Care Quality Commission

Pathways Care Group Limited

The Knoll

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

Overall summary

The inspection took place on the 20 October 2015.

The service provides accommodation and support for up to seven people with learning disability and mental health issues. There were five people living at the service at the time of our inspection.

The service had 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Summary of findings

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps and district nurses and mental health teams.

People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including using questionnaires and by holding meetings with people, staff and talking with relatives.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good

Is the service effective?
The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available to meet people's needs.

People had access to healthcare professionals when they needed to see them.

Good

Is the service caring?
The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

There were processes in place to deal with complaints.

Good

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

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good

The Knoll

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 took place on the 20 October 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with five people, the manager, regional manager, and three care staff. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

Good

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, "I feel safe living here, I don't like going out by myself."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I've recently done NVQ (national vocational qualification) Level 3 Health and Social Care with lots of safeguarding modules." Another member of staff told us, "If I had any concerns I would report them to my manager or go higher if I needed to like the Care Quality Commission." The manager had a good understanding of safeguarding and what their responsibilities were they told us that they would report any concerns to the local authority. The service also had policies for staff to follow on 'whistle blowing' should they need to do this in addition to safeguarding information available to them.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the community, environmental risks and risks to people who could become anxious and distressed. One member of staff said, "We support people to live their lives as independently as possible." Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals for example they knew to support people when making drinks or using kitchen appliances. They also knew how some community activities could be more risky for people due to their certain vulnerabilities and how at these times they required one to one staff support. This meant they were not prevented from accessing the community but could be supported safely.

Staff were trained in first aid and had recently completed a refresher course for first aid. If there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service and along with people practiced these. One person told us, "We practice fire alerts, sometimes we go out that door and sometimes we go out another one." For day to day maintenance at the service the provider employed a maintenance person for staff to contact. Should there be an environmental emergency and the service needed to be evacuated the manager told us they would link in with a sister service to provide a temporary safe location.

There were sufficient staff on duty to meet people's needs, which included being able to support people with their individual programs and access to the community. When indicated due to need the staffing numbers could be increased. The manager told us that they used regular staff and did not have a need for agency use. If there was a shortfall due to sickness, regular staff would usually cover these shifts. One member of staff said, "There is always enough staff to take service users out if they want to go out." A person told us, "If I ask staff for help I don't need to wait."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I heard about the job from a friend so I came in and met the manager. I then came back for an interview and provided references and had a DBS check. It all took about four weeks to come through." The manager told us they usually advertised at the job centre if recruiting or people would apply after being recommended. The manager invited people in for an informal interview to see how they interacted with people before inviting them for a formal interview. This way they could assess if people living at the service were at ease and got along with new potential employees.

People received their medication safely and as prescribed. Staff who had received training in medication administration and management dispensed the medication to people. We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. The service had systems in place for the correct storage, ordering and disposal of medication and the manager carried out regular audits of medicine practices. This told us the service was checking that people received medication safely.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "I am completing an NVQ level 3 in adult health and social care." Another member of staff told us they had completed training on challenging behaviour and how they used this training to support people. They said, "I help (person name) with distraction techniques when they become upset, for example counting to ten or by spending time in their room."

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as 'shadowing'. New staff also completed a comprehensive induction program to equip them with the skills and knowledge they needed to support people. The manager said, "New staff always work with another member of staff to give them an opportunity to know people well and to understand their role." A member of staff said, "I worked alongside other carers until I felt comfortable to give personal care myself."

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. One member of staff said, "We ask people what they want to do and how they want to spend their time, for example what they want to eat or where they want to go out to." Most people at the service had capacity to make decisions. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager had made appropriate applications under DoLS legislation. Staff were aware that even though a person was subject to DoLS they were still able to make every day decisions. One member of staff said, "(person name) has a DoLS in place because they would be vulnerable in the community on their own, they can still make their own decisions we just need to support them." This told us people's rights were protected.

People had enough to eat and drink. We saw that people were supported to make their own meal choices, one person said, "I like pizza and garlic bread." For lunch people were asked what they would like to eat some people opted for a sandwich, others for sausage rolls and salad. Staff made whatever people requested. The manager told us that all the food was home cooked. Some people were supported to prepare their own light snacks independently.

People were supported with healthy diets and meals appropriate for their needs. One person told us how they had lost four stone in weight due to healthy eating and they were very pleased with their achievement. One person required additional support with eating due to their risk of choking and staff sat with them to ensure they ate small amounts and did not rush their food.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. People were supported to access chiropody, dentist and opticians in the community. When required people received specialist support and review from mental health professionals and a district nurse attended the home daily to provide one person with the healthcare support they required. One person told us, "My psychiatrist said I don't need to see you anymore." In response to the improvement in their mental health condition. The manager told us that they supported one person to have regular blood monitoring monthly and that they had also recently ensured those people who wished to have it were given flu vaccinations. This told us people's health needs were being met.

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived there and we observed staff providing support with compassion and kindness. One person said, “The staff are kind they help me.” Another person said, “Nice people here, it’s very nice indeed.”

The service had a strong person centred culture and staff had developed positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other’s company. There was free flowing conversations about people’s wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them. When offering support staff spoke politely and with warmth and kindness and ensured they were at the person’s eye level.

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. One person told us if they were unhappy they would speak to their keyworker or another member of staff and said, “I get angry, if I boil up staff help me cope.” Another person said when referring to their keyworker, “(Staff name) we did art and craft together this morning.”

The manager and staff encouraged people to develop a sense of community at the service. One person said, “I like everyone here they are all my friends.” We saw staff were inclusive with people when carrying out everyday households tasks. People told us how they helped staff with the washing, cleaning and shopping. One person said, “I helped to hang out the washing this morning, and bought the shopping in from the car.” We saw this gave them a sense of purpose and that staff gave them positive praise for their help and involvement.

People told us that staff respected their privacy and dignity. One person said, “I like to have my bedroom door closed but not locked, the staff always knock before they come in.” From care plans we reviewed we saw preferences for staff to follow had been recorded; for example one person liked staff to knock and wait for them to open their door, whilst another person liked staff to knock and wait for them to reply before they entered. Staff told us they always ensured people’s privacy was respected for example when they were assisting with personal care. One member of staff said, “I always ask them discretely if they need assistance, and ensure bathroom doors are closed if they call for help and I need to go in to assist them.”

People’s diverse needs were respected. People had access to individual religious support should they require this and could access churches in the local community.

People were supported and encouraged to maintain relationships with their friends and family, this included visits home and into the community. One person we saw being supported to go home to visit their family, they were very excited about this. Another person said, “I am going on holiday with my sister next year.” People were supported to send letters and cards to family members as well as with home visits. One person enjoyed going out to play pool with their family member. The service was spacious with plenty of room for people to receive visitors in their rooms or in the lounges.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Once the manager had completed the assessment people would be invited to spend time at the service. This would allow them to see if they would like to live there and gave them an opportunity to start to get to know staff and meet other people already living there. A support plan was then agreed and put into place ready for when a person moved to the service.

Support plans included information that was specific to the individual. People's care and support needs were well understood by the staff. This was reflected in detailed written support plans and individual risk assessments. Support plans included information which was specific to the individual about their health, medication, likes, dislikes, preferences and included information on how best to support people if they were showing signs that might suggest they were becoming anxious and distressed. The support plans also included clear instructions for staff to encourage people to be as independent as possible.

People's key workers reviewed their support plans with them monthly to see if there had been any changes and to ensure personalised care was being provided. This showed us that the care provided by staff was current and relevant to people's needs and how they wished to be supported.

People were very active and enjoyed varied pastimes that were meaningful to them. People were supported to access a range of community activities including going to college, the cinema and eating out. People told us that the staff supported them and enabled them to do activities they wanted and told us they had been to Colchester Zoo and went to see the local fireworks. One person told us, "They were lovely but didn't like the bangs." Another person said they had been to see the fireworks but stayed in the minibus as it was more comfortable. Staff told us they had a mini bus for taking people out and to do the shopping. One person said, "I go to college to do art and painting twice a week." They also said, "Friday mornings we do Zumba, I am the star of it."

The manager had policies and procedures in place for receiving and dealing with complaints and concerns. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw people also had access to easy read and pictorial guides on how to make a complaint. People were confident they could raise any concerns with the manager or staff.

Good

Is the service well-led?

Our findings

The service had a registered manager in place and they were very visible within the service, staff described the manager as being 'hands on'. Staff shared the same vision as the manager which was, to enable people to develop skills to become as independent as possible. One member of staff told us, "We aim to improve people's quality of life, and support them to be independent with day to day living."

Staff had regular supervision and team meetings. One member of staff told us, "The manager is very supportive and approachable, I can always ask for help and advice." We saw from supervision records that staff discussed any training needs they may have and generally how they were performing in their role. They also used it as an opportunity to discuss people's support needs. Staff said they had regular meetings and would discuss any issues within the service or any ideas they had for improving the service. One member of staff told us how they wanted to help a person with their writing skills and the manager supported them in providing a hand held tablet for them to practice these skills on. Staff also had handover meetings between each shift and used a communication book and diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. We saw from minutes of the meetings that people discussed all aspects of living together and getting along as a community. They also discussed what activities they would like to participate in. People's opinions were also asked for about how the service was decorated with regards to colour schemes of their rooms and shared living areas. In response to people wanting more privacy in the front garden the manager arranged for a fence to be installed and provided decking and a sitting area closer to the house to provide reassurance and access for people. The manager also gathered feedback on the service through the use of questionnaires. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people's care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.