were kept safe. One person told us, "I feel safe because when I was in the hospital I was kept in. I wasn't allowed out. But now I can go out alone it's better." Another person felt safe because they knew everyone in the house and said, "There isn't much arguing or anything...it's usually calm." One relative felt their family member was safe. They said, "I believe he's safe because he's confined within [agreed] limits and the home is cosy within boundaries and stability." A second relative told us, "He's checked by the staff so I know he's safe." A healthcare professional told us that one person, "Has been able to go deeper in the therapy because they say that Pathway House is their 'safe space'."

The provider had systems in place to ensure that people were protected from abuse and avoidable harm. Staff had received training in safeguarding people and showed us they would know how to recognize and report any issues which caused them concern. One member of staff described how they would deal with a particular situation and another member of staff told us how they had dealt with a situation in a previous employment. Both showed us that they had a good understanding about protecting people and that they were clear about which external agencies to report to. A person who lived at Pathway House showed us that there was a police notice on the board. They said, "That's to remind us about safeguarding. No-one should be hurting us, here or outside."

The provider had introduced a system of conflict management and physical intervention training, in order to create a safer environment for people and staff. This training focused on safeguarding everyone involved in an incident and reduced the need for any physical intervention.

One of the aims of the service was to support people to take risks in a safe environment. Any potential risks to each person were assessed by the multi-disciplinary team (MDT) involved in the person's support. Any risks to others from the person were also assessed. These risks were discussed with the person and guidance for staff on how to support the person to minimise the risks was agreed with them. Risk assessments and the relevant care plans were kept up to date and were discussed with staff when any changes had been made. A relative told us, "They don't put [name] at risk. I feel [name] is safe when outside too." They went on to describe the actions staff had taken to ensure the person was not at risk when carrying out an activity in the community.

People were supported to understand how to keep themselves safe. This support varied between individuals and was described in each person's support plan. People were encouraged to access learning on the computer and told us about what they had learnt. There were also posters and information on noticeboards to remind people about what they should do if they felt unsafe. The provider had assessed that personal emergency evacuation plans (PEEPs) were not required for the people currently living at the service as each person was capable of following instructions and finding their own way out of the building in the event of a fire. People had been involved in evacuations regularly to make sure they knew what to do and they had responded appropriately to the alarms.

Thorough and objective investigations were undertaken into any concerns raised to ensure that the risk of recurrence was reduced as far as possible. For example, during our first visit to the service we found some errors in medicine management. The registered manager carried out a thorough investigation and put actions in place to reduce the risk of future errors. The actions included discussing the errors with staff and re-training staff.

There were enough staff available to keep people safe and meet their needs in a timely manner. The registered manager told us that staffing levels were reviewed at least weekly. Additional staff were rostered on duty to make sure that activities, appointments, outings and home visits could take place if people needed staff support. One person said, "There's always staff about. Sometimes they are busy but not too bad. I don't have to wait. It doesn't stop me from doing anything." A relative told us, "We visit quite often and I think there is usually enough staff." A healthcare professional said, "From what I have observed there are enough staff to keep people safe." A second health care professional told us, "On each of my visits, staffing levels have appeared to be appropriate."

The provider had a thorough recruitment process in place. This included carrying out pre-employment checks such as references and a criminal records check, which had to be satisfactory before the new member of staff was allowed to start work. This helped to ensure that only staff suitable to work at this care service were employed. During and following induction staff received training to make sure they had sufficient knowledge about the safety aspects of their role to keep both themselves and the people who used the service as safe as possible.

The provider had systems in place to protect people from the risks of infection. Support staff were responsible for cleaning the house. They said that the majority of the cleaning was done at night. We noted that most areas of the house were clean, even though some areas, such as the shower room, were in need of refurbishment to fully eliminate any risks from damaged decoration. In the PIR the registered manager had told us that everyone who lived at the service would receive training from an external organisation in the prevention and control of infection. Unfortunately, although the training had been planned, the funding for this had been withdrawn so had not taken place. However, staff had advised people on ways of keeping safe from infection. For example, one person told us, "I know about hygiene in the kitchen. Like washing your hands and using a food probe." Another person had undertaken food hygiene training at college. The



registered manager said they were in discussion with another trainer to provide the planned training.

## Is the service effective?

### Our findings

Thorough, holistic assessments of people's needs were carried out before a person was considered for a move to Pathway House. Most people had been receiving care and treatment at Milton Park Hospital, a secure hospital owned by Brookdale Healthcare Limited. Pathway House was located in the grounds of the hospital, which meant that people continued to receive support from Milton Park's clinical team, such as consultants, psychiatrists and psychologists. People's assessment and discharge to Pathway House had often been planned, by the MDT supporting the person, from the time they were admitted to Milton Park.

Technology was used to support people to be as independent as possible. For example, a stage in goal setting for some people included taking the home's mobile phone out with them so that they could ring the staff if they needed support. This helped to ensure that people were as safe as possible and that, when needed, timely intervention was available.

New staff underwent a thorough induction process, which included training and shadowing experienced staff. Further training was then offered regularly to ensure staff were confident and competent to carry out their role. Topics included health and safety; moving and handling; food safety; first aid; and communication. Staff said that all the training was computer-based and they were reminded automatically when refresher training was due. They undertook a test at the end of each training session to make sure they had understood and learnt from the training. The registered manager also checked what staff had learnt, during observation, supervision and by working alongside them.

Relatives were satisfied that staff had been trained and knew how to do their job. One relative said, "I would say they are well trained and do their best for [name]." Another relative stated, "I believe the staff to be trained enough."

Staff were fully satisfied with their training and also received training in topics specific to individuals. At the time of the inspection one person had a particular medical condition and staff had undertaken training so that they understood this condition better. Additional training was available to staff who wanted to develop their knowledge and skills further. The registered manager was completing a level five course which focused on leadership and management and a senior member of staff was completing a level three leadership course.

Staff felt very well supported, by their colleagues, senior staff and by the registered manager. They had one-to-one supervision sessions each month, regular staff meetings and felt they could talk with anyone at any time. One member of staff said, "Staff all work as a team." The provider had allocated a Freedom to Speak Up advocate from another of their services, to support staff at Pathway House. Staff knew they could speak with the advocate, in confidence, whenever they wanted to. The registered manager was supported by one of the senior team at Milton Park Hospital.

People made their own decisions about their meals. Meals were provided by the Star Centre, a resource close by that was owned by Brookdale Healthcare Limited or people could choose to cook their own meals.

There was a café at the Star Centre where people could go for a meal, or cooked food was delivered to Pathway House. We noted that what people cooked was not always a particularly healthy meal and we also noted that there was very little food in the refrigerator if people had wanted to cook a meal for themselves.

People were supported to maintain their health. People were encouraged to access health services, such as the GP, chiropodist, optician and dentist, in the community. However, if people were unwell, other healthcare professionals, such as the GP, would visit the service. Much of the support people received relating to their healthcare was provided by Milton Park Hospital. This included health care professionals such as a consultant in mental health, a psychiatrist and a team of psychologists. Other healthcare professionals, such as speech and language therapists and dieticians were also involved in people's care and support when required. Advice from other healthcare professionals relating to the care and support being provided by the service was incorporated into the person's care plan.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training and understood the principles of the MCA. The manager confirmed that at the time of the inspection everyone who lived at Pathway House had the capacity to make their own decisions. Staff understood that people deemed as having capacity had the right to make what staff might have considered an unwise decision. This was demonstrated by one person who did not always want to make decisions that promoted their health. This meant that staff were working within the principles of the MCA so that people were not unlawfully restricted and their choices and preferences were respected and recorded.

## Is the service caring?

### Our findings

People, their relatives and external professionals who wrote to us all made positive comments about the staff. One person told us, "I like it here...and I can talk to staff, they are all good." Another person said, "The staff aren't bad. The majority are good and they are ready to help most of the time." A relative said, "I think staff are good." Another relative told us, "I'm very impressed with the home. [Name] has been in different places but I'm really impressed with the care [name's] getting, and us. We're kept in the picture all of the time by all of the staff." External professionals described staff as, "supportive and caring"; "warm, polite and helpful"; "professional and approachable"; and "their approach is excellent."

People told us that staff made them feel that they mattered. Staff demonstrated that they knew each person, including their likes, dislikes and preferences, very well. One person said, "[Staff] are all good at sitting with me, having a good talk to see how I'm doing and then they ease my worries. It really helps because I can talk it all through with them." One person told us how staff had supported them when they had become physically unwell and had been admitted to a general hospital. They said, "Staff were amazing. There were always staff by my bed and they supported my [relatives] too. I couldn't have coped without the staff, they were great." This person's relatives told us, "it was the staff that kept the three of us going." They had also written to the registered manager: "Thanks to all of the team who helped to make this unexpected experience a positive one. The caring attitude was exceptional and everyone went about their work with every sign of dedication. Words cannot express how grateful we as a family feel but know that our [family member] is part of an amazing family at Pathway House."

Advocacy services were available if someone wanted an independent person to assist them with their affairs. One person pointed out to us that the advocacy service was advertised on a notice board, with a photograph of the advocate. They said, "That's [name]. I know her and I can talk to her."

People were actively involved in planning their care and support. Each person had a keyworker who worked with them to set their goals and the actions they were going to take to meet those goals. Good relationships existed between people who lived at Pathway House and the staff. One person told us, "[Name of staff member] is so helpful and easy to talk to. We all get on here." Two other people told us how much they appreciated the support given to them by their respective keyworkers.

Staff respected people's privacy and dignity and confidential information about people was stored securely. Staff did not talk about people in communal areas of the home and did not discuss people's affairs with other people living at Pathway House.

People were supported to be as independent as they could be. It was a condition of their admission to Pathway House that they would work with the staff to become as independent as possible. Once a person had reached their full potential, the staff worked with the person's care manager to find appropriate accommodation for them to move on to. A relative said, "For the first time I can relax because [name] is safe and well cared for but it is also so good to see [name] becoming more independent."

Each person had individualised goals and aims to work towards independence. For example, one person explained that their medicines were kept in the medicines' room and staff would get them when the person wanted to take them. The registered manager told us that the next step towards this person's goal of being able to manage their own medicines would be to install a lockable cupboard in their room. This would mean they could keep their own medicines and take them with less support from staff.

However, people were not always supported to be as independent as they could have been, especially in relation to food and meals. Staff told us that on Sunday evenings they showed people the menu from the Star Centre for the following week. People could choose to have their meals from there (either at the Centre or delivered to the house) or they could choose to cook their own meals. We saw that ready-made sandwiches were delivered at lunchtime, rather than people making their own sandwiches. The registered manager agreed that this was not upholding the aims of the service and stated that they would address this with staff.

Staff supported people to maintain contact with their friends and family. People told us staff supported them on home visits, providing transport to enable them to get to their family home and back. Relatives told us that they were always made to feel welcome at Pathway House, whenever they visited. One relative said, "I am made welcome at any time and it is always calm and relaxed in the home." Another relative told us, "We are made to feel welcome and at home whenever we arrive, which is nice."

## Is the service responsive?

### Our findings

Holistic assessments of people's needs were undertaken by the MDT before the person was offered a place at Pathway House. People were fully involved in agreeing the service they would receive from the staff and had to show that they were committed to making the placement work for them. The assessment formed the basis for support plans, which ensured that people received personalised care and support that was responsive to their needs. One person said, "I've got my [support] plan, everything is all written up and staff can see what's needed." Another person told us, "I have a support plan and I mostly go over it with my key-worker." A relative told us, "We are involved with the [support] plan and kept informed of all meetings and appointments." Another relative said, "[Name] has a [support] plan so we can see what [name] does and I think that's good."

People who moved into Pathway House were supported by staff using a 'positive behavioural support' (PBS) approach. PBS was a person-centred approach to people who are at risk of displaying behaviours which challenge. PBS involved understanding the reasons for behaviour and considering the person as a whole. This included the person's life history, physical health and emotional needs so that appropriate individual support could be implemented. Each person had a PBS plan in place so that staff worked with each person in a personalised, consistent way.

Support plans gave personalised, detailed guidance to staff on how the person wanted their needs to be met. For example, in one person's support plan relating to their mental health and behaviour, it was very clear that the person had been fully involved in discussing how staff should support them if they were putting themselves at risk. The support plan also included what staff should do if other people were at risk from this person's behaviour. We saw that risk management plans had been linked to the support plan each time a person accessed the community. The information was also recorded in the person's daily notes.

An external professional described Pathway House as "very supportive and has a clear pathway of care." They added, "Each [person] has a tailored pathway and is actively involved in all reviews."

Each person's progress was documented and shared with the MDT at a weekly progress review. All updates to the support plans were agreed with the person and shared with the staff team at handovers. People were being encouraged and supported to chair their own review meetings. The registered manager said that one person was really proud that they had done this.

Support plans included goals that people had set for themselves and the steps they needed to take to achieve each goal. These varied from person to person and some people managed to achieve their goals more quickly than others. An example that one person described to us was about going out alone into the community, by bus. Initially, staff had gone with them, to make sure they knew where to get the bus, which bus to get and where to get off. Staff then shadowed them. Once they felt confident, they went alone, with the mobile phone to contact staff if they felt vulnerable.

People were supported to follow their interests and hobbies and to be involved in meaningful activities. An activity coordinator was employed to ensure that people were supported in what they wanted to do and that arrangements such as transport were in place. Activities and outings were also arranged through the

Star Centre and people were invited to join in if they wanted to. One person told us, "There are things to do if you want. Star Club where they have activities, movie sessions and trips out like bowling. I went to London zoo and a bird sanctuary." Other people told us they went to local towns on the bus, went swimming and went for walks to a café or to the pub. Another person explained that they liked to watch the birds. They said, "Staff helped me get a bird table in the garden." We noted that there was a lot of walking to local cafes and a fast food restaurant, but little healthy activity, such as regular swimming or visits to the gym had been organised.

People were being encouraged to undertake some of the same training that staff undertook. E-learning (on the computer) had been made available to people in topics such as safeguarding, mental capacity and mental health. A 'journey board' on the wall next to the computer had been started to record people's experiences that would help others. A local farm was very happy to have people go and work there. One person said, "I like going to [name of] farm" and staff encouraged the person to show us a picture of jars of produce they had helped put ribbons round. People were also given the opportunity to go to college if they wanted to.

The provider had a system in place so that people and their relatives knew how to raise a complaint if they needed to. A complaints form was available and staff said they would sit with the person who wanted to make a complaint and assist them to complete the form if they wanted assistance. The form would then go to the registered manager and staff were confident any issues would be addressed. One person said, "Any problems, I talk to the [registered] manager and she's great." A relative told us they had only complained once and the matter was dealt with promptly by the registered manager.

Pathway House was set up to provide a step-down service for people leaving the secure hospital and learning to live more independently. It was not planned for and was not suitable for end-of-life care. Should anyone suffer a trauma that resulted in them needing end-of-life care, the registered manager said they would work closely with other providers to find an appropriate placement for the person.

## Is the service well-led?

### Our findings

We received very positive feedback about the service from people, their relatives and external professionals who wrote to us. A relative told us, "The home is very good; it's the best one he's been in. He seems very happy and relaxed." Another relative said, "I've noticed a good difference in him thanks to him being in this home and him trying." External professionals made comments that included, "My experience of Pathway House has been positive"; "The service provided by Pathway House is of outstanding quality"; and "I would say that the quality of care has improved under the new management structure."

Pathway House had received several compliments from people who had left the service. One person wrote, "Thank you very much for looking after me. I deeply appreciated your support and care. Gonna miss you all." Another person wrote, "Thank you for everything you've done for me. You've looked after me, taught me to look after myself and kept me positive. Thank you for giving me a chance...Pathway is the unit with the best staff and I couldn't have asked for better support." A third person wrote, "Thank you for looking after me. You have done a fantastic job and I really appreciate all the hard work that's gone into making me amazing again!"

There was a registered manager in post. The registered manager showed that she had good leadership skills and people, their relatives, staff and external professionals all had very good things to say about the way she carried out the role. One person told us, "The [registered] manager is really good and approachable, easy to talk to and usually has the answer." A relative said, "[Registered manager] is very approachable and very helpful." An external professional wrote, "The [registered] manager of the unit is very professional and easy to approach. She is always actively involved in client care and reviews." Another external professional wrote, "I think [registered manager's name] is a really good manager. She really understands the needs of her residents and she makes time for her residents and for staff. She is approachable, reliable and a good leader."

The registered manager was clear that the values of the provider organisation, which included respect, dignity, inclusion, equality, person-centred and promoting independence, had to be upheld by every member of the team. The registered manager described the main aims of the service as enabling individuals to recognise their potential, have goals and aims and to reach these. Staff were clear about their role and demonstrated that they were aware of, and were upholding the organisation's values and aims. The registered manager achieved this by supporting the staff with individual supervisions, team meetings, spot checks and by leading by example.

The provider had a 'Custodian of the culture and freedom to speak up' policy. This new procedure was designed to enable staff to be confident in speaking up should they have any concerns. A 'freedom to speak up advocate' had been nominated by the staff team so that they had someone to go to in confidence who would support them to escalate their concerns to the appropriate person. Staff were also aware of the provider's whistleblowing policy.

The registered manager was aware of their responsibilities to keep up to date with all legal requirements



and with current good practice. This included the requirement to inform CQC of various matters via the relevant notifications.

The provider had systems in place to ensure that a high quality service was provided to people by the staff. People, their relatives, staff and other stakeholders had a range of ways they could share their views about the service and put forward ideas for improvement. A survey had been sent to people who lived at Pathway House, their relatives, staff and other stakeholders. The responses in the surveys that were returned had been analysed and collated and reported on in the service's Annual Quality Report. An action plan had been drawn up to further develop the service and the experience had by those involved in it. Meetings for people who lived at the service were held weekly. Relatives also told us they had been invited to meetings. One relative said, "I do feel I am listened to." Another relative told us, "We do have meetings and I feel fully informed from staff at the home."

Staff were also given opportunities, such as staff meetings, supervision sessions and appraisals, to air their views. One member of staff said, "You can have your say. I feel listened to."

Senior staff and managers undertook a number of audits of various aspects of the service and in particular, health and safety audits. These were in line with new policies and procedures and were completed electronically. The audits included food hygiene; the environment; vehicles; fire safety and maintenance issues. They were completed over a rolling six-month period and actions put in place to address any shortfalls.

The service had some links with the local community, although facilities locally were very limited. The provider had organised a 'hate crime community event' at their training academy in the village in order to raise awareness of hate crime and to develop relationships with people who lived in the village. They had invited members of the community, the local police, staff and people who lived at the provider's services in the village. The police gave a presentation on hate crime awareness. Following this, people and staff went door to door round the village to hand out leaflets about hate crime and introduce themselves to their neighbours.

The aims and ethos of the service were to proactively support individuals to learn how to help themselves and avoid crisis. People were supported to develop coping strategies so they could move into the community. One person who left said, "Pathway House has helped me understand that autism isn't a negative thing, it's just something you have to learn to manage. [Staff] made efforts to recognise what my dreams were, what I could achieve and helped me achieve these. [Staff] made me realise that I am a person, not just a patient."

The registered manager had completed a training course, which allowed them to be an on-site supervisor to students from the University of Bedfordshire. One student social worker had had a placement at the home and was very pleased with the help and support they had received. They wrote, "You and your team have taught me so much and you have assisted me greatly in my professional development. Your commitment to the people you support and your staff is second to none. I have been lucky to have this placement...a brilliant experience."

The service worked in partnership with other professionals to ensure that joined –up care was provided to each individual. A number of professionals involved in people's care were employed by the provider and they, along with staff from Pathway House and the registered manager, met weekly to discuss each person's support and their progress. Other professionals were also involved in people's care, including GPs and community nurses. Staff liaised with them directly and ensured that any advice was cascaded to the rest of

the staff team and followed. This meant that each organisation knew what the others were doing in relation to a person's care, as far as they needed to know and the person wanted them to know.