Pathway Healthcare Ltd

Bainbridge Court

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

Summary of findings

Overall summary

Bainbridge Court is a residential care home. People in care homes receive accommodation and nursing or personal care as 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 eight people living with a learning disability, complex needs and autism. At this inspection on 1 October 2018, there were eight people living at the home. Accommodation is provided over two floors and people have their own rooms with an en-suite.

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.

At the last inspection on 19 January 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection the home was consistently effective. At this inspection we found there was an inconsistent approach to mental capacity assessments and best interest decisions. At times best interest decisions had been made without first assessing the person's ability to make the decision for themselves.

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 could make day to day choices and staff adapted their approach to enable this. People's needs were assessed prior to people moving into the home and regularly thereafter. Staff continued to have skills and knowledge to deliver effective care and support.

People were supported to maintain a balanced diet. People continued to be supported to access healthcare services as and when needed. People's needs were met by the design and adaptation of the building.

People were safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. Staff had a flexible approach to risk management which ensured good outcomes for people. Staffing was managed particularly well; the team were well coordinated and flexible to meet the changing needs of people. Lessons were learned when things went wrong and accidents and incidents were managed safely.

People continued to be treated with kindness and respect. People had access to information in a format to help their understanding. People were supported to be involved in decisions about their care and given

support to express their views. People were encouraged to make decisions where appropriate and supported to be independent. People's differences were respected and staff adapted their approach to meet people's needs and preferences.

Care continued to be personalised to meet the needs of individuals including their social and wellbeing needs. People continued to have access to activities that met their interests. Activities were an important part of people's lives and were led by people's choices. 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. People had access to technology to meet their needs.

The home continued to be well-led. Relatives were complementary of the manager and staff felt well supported. The culture of the home was positive and respected people's equality, diversity and human rights. Systems and process were in place to monitor the quality of the service being delivered. Staff continued to work in partnership with other organisations to ensure people's needs are met.

Further information is in the detailed findings below.

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 home remains good.	**Good**
Is the service effective? The home has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service caring? The home remains Good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains Good.	**Good**

Bainbridge 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 October 2018 and was announced. We gave the service 48 hours' 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 the registered manager, three members of staff, two relatives and three 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 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. We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures, three positive behaviour plans and two records relating to staffing.

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 requested the registered manager send documents relating to training records, policies relating to the service and contact details for people's relatives. The manager actioned this within the requested timeframe.

Good

Is the service safe?

Our findings

People were safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. There was a flow chart available for staff to follow which set out clear guidance should they have concerns for people's safety. One relative told us, "The attitude of the staff towards (relative) makes me feel happy that she is safe and she loves being there. She is quite an emotional lass and if things upset her she lets you know and we have not experienced that at Bainbridge."

Risk assessments continued to be person centred. Staff had a flexible approach to positive risk management which ensured good outcomes for people. For example, there were assessed risks for people when accessing the community. Staff were aware of these risks and positive strategies had been put in place to support people to go out of the home safely. People were matched with staff who they had built a relationship with to lessen these risks further. People had positive behaviour support (PBS) plans in place. PBS plans provide a person-centred approach to supporting people who display or are at risk of displaying behaviours which may challenge, to keep people safe. These gave staff individualised guidance to support people, reduce behaviours and lessen the risks associated with these behaviours. Staff spoke positively about these plans and how they supported them to manage people's behaviour safely.

There were sufficient numbers of staff to meet people's needs. Staffing was managed well; the team were well coordinated and flexible to meet the changing needs of people. A staff member told us, "The home has enough staff and it is always within ratio. It is like family here and everyone pitches in when they need to." Recruitment processes remained safe. There were robust processes in place to ensure staff were safe to work with people before they started work.

Medicines management continued to be safe. Staff who administer medicines were trained and had regular competency checks. A member of staff told us, "People having their medicines safely is really important. We have a number of checks to make sure we do this correctly and take the role of administering medication seriously." We observed there to be several safeguards in place to ensure people's medicines were managed 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. Staff had also implemented an additional checking system to ensure everyone had their medicines at the prescribed times.

The home was clean. Staff had training in infection control and there was an infection control policy ad procedure in place that was readily available for staff. Staff had access to personal protective equipment (PPE) and cleaning products. These products were stored safely to mitigate the risks to people.

Lessons were learned when things went wrong and accidents and incidents were managed safely. Incident logs detailed what had happened and were analysed to reduce the risk of a similar incident reoccurring. For example; one person became agitated when they thought an activity was cancelled, they kicked a door which swung back and cut their eye. Staff followed the person's PBS plan and immediately sought medical attention. This approach calmed the situation quickly. The incident was reviewed and additional guidance

was put in place regarding the person's communication needs to lessen the risk of a similar incident happening again.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 19 January 2016 the service was consistently effective. At this inspection we found that staff practice in relation to the undertaking of mental capacity assessments and best interest decisions to be an area that needs improvement.

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. 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 restrictions due to the complex nature of their needs. The management team and staff had a good understanding of MCA and DoLS. The registered manager had recognised that people received constant support and supervision and had made appropriate DoLS applications to the local authority. DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. However, there was an inconsistent approach to MCA and best interest decisions before DoLS were applied for. At times best interest decisions had been made without first assessing the person's ability to make the decision for themselves. Capacity assessments and best interest decisions were not consistently documented, this did not provide assurance that relevant people were involved in the decision-making process. The registered manager had already recognised this as an area of practice they wanted to develop and had recently been to a conference to improve their knowledge in relation to MCA. This is an area of practice in need of improvement.

People could make day to day choices and staff adapted their approach to enable this. A member of staff told us, "I give people choices and allow people the choices and opportunities to try new things but approach it to their level of understanding." People were asked consent before being supported. For example; one person was asked their consent before being supported with personal care.

People's needs continued to be assessed prior to people moving into the home and regularly thereafter. Care plans showed people had initial assessments to ensure their needs could be met at the home. Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process. People's communication needs were assessed as part of their care planning and guidance provided to staff which was reflective of the persons individual needs. One person was supported to communicate using a 'picture exchange communication system' (PECS) staff were trained in this system to meet this person's communication needs.

Staff continued to have skills and knowledge to deliver effective care and support. Staff received a range of training opportunities including learning disability awareness which provided staff with knowledge to

support people. One member of staff told us, "My induction was really good and made me feel comfortable within the role. It allowed me to get an idea of people before I started to be able to build rapport with people." Staff had regular supervision with their manager. One member of staff told us, "We have regular supervisions and receive feedback. It helps me as I can know my strengths and weaknesses and develop are skills and we are praised on what we are doing well."

People were supported to maintain a balanced diet. A staff member told us that menus were based on what people like and feedback at meal times. Lunch time was an inclusive experience when people and staff sat down in the communal dining room and ate together. People enjoyed socialising and there was a relaxed friendly atmosphere during lunch.

Staff continued to work well within their team and across organisations to meet people's needs. A member of staff told us, "The staff are so united" and "We watch out for each other and we can support and upskill each other, this helps us build relationships with different people and learn how to support people in ways they prefer by learning from each other."

People continued to be supported to access healthcare services as and when needed. We saw evidence that people had access to a variety of healthcare professionals. For example, staff noticed that another person was losing weight. They made a referral to the person's GP and ensured they were seen by a dietician. Dietary guidance from a healthcare professional was put in place and staff ensured the person received a high calorie diet. This resulted in the person gaining weight over the past two months.

People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and in the gardens. There was a sensory room for people to use as they wished. People's rooms were personalised in accordance with their wishes and interests.

Good

Is the service caring?

Our findings

People continued to be treated with kindness and respect. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. Staff spoke passionately and respectfully about people and the challenges they face due to their complex needs. People told us staff were kind. A relative told us, "They are kind and compassionate with her, it is a family environment. They are very caring in their approach." Another relative said, "Staff are very caring and compassionate and we appreciate their approach." They also told us that their relative was "the happiest they had ever been" living at the home and they felt that was because their relative felt well cared for.

People were the focus of staff's attention. People chose to spend time with staff who were attentive and gave them time. For example, staff included people in tasks around the home. There were pictures to aid people's choice of task and these were displayed in communal areas as a prompt for people. One person said they wanted to lay the dining table for lunch and we observed staff spending time with them to support them with this.

People were supported to be involved in decisions about their care and given support to express their views. Staff used different ways to make sure people could say how they felt about the service. People's views were sought through care reviews and regular keyworker meetings. Staff informally sought people's views daily during their interactions. Staff ensured people had access to advocacy services if necessary. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. One person had been supported to access advocacy support as part of the depravation of liberty safeguard (DoLS) application. This ensured their views were listened to and understood.

People's independence was promoted. People were encouraged to make decisions where appropriate and supported to be independent. For example, it was very important for one person to be involved in their finances, staff took the person to the bank on the same day every week and supported them to manage their money. People's care plans supported their independence by giving staff clear guidance which promoted people's right to choose. For example, one person's care plan gave staff clear guidance that the person like to choose their own clothes and would like to maintain their independence by helping with tasks around the home. We observed this person to assist in household tasks.

People's privacy and dignity was respected. Staff spoke about giving people space and time alone when they requested it. We saw that staff knocked on people's doors and asked for permission before entering. Staff made sure that doors were closed when providing personal care.

People's differences were respected and staff adapted their approach to meet people's needs and preferences. For example, people's day to day activities were planned specifically to the individuals preferences and if people had religious needs these were supported by staff. Each person's care plan documented their individual communication needs and these were followed by staff. For example, one person required hearing aids, they were not wearing these, staff quickly noticed this and supported them to

use them.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs. One relative told us, "They are quick to act if something needs to change and are very responsive to my daughter's needs."

Care continued to be personalised to meet the needs of individuals including their social and wellbeing needs. People's care plans were person centred and contained information about their likes, dislikes and preferences. For example, one person's care plan said it was very important to them to go to the village café for a coffee every day. The activity rota evidenced that the person gets to do this daily and we observed the person going for a coffee with a member of staff. Care plans were developed and discussed with the person and their relatives, where appropriate. These were reviewed regularly to ensure information was current. Any changes to people's care needs were communicated to staff at handovers which enabled them to be responsive to people's current needs.

Staff were responsive to people's changing needs. For example, one person was noted to have an increase in behavioural incidents when they wanted something and it was not available immediately. Staff discussed this with the home's positive behaviour support (PBS) champion and the provider's PBS practitioner. They have worked with the person and implemented a plan to support them to develop positive coping strategies to reduce the number of incidents.

People continued to have access to activities that met their interests. Activities were an important part of people's lives and were led by people's choices. Each person had an individual activity plan. For example, one person's plan said they enjoyed going to a local garden centre. Their relative told us, "she doesn't like going out with everyone else so staff accommodate this and take her out on a 1:1 basis. She likes to go to familiar places which staff take her to, she enjoys going to the garden centre." We observed one member of staff taking this person to their preferred garden centre during the inspection. The person was excited to go and happy when they returned. Another person had a keen interest in swimming. Staff supported the person to go swimming regularly and this consistency allowed the person to develop their skills and staff told us they were now a very good swimmer.

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. A relative told us that they had raised concerns regarding their relative's personal care and said the manager responded immediately, "They have listened and are doing a good job. We monitor this and we don't have any concerns. Their reaction was great."

There was no one receiving end of life care at the home. End of life care was considered and discussed with people, if they wished to. If people had end of life wishes these were documented in their care plans.

People had access to technology to meet their needs. The manager recognised the importance technology could have on people's access to resources, stimulation and engagement. One person did not know how to use a computer but wanted to learn. Staff spent time with them at a day centre teaching them how to use a

computer, the person now has their own laptop and uses this independently.

The registered manager demonstrated a good understanding of the requirements of the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People had access to information in a format to help their understanding. For example, one person's care plan said they would like staff to read their correspondence to them, staff were aware of this need and read any correspondence with the person.

Good

Is the service well-led?

Our findings

The home continued to be well-led. A relative told us, "I would say the home is well-led for the simple reason that when you speak to the manager about any issues or have any questions they listen and act straight away."

The home 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.' The registered manager understood the regulatory responsibilities of their role. Relatives were complimentary of the manager. One relative told us they thought the manger was doing "exceedingly well, I have a lot of time for him. He really cares about everyone there and he is doing the right thing for people. My daughter thinks he is absolutely wonderful, and that is what matters."

Staff told us they felt well supported within their roles. A member of staff told us, "I feel the manager values me. He praises what you are doing and acknowledges you for what you do well. The service is governed so well, I have never seen a place where the management are so open and calm."

The culture of the home was positive and respected people's equality, diversity and human rights. The home had a relaxed atmosphere. People living at the home were the focus, this was evident by the personalised support they received. A member of staff said the ethos was for, "people to have a sense of belonging and a sense of family. This is their home and being able to give them the best out of life. We want people to be looked after and cared for and that is what we do." Relatives told us they felt the home was a family environment.

People, staff and relatives were engaged and involved in the service provided. Feedback was sought by people living at the home daily upon engagement with the staff they were working with and through resident's meetings. People's wishes were listened to. For example, at a resident's meeting in July one person asked for 'Sky' television in their bedroom. Staff worked with the person's family and they are now happy to have this in their room.

Systems and process were in place to monitor the quality of the service being delivered. These included regular checks of different aspects of the service such as; health and safety. Quality assurance tools were used to identify trends and issues to drive improvements in practice. For example, from auditing incidents the registered manager identified trends in a person's behaviour when the news was on the television or when staff were speaking quietly together. Guidance was put in place for staff including how to speak to each other when the person is present. This had significantly reduced the number of behavioural incidents this person experienced.

Staff continued to work in partnership with other organisations to ensure people's needs are met. During the inspection a healthcare practitioner called to arrange a wellbeing check for a person. They had a good

working relationship with the staff and understood the need for flexibility. The manager reviewed the rotas and allocated themselves to support another activity so the person's preferred member of staff could take them to the appointment. This approach ensured that people's needs were met in their preferred way.