Pathway Healthcare Ltd

Kingsley Court

Inspection report

Upper Toathill Cottage
Five Oaks Road, Slinfold
Horsham
West Sussex
RH13 0RL

Tel: 01403333780

Date of inspection visit:
01 November 2018

Date of publication:
07 December 2018

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

Kingsley Court is a residential care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered for four people living with a learning disability, complex needs and autism. The provider had applied to increase the number of people living at the home. Accommodation was provided over two floors and people have their own rooms with an en-suite.

We inspected the home on 1 November 2018 and the inspection was announced. This was the first inspection of Kingsley Court; the home was registered with the Care Quality Commission on 20 December 2017.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Kingsley Court had a registered manager. '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 safe. A relative told us, "My son is safe living there, I know that because he is calm and happy when I see him." Staff had a good understanding of safeguarding and there were systems and processes in place to reduce the risk of harm to people. People were supported to take positive risks. Staff had a flexible approach to risk management which ensured good outcomes for people. Staffing was managed well and the team were well coordinated and flexible to meet the changing needs of people living at the home. Accident and incidents were managed safely and lessons learned to improve the care people received. Medicines were managed safely. Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe.

People's needs and choices were assessed before they moved into the home and regularly thereafter. Staff had the skills and knowledge to deliver effective care and support and received a range of training opportunities. Staff were supported in their role. A staff member told us, "We have regular supervision which is an open conversation. It allows us to discuss any areas for development and what we do well." People were asked consent before being supported. We observed staff asking people what they would like to do before assisting them to do it. People were supported to have maximum choice and control over their lives and staff supported them in
the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access healthcare services as and when needed. We saw evidence that people had access to a variety of healthcare professionals such as; GP's, dentists, chiropodists and opticians. People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes. People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and the garden which were secure. People were cared for in a clean and hygienic environment.

People were treated with kindness and respect. One person told us they were "very happy" living at the home. Staff had a visible person-centred approach to supporting people. From our discussions with staff and observations of their support of people, it was evident that they were committed to providing people with individualised care. People were supported to be as independent and active as possible. People were supported to be involved in decisions about their care and given support to express their views. A relative told us, "I feel my son is supported to make decisions as far as he can, I know he has a key worker who helps him with this." People's privacy and dignity was respected. People's care plans reflected human rights and values such as people's right to privacy, dignity, independence and choice.

Relatives told us the staff were responsive to people's needs. One relative told us, "My son had a medical need that was not picked up at his previous home, the staff noticed this during his assessment and got him the right medical help." Care was personalised to meet the needs of individuals. People were at the centre of care planning and fully involved in the process. People were active in their local community and had access to activities that met their interests. Activities were an important part of people's lives and were led by people's choices.

The home was well-led. A relative told us, "The home is well managed, I know the registered manager and he is supportive." Management of the home was robust and the registered manager understood the regulatory responsibilities of their role. The culture of the home was positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. Systems and processes were in place to assess, monitor and improve the quality of the service being delivered. Staff worked in partnership with other organisations to ensure people's needs were met. A healthcare professional told us, "We have regular communication. The staff and manager are very open and responsive to our suggestions."

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.

Staff knew how to identify and raise safeguarding concerns.

Medicines were managed and administered safely.

Safe recruitment practices were in place.

Sufficient staff were available to provide flexible support.

The service was clean and people were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People were cared for by staff that had the knowledge and training to meet their needs.

The provider understood the legislation relating to consent to care and treatment and had applied this appropriately.

People were offered choices and asked for their consent before staff supported them.

People were supported to maintain a healthy diet and had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

Staff had a caring approach when supporting people. People were treated with compassion and dignity.

People's privacy was respected and independence promoted.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People had access to a range of activities that met their interests.

The provider listened to and responded to complaints appropriately.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were complimentary of the management and leadership of the home.

Staff understood their roles and responsibilities and felt supported.

The manager and staff worked well with other health professionals to meet the needs of the people living at the home.

The quality of the service was assessed and monitored. Actions were implemented because of audits to improve practice.

Kingsley Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection which took place on 1 November 2018 and was announced. We gave the service 48 hour's notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be available to talk with us.

The inspection was carried out by one inspector. We spoke to a director, the registered manager, two members of staff, two relatives and two people who live at the home. We completed observations in communal areas, due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures, four positive behaviour plans, three medicine administration records and two records relating to staffing. We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Before the inspection, we reviewed information relating to the home including correspondence from people, professionals, and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection we spoke with a healthcare professional to gain their view of the support provided at the

home.

This was the first inspection of Kingsley Court.

Good

Is the service safe?

Our findings

People were safe. A relative told us, "My son is safe living there, I know that because he is calm and happy when I see him." Staff had a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm. Staff told us they were confident senior staff would listen and act should they raise any concerns about the care people received. Safeguarding was regularly discussed at team meetings to maintain staff's knowledge and they received regular training to support their practice in this area. The registered manager understood their responsibilities in relation to safeguarding and we saw that appropriate referrals had been made to the local authority should there be any safeguarding concerns.

People were supported to take positive risks. Staff had a flexible approach to risk management which ensured good outcomes for people. For example, one person enjoyed walking and liked to go for walks in the evening. Staff assessed the risk of walking in the evening and ensured they picked safe routes and had torches to support them to go for evening walks safely. This approach meant that the person's independence was not restricted. Risk assessments were person centred and addressed individual needs. Another person needed the support of two members of staff to go out into the community. Staff were aware of these risks and positive strategies had been put in place to support the person to go out safely. We observed them to go out with the support of two staff. People had positive behaviour support (PBS) plans in place. These plans provided a person-centred approach to supporting people who display or are at risk of displaying behaviours which may challenge, to keep people safe. These were used effectively to mitigate individual risks to people. For example, one person became agitated before having a bath this caused the person to bite their hand. Staff used their PBS plan to reduce the risk of further self-harm to the person by using positive redirection. This was effective in calming the situation in a positive way for the person.

There were sufficient numbers of staff to meet people's needs. Staffing was managed well and the team were well coordinated and flexible to meet the changing needs of people. A member of staff told us, "We don't use agency staff as people need support from people who know them well. We are flexible in how we work so we can change our plans to suit the wishes and needs of people living here. We are a team and work together to support people." Recruitment processes were robust and the processes in place ensured staff were safe to work with people before they started work at the home.

Accident and incidents were managed safely and lessons learned to improve the care people received. Incident reports were analysed to reduce the risk of a similar incident happening again. For example; one person wanted their laptop, which was on charge and not ready to be used. They began to show signs that they were becoming agitated by the situation which included scratching their skin. Staff were aware of what these signs meant for the person and used strategies detailed in their PBS plan to distract them and calm the situation. This incident was then reviewed to reduce the risk of this happening again, the person now has access to an electronic tablet should their laptop not be useable.

Medicines were managed safely. We checked the medicines administration records (MAR's) and the medicines for three people. We found that the MAR charts included a photo of the person and information about any allergies which supported their medicines to be administered safely. Staff who administered

medicines were trained and had regular competency checks which supported their practice to remain safe. Staff had implemented additional safeguards which supported people to receive their medicines safely. For example, protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine. In addition to this, there were guidance sheets in place for staff to identify side effects of the medicines people were taking.

People were cared for in a clean and hygienic environment. There was a cleaning rota in place which staff took part in. Staff had training in infection control and information was readily available in relation to cleaning products and cleaning processes. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to them moving into the home and regularly thereafter. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals. Staff recognised that a positive transition for people moving into the home was important for them to feel safe. Staff worked with the local authority prior to people moving in to gain an understanding of their needs, this included bespoke training for staff to support their understanding of certain conditions and to develop their communication skills. A health care professional told us, "Staff at the home were engaged in learning about people before they moved into the home to support their transition." Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of people's initial assessment, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

Staff had the skills and knowledge to deliver effective care and support. Staff received a range of training opportunities. These included supporting people with a learning disability, autism and positive behaviour support which enabled staff to support behaviour that could be challenging to others. A member of staff told us, "The training is really good we have online training, we can do it at our pace and go back and refresh ourselves." New staff received a robust induction which centred around people living at the home. A member of staff told us, "The induction really sets you up to work with people with learning disabilities. We learn from real life experiences and it helps you when working with and getting to understand our people at the home." We observed staff to have a good understanding of people's needs and how to support them effectively. For example; one person required specific medicines due to living with epilepsy. Staff received specialist training to support the person effectively, a member of staff told us how this had supported their knowledge and gave them the confidence to administer this medicine correctly.

Staff were supported in their role and received regular supervision and appraisal. A staff member told us, "We have regular supervision which is an open conversation. It allows us to discuss any areas for development and what we do well. It allows you to improve the support you provide to people." The registered manager told us they used supervision as a tool to support staff development and identify areas for progression. For example, a member of staff expressed an interest in certain areas of work such as positive behaviour support. They discussed this with the registered manger and received further training in this area to become a positive behaviour champion. This promoted their professional development.

People were asked consent before being supported. We observed staff asking people what they would like to do before assisting them to do it. For example; people were asked what activities they would like to do and their choices were met. Another person required support with personal care, a member of staff approached this sensitively and supported them to their room when they consented. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the principles of MCA. One staff member said, "We do not presume that people do not

have capacity. We support them to make decisions and work in the least restrictive way possible." If people lacked capacity to make specific decisions, best interest meetings happened. The process involved a multi-disciplinary team which supported good outcomes for people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People at the home were subject to a high level of restrictions due to the complex nature of their needs, DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. Staff had a good understanding of individual DoLS and what this meant for people living at the home. A member of staff told us, "Everyone living here has a DoLS for different reasons. These safeguard people and allow us to support them in their best interest." They explained a specific DoLS in place for a person at the home and how it allowed them to support the person safely when leaving the home.

People were supported to access healthcare services as and when needed. We saw evidence that people had access to a variety of healthcare professionals such as; GP's, dentists, chiropodists and opticians. Staff supported people's health needs in a timely manner. For example, one person told a member of staff they needed to see a GP during the inspection. The member of staff spoke to them in private and booked them a GP appointment for the same day and supported them to attend.

People's needs were met by the design and adaptation of the building. People could move freely in communal areas and the garden which were secure. The provider had adapted the building to meet people's individual needs. For example, one person required a sensory room without windows to support them to relax. The provider adapted a room to be without windows and we observed the person to use this, they were calmed and relaxed by the environment.

People were supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes. This was reflected in people's care plans. A staff member told us that menus were based on what people like and feedback from staff. A member of staff told us one person really enjoyed curries. This was reflected in their care plan and was served for lunch, the person enjoyed their meal. People were shown pictures of what was on the menu so they could make an informed decision of what they would like to eat.

Staff worked well within their team and across organisations. We saw staff interacting professionally together to meet people's needs. One staff member told us, "Staff morale is good. We are all together, this is a home and we are a family. We treat each other with respect and that is what's important. We work as a team."

Good

Is the service caring?

Our findings

People were treated with kindness and respect. One person told us they were "very happy" living at the home. A relative told us, "The staff are very caring and look after my son well. I have seen a great change in him. He always has a great smile now." Staff spoke passionately and respectfully about people and the challenges they faced due to their complex needs. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. For example, we observed one staff member responding to a person's visual clues that they wanted a drink, the staff understood this quickly and supported the person to make a drink.

Staff had a visible person-centred approach to supporting people. From our discussions with staff and observations of their support of people, it was evident that they were committed to providing people with individualised care in an environment which supported people to be as independent and active as possible. For example, one person was assessed as being able to do aspects of personal care independently with staff encouragement. The person's care records reflected that they were encouraged to do these tasks themselves which maintained their independence. Another person did not like going out when they moved into the home, staff had worked with the person to build their confidence over time and now they went out regularly. The number of staff supporting them in the community had reduced, which improved their level of independence.

People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. For example, one person used a communication tool called 'bubble-gum thoughts', to express their feelings and emotions. Staff supported the person to use this twice a day to aid communication and enabled the person to express any frustrations in a positive way. The person told us, "Bubble-gum thoughts help me, they make me not worried."

People were supported to be involved in decisions about their care and given support to express their views. A relative told us, "I feel my son is supported to make decisions as far as he can, I know he has a key worker who helps him with this." We saw that people had regular meetings with their key worker who supported them to get the most from living at the home. For example, one person benefitted by using 'social stories' to help them understand what will happen in their day or any changes to their day. Social stories are individualised short stories that support people to understand information in a personalised way with the aim of reducing anxiety for people. We observed them to use a social story, including pictures of them self, to help them transition from an activity to coming home. They followed this story and participated in a new activity in a calm way, this approach reduced their anxiety.

Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual orientation. For example, people were offered time alone in the privacy of their room when they needed this. We also observed how staff showed people emotional support, whilst maintaining a sense of professionalism; these interactions helped to give people a sense of wellbeing and security. One person spent time in the office, as this helped them to feel secure. There was an open-door policy and the person could move freely in and out of the office.

People's cultural needs were met in a proactive way. For example, one person was born in another country and spoke both their native language and English. Some staff at the home were also from the person's native country and spoke their language with them. A member of staff said this helped to build a relationship with the person and aided communication and their involvement in activities.

People's privacy and dignity was respected. People's care plans reflected human rights and values such as people's right to privacy, dignity, independence and choice. We saw staff did not enter people's rooms without first knocking to seek permission to enter. We observed that staff kept doors to people's bedrooms closed when supporting people with personal care to maintain their privacy and dignity. Staff understood the importance of confidentiality and did not discuss personal information about people. People's care plans were stored in a lockable room which supported their information to remain confidential.

Good

Is the service responsive?

Our findings

Relatives told us the staff were responsive to people's needs. One relative told us, "My son had a medical need that was not picked up at his previous home, the staff noticed this during his assessment and got him the right medical help." Another relative told us that their relative loved to be active and staff have been responsive to this need and given them lots of opportunities to have physical activity. One person was noted to become agitated when they could smell food cooking but it was not ready to eat. Staff worked with the person to support them to be able to wait for food. They did this by implementing positive strategies such as the person being involved in preparing the meals. This approach supported the person to understand why they needed to wait for food and the smell of cooking was no longer a trigger and this has reduced their agitation.

Care was personalised to meet the needs of individuals. People were at the centre of care planning and fully involved in the process. The initial assessment was used to develop a care plan. Individual care plans were very detailed, setting out guidance to staff on how to support people in the way they wanted and we observed staff to use this guidance effectively. For example, one person's care plan stated it was important to them that their days were structured and they knew their plans for the day. Staff supported the person to complete a weekly activity planner which they reviewed with them daily. This ensured the person understood their day ahead. Another person loved listening to music and used headphones which helped them be less stimulated by other noises. We saw this reflected in their care plan and in practice. The person was listening to music whilst in the home and supported to wear their headphones when going out to an activity as this eased their anxiety during transitions from one place or activity to another.

People were active in their local community and had access to activities that met their interests. Activities were an important part of people's lives and were led by people's choices. For example, some people particularly liked to go out in the evening to clubs and discos. We saw that people were regularly supported to go out in the evening. One person told us about the Halloween party they had been to the night before the inspection, they were animated and excited when talking about the party. Two people were supported to do charity work which they enjoyed, particularly gardening. One person gave a 'thumbs up' when we spoke to them about their gardening, this showed they enjoyed this activity. Another person wanted to attend college and they were supported to attend four days a week. This supported the person to develop their communication and life skills. Staff continued this learning at the home by encouraging the person to take part in group activities.

There were systems in place to deal with concerns and complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy. Relatives told us that they were very comfortable around raising concerns as they found that the registered manager and staff listened to them. One relative told us, "I know how to make a complaint, I have no doubt that I would be listened to, the manager is always very open."

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are

given information in a way they can understand. For example, one person could become confused about their daily plans so staff supported them with a 'now and then' white board which showed them their plans for the day and aided their transition between activities. This form of communication aided the person's understanding of the day ahead.

The registered manager had considered the use of assistive technologies to improve people's experiences. People had access to different technologies to meet their needs. For example, some people enjoyed using laptops and electronic tablets to listen to music and watch films. We observed people enjoying listening to music on their laptop. Another person told the registered manager they would like to work in an office. The registered manager had supported that by allowing the person to take part in administrative tasks, they also gave the person the email address for the home and encouraged the person to use their laptop to send emails. This supported the person to use technology to learn new skills and fulfil their personal goal.

There was no one receiving end of life care at the home and nobody had received end of life care since the home opened. End of life care was considered by staff and people's wishes at the end of their life were recorded in their care plans.

Good

Is the service well-led?

Our findings

The home was well-led. A relative told us, "The home is well managed, I know the registered manager and he is supportive." Another relative told us, "The home is very well run. The manager gives me regular feedback, they spend time with the people living there and has a caring approach."

The home had a registered manager. Management of the home was robust and the registered manager understood the regulatory responsibilities of their role. Relatives, people and staff were complimentary of the manager. One person told us the manager was, "fun" and "very kind." Staff told us they felt well supported within their roles. A member of staff told us, "I feel valued and respected as a member of staff. I am trusted to pick up responsibilities." Another member of staff said, "The manager is very respectful, he is a fantastic manager. He is open and values our contribution and supports us to progress and achieve." Staff were also complimentary of the support from the provider. One member of staff said, "The directors are very positive and listen to our opinions. It is a very good company to work for."

The culture of the home was positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. It was clear that people living at the home were the focus by the personalised support they received. A member of staff told us, "The ethos of pathway health care is excellent, the residents lead us and how we work, this is their home. We have a relaxed but thorough approach to care."

Systems and processes were in place to assess, monitor and improve the quality of the service being delivered. These included regular checks of different aspects of the services provided including; cleanliness and health and safety. If there were any issues, these were documented, actions taken and lessons learned. For example, an environmental audit identified that one person's bathroom needed new flooring. We saw that this was being addressed during the inspection and the person had access to another bathroom during this time. A previous health and safety audit identified that staff were not always locking cleaning products away in the laundry room. A risk assessment was completed immediately after identifying this hazard and cleaning products were locked away within the laundry room. The registered manager discussed this with staff at a team meeting so they understood the risks of people having access to chemicals. They now check the laundry room regularly and there have been no further issues since these actions were put in place. We saw that all cleaning products were locked away during the inspection.

Staff worked in partnership with other organisations to ensure people's needs were met. A healthcare professional told us, "We have regular communication. The staff and manager are very open and responsive to our suggestions."

People, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff and through key worker meetings and care reviews. People and their relatives also took part in yearly surveys. These had been adapted to a pictorial format for people living at the home to improve their understanding of the questions asked. All people and relatives who responded were happy with the standard of care received. Staff attended regular team meetings and we saw that this

gave them the opportunity to discuss issues and learn from each other.