Care Quality Commission

Pathways Care Group Limited

Famille House

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

This inspection took place on 9 April 2015 and was unannounced.

Famille House provides care and support for up to 16 adults with a learning disability. The accommodation is on the ground and first floor, which is accessible using the stairs. Fourteen people used the service at the time of our inspection.

A registered manager was 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe. People were protected from harm and abuse because the provider had safeguarding procedures that staff understood and used. Staff knew how to identify and

Summary of findings

report any concerns they had about people's safety. People's plans of care contained risk assessments of activities associated with people's care which reduced the risk of them experiencing harm.

Enough suitably trained staff were on duty to meet the needs of people using the service. The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at the service were employed.

People were supported to receive their medications at the right time. The service had safe arrangements for the management of medicines.

People were cared for and supported by staff who had received relevant training that enabled them to understand and meet their needs. Staff understood how the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) applied to people who used the service. MCA and DoLS set out the requirements for ensuring that decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to have sufficient to eat and drink throughout the day and people's dietary needs were met and their food preferences respected. People were supported to maintain their health. The service had arranged for regular visits by a doctor, district nurses and other health professionals to attend to people's health needs.

Staff treated people with dignity and respect. Staff had developed caring relationships with the people they supported. The service involved people and their relatives in decisions about their care and support. People had access to independent advocacy services if they needed them.

People's plans of care contained information about their individual needs. Staff referred to plans of care and provided care in line with those plans. People were encouraged to share their experience of the service with staff and knew how to raise any concerns. People's views had been acted upon.

The registered manager had a clear vision about what they wanted the service to achieve. That vision was understood and supported by staff. People using the service, their relatives and staff were involved in developing the service.

The registered manager understood their responsibilities and demonstrated a commitment to continually improve the service The registered manager was supported by senior managers. There was an effective procedure of analysing and monitoring the quality of 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.

People who used the service were protected from harm. Enough suitably experienced staff were on duty to support people. People received their medicines at the right time.

Good

Is the service effective?
The service was effective.

People who used the service were cared for by staff who had the necessary skills and knowledge. People were supported to have sufficient to eat and drink and had a choice of meals. People were supported to maintain their health. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People who used the service, and their relatives, were treated with kindness and compassion. People had opportunities to express their views and they were listened to. Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People had care plans that were based on their individual needs. The service provided people with opportunities to express their views and had acted upon what people had said.

Good

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

People who used the service and staff were involved in developing the service. The service had a clear vision about what it wanted to achieve and staff understood and supported that. The registered manager was well known to and highly respected by people using the service and relatives. The service had effective procedures for monitoring and improving the quality of service.

Good

Famille House

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 April 2015 and was unannounced.

The inspection was carried out by one inspector.

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 also reviewed information we had received from the provider since our previous inspection. This included information about accidents and incidents that had occurred at the service.

We spoke with five people who used the service, the registered manager, and two care workers. We observed how staff supported and interacted with people throughout our inspection visit. We looked at three people's care records, two staff recruitment files, records of `residents meetings' and staff meetings. We also looked at records that showed us how the service was managed. We contacted the local authority that had a contract with the service and had responsibility for funding some people's care. We also spoke with two health professionals who regularly visited the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us or expressed that they felt safe at the home. People told us they felt safe when staff supported them. A person told us, "I feel safe here. We get on well with the staff and each other [other people using the service]." Other people told us they felt safe because of the staff and because people using the service got on well.

The provider had policies and procedures for protecting people from harm and abuse. Staff we spoke with were familiar with those policies and procedures. They had received training about safeguarding people who used the service. They knew how to recognise and respond to signs of abuse and how to report concerns. They told us they were very confident that if they ever had to report any concerns they were "absolutely confident" that their concerns would be taken seriously by the registered manager. Staff knew that they could report any concerns they had about people's safety to the Care Quality Commission and the local authority safeguarding team whose contact details were available to staff.

The provider had reviewed and improved their procedures for safekeeping people's finances after a safeguarding investigation by the provider, local authority and police had revealed that people's money had been misappropriated by a member of staff. The new procedures were robust because more levels of authorisation were now required before staff accessed people's finances.

A person, with the help of a relative, told us that enough staff were on duty. They told us, "Enough staff are on duty. It's better than it's ever been." People who used the service and relatives told us that enough staff were on duty. Staffing levels were based on people's dependency levels which were regularly reviewed. When we looked at rotas and training records we found that each shift was covered by staff with an appropriate mix of experience, knowledge and qualifications. The provider had effective arrangements for ensuring enough staff were available. Staffing levels were based on people's level of dependency and scheduled activities. This meant that people's participation in activities was not compromised by insufficient numbers of staff being available. During our inspection we saw that staff were available at the times that people needed them. Staff were attentive to people's needs, for example they checked that people were comfortable. Staff took time to interact with people by playing table games with them. A care worker we spoke with told us "We have time to have a laugh with people." Both care workers we spoke with told us they felt enough staff were on duty. This showed that the provider had made sure that enough staff were on duty to keep people safe and meet their needs.

People's care plans included assessments of risks associated with their care routines and how people were supported. People had risk assessments of their mobility and how they were supported with transfers. Most of the people who used the service led active lives. They visited activity centres, places of education or local community venues most days. Their care plans included assessments of risks associated with those activities. Staff advised people about how to keep safe when they were outside the home. The provider had procedures for checking that people were safe when they were not at the home or if they had not returned home at times they expected. A care worker told us, "We [staff] know when people go out. We know where they go because they tell us where they go. If people are late coming back we know who to contact or where to look." This showed that people's freedom to exercise choice about how they spent their time was not unnecessarily restricted. The registered manager told us, "We don't stop people doing things."

Staff used the provider's procedures for reporting of accidents and injuries and their reports had been investigated by the registered manager. Where necessary, people's risk assessments were reviewed and actions were taken to reduce the risk of similar accidents happening again. There was an appropriate balance between protecting people and their freedom to spend their time how they wanted.

The provider had effective recruitment procedures that ensured as far as possible that only people who were suited to work at the service were employed. Those procedures included all the required pre-employment checks. People using the service sometimes participated in recruitment interviews. The intention was to allow people a say in who came to work at the service.

People said they received their medicine on time. People knew what their medicines were for and when it should be taken. A person told us, "I know what my pills are for." Another said, "I get the right medicines." Only care workers who had been trained and judged competent to administer

Good

Is the service safe?

medications were given this responsibility. Their competence to administer medicines was re-assessed every 12 months. A care worker we spoke with told us, "The medications training I've had means I know what people's medicines are for and I know about any possible side effects of the medicine." This meant people who used the service could be confident that they were given their medications safely by staff that were competent to do so. In addition to prescribed medications people had other medications, known as PRNs, when they needed them, for example when they had headaches or felt pain. Trained staff supported people to take PRN medicines when they needed. When PRNs were given staff recorded the reasons why. Records showed that PRNs had been given to people at appropriate times.

The provider had procedures for the safe management of medicines. Medicines were stored securely in a room that was accessed only by the registered manager and care workers trained to give people their medicines. Medicines with additional safe storage requirements were securely kept.

The registered manager had introduced arrangements that ensured people had their medicines when they were on their annual holiday. This meant that people received their medications at the right time whether they were at the home or away.

The provider had arrangements in place for the regular upkeep and maintenance of the premises. Equipment such as hoists and wheelchairs were regularly maintained and serviced in accordance with the manufacturer's instructions. Staff were able to report any works they though required attention in a `maintenance book'. We saw from that all reported works had been attended to promptly. We also saw records that people using the service had participated in fire-safety drills. A person who showed us around the premises mentioned the fire drills.

Good

Is the service effective?

Our findings

People spoke in complimentary terms about the service. Comments from people included, "It's good here. I like everything about it." and "I'm happy here." They told us that staff looked after them well. They told us staff were good at their jobs.

Training records we looked at showed that people were supported by staff who had relevant and appropriate training. Staff had received training that enabled them to understand the individual needs of people they supported. Training included sessions about medical conditions that people using the service lived with. A care worker told us, "The training has been really helpful." Staff we spoke with were able to tell us about people's likes, dislikes, care routines, dietary needs and medication. That showed that staff had been supported through training to understand the needs of people they supported.

Staff new to the service had undergone a thorough induction programme. This taught them about the aims and organisation of the service, health and safety procedures. Induction included working through training packs and watching experienced staff supporting and caring for people. The induction lasted up to eight weeks. No staff were allowed to work alone with people using the service until they had been assessed as having satisfactorily completed their induction. Staff told us the induction prepared them for their role.

Staff we spoke with told us they had regular supervision meetings with the registered manager Their training needs and wishes were discussed at these times. One told us the registered manager had arranged training for them in an area of work they wanted to improve on. They had also been supported to undertake college studies. They told us, "I'm definitely well supported – 100%." This showed that staff were supported through effective training and supervision.

Staff we spoke with understood that they had to obtain a person's consent before they provided care. They were able to do that because they understood people's communication needs. A care worker told us, "We always ask a person whether they want support." The registered manager made observations of staff when they provided care to monitor that staff sought people's consent.

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack capacity to make decisions for themselves and who may become deprived of their liberty through the use of authorised restraint in order that they receive care that is in their best interests. Staff we spoke with understood that people were presumed to have mental capacity to make decisions unless there was evidence to the contrary. They understood that DoLS authorisations were required to provide care to people who lacked capacity when it was in their best interests to receive that care.

Every person using the service had an assessment of their mental capacity. DoLS were in force for some people at the home. People subject to DoLS were supported to understand why restrictions were in place by independent advocates the provider had arranged.

People told us they enjoyed the food and mealtimes at the home. Comments included, "I like the food, I get my favourite food" and "They [staff] make my dinner nice." At the time of our inspection the service had the highest possible rating for `Food Hygiene' from the local authority. Only staff who had completed training in food hygiene and preparation made meals. People using the service had a choice of healthy and nutritious food. Staff who prepared food knew about people's dietary needs which meant that people were provided with food that met their nutritional needs.

A person using the service told us they had been helped to improve their diet and to take more exercise. People's nutritional needs had been assessed and monitored by staff. People were weighed every month and if they had unplanned weight loss or gain their food and fluid intake was monitored. The registered manager had made referrals to a NHS dieticians service so that people could be advised about how to improve their diet. The registered manager had acted on advice and recommendations from a NHS dietician.

People were able to have drinks and snacks throughout the day if they wished. People had supervised access to the kitchen and made their own drinks and snacks if they wanted.

People who used the service were supported to maintain their health and access healthcare services when they needed them. We saw in care records we looked at that

Good

Is the service effective?

staff had been observant and attentive to changes in people's health and had reported their observations. The registered manager or a senior staff then referred people to the appropriate health service. We saw evidence that the registered manager had co-ordinated a meeting of several health professionals to discuss a person's care after staff had noted changes in a person's well-being. Records showed that staff had acted on recommendations and instructions made by health professionals. The provider had arranged for all people using the service to be registered with a local medical practice. People had annual health checks there. Staff supported people to attend appointments at the medical practice and other health services. Community nurses and other health professionals regularly visited the service to attend to people's specific health needs.

Good

Is the service caring?

Our findings

People who used the service told us that they liked the staff who worked at the service. Comments from people included, “The staff are so nice. They make me happy” and “The staff make me smile.”

Staff and people who used the service communicated in a friendly way with each other. People knew the names of staff and staff referred to people by their preferred names. Staff were knowledgeable about people’s lives, likes and dislikes and that promoted meaningful and stimulating conversation with people. We saw people enthusiastically share their day’s experience with the registered manager after they had returned to Famille House from the activities day centre and other venues. This showed that staff had developed meaningful and caring relationships with people they supported and that people felt they mattered.

The registered manager organised regular `residents meetings’ for people using the service. The registered manager used those meetings to promote dignity and respect amongst people using the service. For example, people were involved in discussions about how to resolve differences of opinion or choice of television programmes to watch. When we spoke with people they described how they respected each other’s choices and got on well with each other. The registered manager used staff meetings to promote dignity in care.

Staff displayed effective communication skills when they supported people. We observed staff interacting effectively with people. For example, staff positioned themselves at people’s eye level to speak with them rather than stand over people. When we saw staff play a board game with two people they explained the rules. The people then participated in the game in a way that showed they had understood what staff had told them about the game.

We saw from care plans we looked at that people were involved as much as they could be in discussions about how they wanted their needs to be met. We saw from care records that people had decided which activities venues they wanted to visit and the kinds of things they wanted to do. People using the service were involved in reviews of their care plans.

When staff gave people information they did so in a way that matched people’s own communications skills and abilities. We saw staff having conversations with people during which they explained things and we saw from the reactions of people that they understood. For example, the registered manager reminded a person about things they should take with them to a day centre in a way that the person understood and was able to repeat back to show they had understood.

People told us they liked their bedrooms. A person told us, “I love my room.” Rooms we saw were personalised to people’s individual tastes. Staff respected how people had furnished and enhanced their rooms to their taste. They took care not to disturb how people arranged things in their rooms. Staff therefore respected and promoted people’s privacy and dignity. We saw that staff knocked before entering rooms and that people were asked if they wanted help before help was given. People were able to spend time in their rooms if they preferred that to spending time in communal areas. One of the two lounges at the home was designated as a `quiet lounge’ where people could go if they wanted a quieter area of the home to use. People we spoke with told us they used the room on occasion. People were able to make and receive telephone calls in the privacy of the manager’s office if they wanted to, although most people had their own mobile telephones.

Relatives of people who use the service were able to visit the home without undue restrictions. We didn’t see any relatives during our inspection, but we saw from the visitor’s book that relatives came at different times.

Good

Is the service responsive?

Our findings

People using the service and relatives told us that they were able to choose how they spent their time. They told us that having those choices was one of the things they liked about the service. When we spoke with a group of three people they told us they chose when they got up in the mornings and when they went to bed. They added that they received the help from staff they wanted to get up in time to get ready to go to day centres and other venues.

People's care plans included detailed information about how they wanted to be supported with their personal care. Care plan recognised people's level of dependency which meant that some people received more support than others who were able to be more independent. Staff made daily notes of how people had been supported. We saw from those notes that people had been supported in line with their care plans.

We saw from care plans we looked at that people were supported to become more independent and confident. For example, staff had supported a person to be able to carry out more of their personal care by themselves and be less reliant on staff in that regard. Another person had been supported to make more choices about clothes they wore.

People's care plans included evidence that people using the service had been involved in the assessments of their needs and discussions about how they wanted to be cared for. People's care plans included people's personal histories, preferences, interests and hobbies. Staff used that information to support people to follow their interests by attending day centres, places of education, places of worship and other locations in the community.

People's care plans were very much focused on their needs. Staff we spoke with told us they used care plans as a source of information about people. They told us that updated their knowledge through daily dialogue with people. A care worker told us, "We [staff] learn about people through talking with them and getting their suggestions." Staff told us they acted on suggestions people made and people we spoke with confirmed that to be the case. For example, when people suggested they wanted to go to a local café or shop they supported them to do that. We saw staff playing board games with people. We also saw lots of photographic evidence that people had been provided with lots of social activities at Famille House and in the community.

People were able to discuss more general aspects of their care at 'residents' meetings. We looked at records of those meetings and saw that the meetings had been attended by most of the people using the service. People had contributed to decisions about where annual holidays were taken and about additions to the range of food available. We saw from records of staff meetings that what people had decided at residents meetings had been implemented.

Visiting places of worship was important to some of the people using the service. Staff supported those people to attend faith services.

The service's approach to activities was one that ensured people were able to enjoy individual activities and group activities. People had a choice of whether to join in group activities and staff respected people's choices. The range of activities and the absence of restrictions on relative's visiting hours, protected people from social isolation.

People knew who to speak to if they were unhappy or had any concerns. People told us they would speak to staff including the registered manager if they had a concern. We saw that people were comfortable about speaking with staff. People told us that staff were `nice'. We saw people go to the registered manager's office to talk with them.

The provider's complaints procedure was accessible to people. The procedure was available in an easy to read format. The registered manager told us that no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

People who used the service were very complimentary about the way the service was led. A person who used the service told us, “The manager is nice.”

People who used the service had opportunities to be involved in developing the service. Those opportunities occurred through reviews of their care plans, `residents’ meetings and every day dialogue with staff and the registered manager. On the day of our inspection we saw people speaking with staff about things that mattered to them. We saw from records we looked at that this was a regular feature of the service.

It was evident from our observations, what we saw in records and what staff and people using the service told us, that the registered manager was accessible to people and staff. Staff were involved in developing the service through regular staff meetings, one to one meetings with the registered manager and an annual staff survey. At the time of our inspection a staff survey was in progress. We looked at the responses that had been made so far. We saw that staff had said through the survey that they felt involved in the service. They also felt the service was very well led. A care worker told us, “It’s easy to go with any issue to the manager.” Another told us, “”It’s a very good service because the manager is very supportive.”

The registered manager and staff shared the same vison about the purpose and aims of the service. They all agreed that the aim of the service was for Famille House to be a caring family-like service for people living there. Staff had been supported to put that aim into practice through training that the registered manager evaluated and followed through with effective supervision and support of staff.

Staff told us they knew how they could raise concerns about the service if they had any. They added that they were confident that if they raised concerns they would be taken seriously and acted upon. What staff told us was confirmed by responses they made in a staff survey to questions about the provider’s internal reporting procedures.

The registered manager had a good understanding of their responsibilities. They understood our registration requirements including the submission of information to us about incidents that had affected people who used the service, for example injuries, allegations of abuse and events that affected the running of the service.

The registered manager carried out monitoring of the quality of care and support provided to people who used the service. These included regular dialogue with people who used the service, observations of care worker’s practice and reviews of people’s care plans. The registered manager carried out audits of medicines management at the service. In addition, they carried out a range of checks to ensure the premises and equipment were safe and effectively maintained.