Pathway Care Solutions Limited

Little Acre - The Annex

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected the service on 15 September 2015. 24 hours' notice of the inspection was given because the service is small and people living there are often out and we wanted to be sure people would be at the home. Little Acre – The Annex is registered to provide accommodation for up to two younger adults with physical and learning disabilities. The service is located in Hickling Pastures, Nottinghamshire and is situated in the grounds of a children's home run by the provider.

The service had a registered manager in place at the time of our inspection. 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.

Summary of findings

People were protected by systems designed to keep them safe from harm. Staff knew how to respond to incidents and how to escalate concerns to external agencies if required.

Medicines were managed safely and people received their medicines as prescribed. There were enough staff to ensure that people received care and support when they needed it.

People were supported by staff that had the knowledge and skills to provide safe and appropriate care and support.

Decisions about the care and support that people received were not being made in line with the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to maintain their nutrition and other health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect. We saw staff were kind and caring when supporting people.

The care that people received was based around their individual needs. Staff were knowledgeable about people's likes and dislikes and what support people required. Relatives knew who to speak with if they had any concerns and were confident that these would be responded to

Relatives described an open culture at the service and good communication. Audits had been completed in order to monitor the quality of the service and these had resulted in some improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good

Is the service effective?
The service was not always effective.

People were supported by staff who received appropriate training and supervision.

Where people could not make decisions for themselves staff had not demonstrated that they had applied the principles of the Mental Capacity Act 2005.

People did not have unnecessary restrictions placed on them.

People were supported to maintain their hydration and nutrition. Risks to their health were monitored and responded to appropriately.

Requires improvement

Is the service caring?
The service was caring.

People were treated with kindness and respect by staff and their privacy and dignity were maintained.

People had accessed the support of independent advocates.

People were supported to maintain important relationships.

Good

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's likes and dislikes and what support people required.

People's relations felt comfortable to approach the manager with any issues and felt that complaints would be dealt with appropriately.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Relatives told us that they were in constant communication with the staff team and they felt able to make suggestions or raise any issues.

Procedures were in place to monitor the quality of the service which had been effective in identifying and addressing areas where improvements were required.

Little Acre - The Annex

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.

We inspected the service on 15 September 2015. We gave 24 hours' notice of the inspection as we wanted to be sure people would be at home. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we met with one person who used the service and spoke with two members of care staff. We also spoke with the registered manager and the deputy manager. We looked at the care records of the two people who used the service, medicines records of one person, staff training records, as well as a range of records relating to the running of the service including audits carried out by staff and the registered provider.

Following the visit we spoke with two relatives and three professionals who had visited the service.

On the day of our inspection two people were using the service however we were only able to speak with one person as the second person was not in the home. As there was only one person at the service on the day of our inspection, we did not use our normal methodology, the Short Observational Framework for Inspection (SOFI) as a way of observing care to help us understand the experience of people who could not talk with us. As an alternative we carried out a series of short observations of the care being provided throughout the day.

Good

Is the service safe?

Our findings

People could be assured that incidents would be responded to appropriately. The relatives we spoke with told us that they had never had any concerns about people's safety. One person's relation told us, "Certainly I feel [person] is safe, there is always someone with [person]."

We found that staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of the different types of abuse and how to respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The registered manager demonstrated that they had shared information with the local authority following an incident within the service to ensure that people were kept safe.

Information about how people communicated they were in discomfort or distress was contained within their care records. Staff were aware of the information contained in care records and were able to tell us how they would monitor whether a person was in discomfort or distress. This showed that staff were able to recognise when support was required and respond appropriately to people to ensure people's care needs were being met and people were safe.

We saw that information was handed over between shifts with the use of a communication book. The communication book provided a facility for staff to identify any issues to staff which could have affected or compromised people's safety, for example whether people had required the support of staff to manage a healthcare condition.

Risks to people were assessed and staff had access to information about how to effectively manage risk. We found that a body map had been completed recording that an area of a person's skin was sore. Guidance was contained within care records to ensure that people's skin integrity was monitored and it was communicated to staff to seek medical attention if the condition of their skin did not improve.

Risk assessments contained sufficient information to inform staff how to support people safely both in their home and in the community. Both of the staff members we spoke with accurately described how they would respond to a deterioration in a person's physical condition, when they would administer medication and at what point they would seek urgent medical attention. This demonstrated that the staff we spoke with were knowledgeable about the information contained in care records and gave accurate examples of how they had followed the guidance to reduce the risk to people.

There were plans in place to inform staff how to respond if there was an emergency in the service. For example Personal Emergency Evacuation Plans (PEEPS) were in place. These had been formulated to assist people to escape the environment in the event of an emergency situation, such as a fire. The plans documented how people could be evacuated safely and highlighted the amount of staff required to perform the evacuation process effectively.

The relatives we spoke with told us that there had always been enough staff at the service when they had visited. One relative told us, "[Person] always has someone with [them], either one to one staff or two to one when needed."

Staff we spoke with felt there were enough staff working in the service to meet the needs of people. One member of staff told us, "There are always enough staff, if I am here on my own I phone the [main building] for support if another person is required." The registered manager told us that the staffing levels were designed to match the needs of the people living in the service. Staffing levels did not restrict the activities that people engaged in and trained staff felt confident in responding to people's care needs when in the community. One member of staff told us, "[Person] can now go out with one member of staff [for short trips] as staff are confident. If [the person is] out for the day, two staff members would be required." This showed that people did not have unnecessary restrictions placed on them and were supported to engage in activities with appropriate support to minimise risk.

On the day of our inspection we observed there were enough staff to ensure that people's individual needs were responded to appropriately and without delay. We observed that one member of staff was with the person at all times, the support of another member of staff (from the main building) was provided when required to ensure that the person's care needs were responded to.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We saw that

Good

Is the service safe?

criminal record checks had been conducted before staff commenced working at the service. These checks enabled the registered manager to make safer recruitment decisions reducing the risk of people receiving support from staff who were not suitable to support people.

People at the service relied on staff to administer medicines to them. Staff had received training in the safe handling and administration of medicines including training which was specific to the needs of the people at the service. We looked at the storage of medicines and we found medicines were stored safely and there were systems in place to monitor this. For example the monitoring system had proved effective when it was identified that the temperate of the fridge used to store medicines had risen above the safe level on one occasion and the provider told us the action they had taken to ensure safety of the medication.

Frequent audits were carried out in relation to the stock control of medicines. Records showed that medicines were being administered to people as prescribed and guidance was available for medicines which had been prescribed to be given as required (known as PRN). A number of actions in relation to medicines management had been identified during a previous monitoring visit by commissioners and the majority of these actions had been addressed by the time of our inspection.

Requires improvement

Is the service effective?

Our findings

People could be assured that staff had undertaken training to enable them to provide effective support to them. Relatives told us that they had been informed about the training that staff had undertaken. One relative told us, "I am always updated and informed when staff have been on training." Another relative told us, "[person] always has a trained member of staff with [them]"

Staff told us that on commencing employment they were required to undertake an induction process and they felt this was sufficient to meet their needs. We found the induction included a range of information and training staff required in order for them to begin providing care and support to people, such as reviewing policies and risk assessments. We were told that the induction process included a period of 'shadowing' more experienced staff until the less experienced staff felt ready to work independently. One member of staff told us, "I shadowed others on shift for about two weeks and completed a moving and handling course before providing care."

Staff told us they were given training in a range of subjects relating to the work they did. The records that we saw confirmed this. One staff member told us that the training they had received was practical and tested their competency and confidence in areas such as moving and handling. Another member of staff told us they had received sufficient training prior to providing care and that they were, "not providing care until I was confident." Records we saw confirmed staff were given regular training in a range of subjects relevant to their role. We observed staff assisting a person to manage their medical condition and we observed that they were able to describe the procedure to us, and that the necessary hygiene protocols were followed.

Staff were supported by senior colleagues who provided supervision on a regular basis. One member of staff said, "I feel comfortable [with the support and training on offer] and am able to tell people during supervision if I have any concerns." Individual staff supevisions included information about staff performance and how this impacted on people. This demonstrated that staff performance was monitored on an on-going basis to ensure that staff were providing appropriate support to people.

We found that decisions about the care and support that people received were not being made in line with the requirements of the Mental Capacity Act (MCA) 2005. There was no policy to ensure that the MCA was applied in practice and staff had not been trained in the use of the MCA. The MCA is in place to protect adults who lack capacity to make certain decisions because of illness or disability. Care plans indicated that consent to care and treatment was sought from the parents of people using the service which is not in line with the legislation. For example, there were no specific capacity assessments to determine if people using the service had the capacity to make a decision about receiving their medication or being monitored by staff throughout the night. These decisions may have been made in the best interests of people and there was no evidence that the outcome of decisions had a negative impact on the well being of people. However, there was no evidence that the necessary legal processes had been followed and to ensure that the rights of people, now that they were adults, were protected.

People did not have unnecessary restrictions placed upon them. One person's relative told us, "[person] has never had any restrictions on doing anything." The registered manager displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS). We saw that applications for Deprivation of Liberty Safeguards (DoLS) had been made for people who lived at the service. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People using the service had complex needs in relation to maintaining their nutritional and hydration requirements. People relied on the support of staff to meet these needs. Care records contained clear guidance for staff of how these needs should be met. Care records were regularly updated and staff had signed to say that they had understood the contents. We observed staff following the guidance. For example we witnessed staff supporting a person with their nutritional needs. The staff member talked us through the process of the support they were providing and confirmed that they had received appropriate training.

People could be assured they would be supported by staff to attend medical appointments when required. A relative told us that they were kept updated regards their relations physical health and that staff had recently acted on the

Requires improvement

Is the service effective?

advice of a visiting healthcare professional. Staff also felt that the support of external professionals was sought when required. One member of staff told us, "Referrals are made pretty quickly if needed. We made an appointment with the Doctor as [person] wasn't eating and they were later admitted to hospital as they were having difficulty swallowing."

We found systems were in place to effectively monitor changes in people's health. We found that people had their weight monitored in line with the guidance contained within their care records and any changes in people's weight had been acted upon. For example one person's nutritional supplements had recently been altered by the dietician as a result of changes in their weight.

People were supported with their day to day healthcare. We saw that care records contained information about people's health care conditions and how staff should monitor and respond to changes in people's health. For example we saw from care records that staff sought advice from external professionals such as the district nurse and dietician to support people with their health care. Emergency grab sheets were in place which detailed people's health conditions and medications in the event that needed to be admitted to hospital. We found that information contained within these records had been updated when changes had occurred to ensure that the information remained appropriate.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that staff knew people well and that staff treated people with dignity and respect. One relative told us, "[person] responds to regular staff very well." Another relative told us, "Staff know [person] very well, they know [person's] likes and dislikes." Relatives told us that they had been given the opportunity to discuss their relative's likes and dislikes and we found that this information had been incorporated into records and was understood by staff.

We observed staff interacting with a person using the service on the day of our inspection in a warm and caring way. We saw that the person did not communicate verbally and information was contained within records about how staff should communicate with the person, including the use of sensory stimulation.

Throughout our inspection we observed staff interact with the person in a way which reflected the information provided in care plans. For example one person's care plan stated that the person had good hearing and could understand what was said to them. We observed staff applying this information during their interactions with the person by explaining what they were doing as they provided care and support. Staff continually interacted with the person throughout the day, explaining what they were doing, who was in the building and informing them when they left the room to get an item. This showed that staff were aware of the need to communicate with the person to ensure that they were aware of what was happening and include them in the daily activities of their home.

People were supported by staff that knew them well and understood their likes and dislikes. We observed a member of staff engaged in an activity with the person and talked to them and us about the person's preferences. We saw that the person smiled in response to the verbal interaction they were receiving.

Staff sought the views of people living at the service by knowing people and observing their reactions to situations. People were being included in decisions by being asked if they would like to attend an activity or by staff monitoring their reactions to an activity and determining whether they were enjoying it. Before a person had moved into the service, they had visited the service. This enabled the person who was already living at the service to get used to a new person in the home and for staff to monitor the compatibility of the two people living together.

We found that people had accessed advocacy services when needed to represent their views in important decisions. (An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up). This meant that the person's best interests were represented and their views taken into account during a major decision about their life.

We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this and gave examples. For example one member of staff told us, "I always make sure that people are covered appropriately and that curtains and doors are closed when providing personal care."

We also found the principles of privacy and dignity were included in daily records with staff writing how they ensured they had respected the person's privacy and dignity during care interventions throughout the day. We observed that these principles were applied in practice and that staff supported a person to move to their bedroom when they required personal care.

Good

Is the service responsive?

Our findings

People's families had been involved in ensuring that people's bedrooms reflected people's individuality and interests. People's relatives had also provided information about what activities their relation enjoyed. One relative told us that "[person] is always out doing things and we can visit whenever we like."

Staff were aware of people's interests and told us that they gained their knowledge from looking at care plans and through trial and error and noting whether people were comfortable in different environments such as going to the cinema or attending an event in the main building. One member of staff told us, "They are young people and like the things that other young people like." For example staff were aware of the music that people liked and who their favourite singers were, We observed that music was on in the home and a member of staff singing along to songs whilst engaging with the person. This showed that staff were engaging with the interests of people at the service.

People were supported to attend school or college. We were told that staff had accompanied a person to the college for a visit as it was a new environment for them. Prior to the person attending college we found clear plans were in place which highlighted how people were to be supported and their independence promoted. For example specialist transport was provided and trained employees from the transport company were allocated so that the person could travel to school or college independently. We also found care plans were shared between the staff and the specialist transport company to reduce the risks to the person.

Staff we spoke with told us that they were able to respond quickly to relieve any distress or discomfort that the person was experiencing. One member of staff gave us an example of it being suggested that a person's shoes were too tight and immediately purchased a new pair of shoes for the person. The staff member told us, "I didn't ask anyone. I acted straight away as it can't be nice if your shoes are too tight."

The registered manager told us that they had a good relationship with the families of people who use the service and felt able to respond to any requests they had, for example when relatives wished to visit. The relatives we spoke to confirmed that this happened. One relative told us, "There are no restrictions on visiting. We are always welcome and [person] can come home whenever we ask." This enabled people to maintain important relationships and avoid isolation.

We saw from records that staff had sought advice from external professionals in relation to ensuring that activities they provided were suitable for people and reflected their preferences. For example, we saw that staff had sought advice from a relevant professional about enabling a person who used the service to spend more time in their preferred manner.

The relatives we spoke with told us that they had not raised any formal complaints about the service but felt that any issues would be addressed straight away. The relatives described informal and frequent communication with staff. One relative told us, "I have not needed to raise any complaints; I am in constant contact with the home. If I requested to see the manager it would be arranged." Another relative told us, "If there is anything, which there has not been, it would be dealt with straight away."

The staff we spoke with demonstrated that they knew how to deal with any complaints about the service and felt any complaints about the service would be acted on by the management team. One member of staff told us, "I would document any complaints about the service and pass them on to the management straight away, and they would be acted upon."

Records showed that when a comment had been received from an external professional it had been recorded in the complaints log and appropriate action had been taken to address the issue. The issue was addressed by ensuring that staff members providing the required support were able to carry out the duties expected of them.

Good

Is the service well-led?

Our findings

Relatives told us that they found all of the staff and the management team to be approachable. One relative told us, "The [care workers] are exceptional. The [management] are very approachable." Both of the relatives we spoke with described excellent communication from the service in relation to their relatives. One relative told us, "I am 100% always informed, I never feel out of the loop."

Staff told us they enjoyed working at the service. One member of staff told us, "I love it" another stated, "I'm really happy here and enjoy the calm atmosphere." The staff we spoke with felt that the management were approachable and they could discuss issues with them. Both members of staff told us that they thought that the provider supported the staff well. One member of staff said, "They communicate well through meetings and supervision." Another staff member told us, "The company is good at keeping the staff happy and supporting them."

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures without fear of recrimination. Staff felt able to raise any issues or put forward ideas with the management team and felt that they were listened to. One member of staff told us that they had suggested additional training in massage to help relieve a person's discomfort from a physical condition and the registered manager had tried to source appropriate training.

There was a registered manager in post who oversaw the management of the service across the main building and The Annex. A deputy manager carried out audits within the service and between them they carried out supervision of staff. On the day of our visit both the registered manager and the deputy manager were visible around the service and we observed them interacting with the person using the service and staff in a friendly manner. We were told by staff that they always had a senior colleague on call if they needed them at times when the registered manager and deputy manager were not at the service. This meant that staff were supported and people were protected in the event that an incident occurred at the service which required additional support or advice.

We found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC) and we had received notifications as required.

We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service. We were informed that they had carried out their own monitoring of the service and we found that the provider had addressed most of the issues that had been identified during these visits prior to our inspection.

Staff were effectively supported and supervised by the management team. Staff told us, and records showed that staff had attended regular supervision sessions. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. We saw that supervisions could be brought forward or provided on a more frequent basis if staff requested and that the induction period could be extended if either the provider or the employee requested it.

People's families had signed care records to say that they were happy with the service that was being provided to their relative. We were told by the manager that feedback from families about the quality of the service was sought informally on an ongoing basis as it was a small service and they were in regular contact with families. The relatives we spoke with felt there was an open culture at the service. Both of the relatives we spoke with told us that two way communication was frequent and addressed any issues they may have and provided them with the opportunity to make suggestions.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. We saw that a comprehensive monitoring visit had been carried out by the provider and saw that the actions identified in the report had been addressed by the registered manager. This showed that the provider was

Good

Is the service well-led?

proactive in developing the quality of the service and recognising where improvements could be made and that the management team were effective in actioning the improvements required.