

Pathways Care Group Limited

Azalea House 2

Inspection report

69 Winifred Road
Bedford
Bedfordshire
MK40 4EP

Tel: 01234342215

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 7 December 2016 and was unannounced.

The inspection was carried out in response to information of concern which had been received.

At this inspection we looked at these specific areas to check if the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Azaelia House 2 provides care and support for up to three people with mental health needs some of whom may have a learning disability.

The registered manager at the service had recently resigned. Therefore, the service did not have a registered manager. The provider had put arrangements in place for two interim managers to support the service. 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.

During this inspection we found that fire checks had not been consistently maintained; however the fire panel was regularly serviced by an approved operative. Electrical equipment at the service had been appropriately checked and deemed fit for use. A certificate for the hard wiring of the premises had been issued to confirm it complied with current safety regulations. The staff rota reflected that the staffing numbers were sufficient to meet the needs of people using the service.

The practice in place to ensure that newly appointed staff had been supported with an induction was not consistent. Mandatory training for staff was kept under review and arrangements had been made for staff to access other essential training to support them in their roles and responsibility.

People were not consulted when there was a change to the menu; however, their nutritional and hydration needs were being met and they were enabled to prepare snacks and drinks of their choice daily.

The service did not have a registered manager in post. As a result there was a lack of consistency in how the service was managed and led.

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.

Fire safety records were not consistently maintained.

Arrangements were in place to ensure that electrical equipment used at the service was appropriately checked and fit for use.

Staffing numbers were sufficient to meet the needs of people using the service.

Is the service effective?

Requires Improvement ●

The service was not always effective

A newly appointed staff member had not been provided with the appropriate support and induction they needed to enable them to carry out their roles and responsibilities.

People had not been consulted when there was a change to the food menu.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

The service did not have a registered manager in post. As a result there was a lack of consistency in how the service was managed and led.

Records relating to the safety of the premises were not consistently maintained.

An action plan had been put in place to support staff in understanding what was expected of them.

Azalea House 2

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 undertaken because of concerns raised about care practices at the service. We wanted to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 7 December 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to this inspection we had received some information of concern regarding the safety of the premises, staffing levels, staff training and support; and meeting people's nutritional needs. We therefore checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we received feedback from the local authority that has a quality monitoring and commission role with the service.

We spoke with two people using the service. In addition we spoke with three support workers, the deputy manager and two interim managers.

We reviewed the care plan for one person using the service to ensure it was reflective of their current needs. We examined the staff rota, the food menu for the current week; the weekly fire check records, the hard wiring certificate for the premises and the portable appliance testing (PAT) certificate for the electrical equipment at the service. We also looked at the daily temperature general records for the refrigerator and freezer.

Is the service safe?

Our findings

People told us that they were always staff available to support them. One person said, "There are always staff here 24-7 to look after us if we need help. All of us here are independent and don't really need help from the staff with personal care. We are free to go and come as we choose." Another person said, "I am getting accustomed to living here, the staff treat me well, but I would like them to talk to me more. I feel safe living here as there is always staff around and a staff member sleeps on the premises." People told us if the fire panel was activated they would go to the assembly point. One person said, "I believe the fire panel is checked regularly; about a month ago the panel was activated and it was a false alarm."

The Care Quality Commission had received concerns that the fire panel was regularly activated at night. As a result people's sleep was being disturbed. Concerns were also raised that checks on the electrical equipment used at the service had not been carried out. One staff member said, "If the panel is activated without any reason we would phone the company that service it for them to check what's causing it to go off." Another staff member said, "I read in the communication book that the fire panel in the other house went off four times in one day." One of the managers said, "The fire records reflected that the alarm was activated one night in April 2016 and it was reported and the issue had been resolved." We did not see any entries recorded in the fire records to indicate that the fire panel had been activated recently.

We saw evidence that the panel had been regularly serviced by an approved engineer. We saw evidence, which confirmed that the electrical equipment used at the service had been appropriately checked and deemed fit for use. A recent check on the electrical fixed hardwiring system of the premises had been carried out and a certificate had been issued, to confirm that the system had complied with current safety regulations.

We had received concerns that staffing numbers were not sufficient to meet people's needs. People told us that they felt the staffing numbers were sufficient and there was always a staff member available to provide advice if needed. One person said, "I enjoy having one to one time with staff. I made scotch eggs with [Name of staff member] and had them for tea. They were very nice. I also did some baking as well with [Name of staff member]."

Comments from staff in relation to staffing were variable. One staff member said, "We are supposed to have two staff on every shift but this does not happen all the time." Another staff said, "We sometimes have one or two staff on every shift. If there is just one staff this is not a problem. We are not rushed off our feet, as the residents are independent and do whatever they choose. The majority of them prefer to get up late. One person likes to go out daily to visit places of interests and they travel on the train. He prefers to have a staff member with him; if there are two of us on duty we can support him."

We looked at the staffing rota for the current week and the following two weeks and found that it reflected the agreed staffing numbers. In addition there was a staff member who slept in at the premises at night. We saw there were three shifts highlighted on the rota where it was identified that cover was needed. The interim managers told us if the permanent staff were not able to cover gaps on the rota an agency worker

who was familiar with the service was being used. This ensured people's care and support needs were met by a consistent staff team.

Is the service effective?

Our findings

We received concerns that staff were not provided with appropriate support and training. The comments we received from staff in relation to the training they received were variable. One staff member said, "I recently started working here but I have not had an induction. I don't feel able to carry out my role and responsibilities." Another staff member said, "We are expected to update our knowledge and skills via e-learning. All my mandatory training is up to date."

The interim managers told us they were recently made aware that the newly appointed staff member had not received induction training. They confirmed that in response arrangements had been made for the staff member to be supported within their role. We saw evidence that an induction plan had been given to the staff member and arrangements had been put in place for one of the interim managers to meet with the individual on a weekly basis to provide support and monitor their progress. It was anticipated that this would enable the staff member to achieve the acceptable levels of competence to effectively carry out their role and responsibilities.

The training matrix seen reflected that staff had been provided with essential training such as, safeguarding awareness, moving and handling, fire awareness and infection control, which was regularly updated. We saw evidence that other training such as mental health awareness, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was being sourced from the local authority. We saw a list of scheduled dates for staff supervision meetings and staff confirmed that they had been provided with quarterly supervision.

We received concerns that people's nutritional and hydration needs were not being met. People told us that there was sufficient food available to meet their needs. One person said, "We have enough food here. I am able to make my own drinks and snacks whenever I feel like." Another person said, "I have given staff a list of the foods I like and dislike. They have attached it with the food menu so all the staff are aware of my food preferences." During the inspection we saw that the list had been attached to the food menu.

Staff told us that people were independent and made their own breakfast and lunch. People had their main meal in the evening which staff prepared; and people were free to get involved with the preparation of the evening meal if they wished. One staff member said, "The residents have access to the kitchen and help themselves to food and drinks throughout the day whenever they feel like eating." Another staff member said, "We have a four weekly menu in place, which was developed with input from the residents. We know what the residents like to eat. If they don't like what is on the menu, they can have an alternative."

During the inspection we observed people making themselves drinks and snacks. We saw that the refrigerator, freezer and cupboards were adequately stocked with provisions. We looked at the menu and saw that the choice for the main meal was potatoes stew, dumplings and carrots. The second menu choice was beef and onion pie, cabbage and peas. We found that the menu on the day of the inspection had not been followed. The staff had prepared sausages and mashed potatoes; and a second choice was not provided. Staff confirmed that people using the service had not been made aware of the change to the

menu. This did not ensure that people's food choices were promoted and they were not consulted when changes had been made to the menu.

Is the service well-led?

Our findings

We received concerns that the service did not have a registered manager. Staff told us that the registered manager had recently resigned. Two registered managers from the provider's other locations were providing support and guidance to staff and were visiting the service on average three times per week. The Care Quality Commission (CQC) had been formally notified by the provider that the registered manager had resigned.

We found that as a result of there being no registered manager in post, there was a lack of consistency in how the service was managed and led. For example, the system to monitor and record the weekly fire panel checks were not sufficiently robust. Checks had been completed but records were not always maintained. We also found that the staff team needed direction and support to enable them to carry out their delegated duties effectively. The interim managers told us that a meeting with the staff team was imminent. This would give staff the opportunity to make suggestions about the day-to-day culture of the service and to discuss any concerns or challenges that the service was experiencing. We saw a plan of action with the date when the meeting would be taking place.