

Pathways Care Group Limited

The Highlands

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 ●

Summary of findings

Overall summary

This was an unannounced inspection was carried out on 23 October 2018. This meant the staff and provider did not know we would be visiting.

The Highlands is a 'care home'. People in care homes receive accommodation, nursing and 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 Highlands provides accommodation and personal care for up to 14 adults who have an acquired brain injury. It offers both permanent and short stay services. At the time of the inspection 10 people were using the service, of which two people were using the short-break service. Over the previous 12 months 20 people used the short break services.

Although, the service us registered to provide nursing care we were told that this had not been provided for at least a year. We wrote to the provider to ask if they would be removing nursing from their registration.

At our last inspection in January 2016 and the previous one in January 2014 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.

The registered manager has been in post for over 12 years. 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.

Relatives told us the staff showed a genuine commitment to people and this had led to a broadening of people's experiences and a real quality of life. They told us that this was the first time since their relative had started to receive care this had been the case.

People were at the core of the service and included in all discussions. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they were happy and felt safe. There were sufficient staff to support people and ensure they received their medicines in a safe and timely way. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

We found that care records detailed people's needs but relevant information was not always incorporated into care plans. People who use sign language did not have communication books detailing the signs they

used. The registered manager confirmed that this was an area the provider had identified and was addressing. Staff understood the principles of the Mental Capacity Act 2005 (MCA). The records demonstrated MCA compliance.

Risk assessments were carried out that identified risks to the person. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. People had access to health care professionals to make sure they received appropriate care and treatment.

Staff received regular training, supervision and appraisal and they were supported in their role.

People received a varied and nutritional diet that met their preferences and dietary needs. The service provided home-made food and drinks which were adapted for different diets.

People were overwhelmingly positive about staff. Staff knew the people they were supporting well. Care was provided with patience and kindness and people's privacy and dignity were respected. People were actively engaged in a range of activities and had opportunities to access the wider community.

People told us they did not have any concerns about the service but knew how to raise a complaint if needed. Feedback on the service was encouraged in a range of ways and was positive.

People and staff told us that the registered manager and deputy manager were approachable. They and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Highlands

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.

An adult social care inspector completed this inspection on 23 October 2018.

Before the inspection we looked at the Provider Information Return (PIR), which we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales. We used the feedback we received to inform the planning of our inspection.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

Over the course of the inspection we met all the people who used the service and called four relatives. Some people who used the service had limited verbal communication skills but could show us what they liked and expressed their views about the care at the service. We spoke with the registered manager, the deputy manager, four support workers, an optician who regularly visits the service, a social worker and a community nurse.

We looked at three care records, two staff files, as well as records relating to the management of the service. We also looked around the service, including bedrooms (with people's permission) all of the bathrooms and the communal areas.

Is the service safe?

Our findings

The service was rated good at the last inspection in January 2016 and this rating has not changed.

The people who lived at The Highlands had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence. People and relatives told us that they liked the staff and felt safe at the service. Comments included, "It is brilliant here" and "They always make sure we are alright" and "The staff are very good and we are confident that they make sure [person's name] is well looked after."

We found that risk management systems were in place. Risk assessments were developed to support staff to meet people's individual care needs such as nutrition and manage risks related activities people liked to do inside and outside the service. Control measures to minimise the risks identified were clearly set out in people's care plans and monitored to confirm they were effective.

Staff knew how to recognise abuse, what action to take and how to report their concerns. Staff had received safeguarding and whistleblowing training and told us they would refer concerns to other agencies, such as the local authority safeguarding team. Where safeguarding issues were identified these were reported and investigated. Accidents and incidents were analysed to identify trends and measures were put in place to reduce the risk of these recurring.

There were enough staff deployed to keep people safe. There was always a minimum of three care staff on duty during the day and two staff overnight. In addition to this, the registered manager and deputy manager, as well as ancillary worked at the service. Relatives told us they felt there were enough staff on duty whenever they visited. Although, nursing care was not provided at the time of the inspection both the registered manager and deputy manager were qualified nurses and between them cover six day shifts a week.

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and obtaining references.

Risk relating to the environment and other hazards were appropriately managed. External professionals completed the gas and electrical checks and the registered manager ensured the equipment and building was maintained.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Fire drills were completed in line with the fire safety regulations.

Medicines were managed safely. Appropriate arrangements were in place for obtaining medicines, checking

these on receipt into the service and storing them. We looked through the medication administration records (MARs) and found medicines had been administered and recorded correctly. Staff had received training and had regular checks to ensure they remained competent to administer medicines.

Is the service effective?

Our findings

The service was rated good at the last inspection in January 2016 and this rating has not changed.

People told us they found the staff knew them well and were effective at supporting meet their needs. We observed that staff were very skilled and clearly understood how to support people living at the service. Relatives commented, "When [person's name] moved here they were really poorly and had to stay in bed. Due to the care they got from staff [person's name] regained some mobility and each year they improve" and "We didn't realise that there were other people with similar experiences to us. [Person's name] had a stroke when they were a baby and only until we came here did we find other families with similar experiences. It has been great to meet those people."

People's needs were detailed in an assessment tool as well as in support plans. We found staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted. Individual choices and decisions were documented in the care plans and they were reviewed monthly. The registered manager told us that the provider had noted issues with the care records work was being undertaken to improve the templates.

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). Systems were in place to ensure appropriate DoLS applications were submitted to the assessing authority and to monitor when these were granted. We saw people had the required MCA assessments and 'best interests' decisions in place. Staff had a good understanding of people's capacity and how to support them to make daily choices. We observed staff asked for people's consent before engaging in care tasks.

The registered manager told us that healthcare professionals visited and supported people who used the service regularly. We saw detailed records of such visits to confirm that this was the case. A visiting professional commented, "The manager is always actively seeking service users and professionals view to develop the service and ensure people's needs are considered. Regular reviews are held in response to this." Each person had a 'Hospital Passport', an easy read document all about them using photographs and symbols, which outlined people's needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Staff received good support and had access to the training they needed. Staff confirmed that they had regular supervision and appraisals. Staff told us that they felt supported by the registered manager and felt able to discuss any issues with them. Staff had completed national vocational qualifications and some staff completed additional levels such as management awards.

People were supported to have nutritional meals that were adapted for special diets such as diabetic, textured diets and for those people at risk of malnutrition. People told us they enjoyed the food and we saw that a choice of meal was available. Professionals were consulted with when risks were identified to ensure

people had appropriate diets.

Is the service caring?

Our findings

The service was rated good at the last inspection in January 2016 and this rating has not changed.

People told us that staff were very kind and we observed staff encourage and support people in a sensitive manner. Comments included, "The Highlands is the best care home my relative has used and the staff are lovely. You are always made to feel welcome and nothing is a problem", "The staff are wonderful" and, "We are like one big family."

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations.

Staff told us how they worked in a way that protected people's privacy and dignity. They told us about the importance of encouraging people to be independent and also the need to make sure their privacy was maintained. A staff member said, "I am confident that we all make sure people get the best possible care and everyone is respected."

Great emphasis was placed on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. One staff member said, "We really want to make sure people get the very best out of life." A visiting professional commented, "The people who access this service always appear to receive the uttermost respect, kindness, compassion and dignity. Staff seem really caring about the people they work with and proud to work in this service. Staff appear conscientious and appear to strive to promote the best quality of care for people."

Staff spent time chatting, encouraging, laughing, and joking with people. We saw that where people requested support, it was provided promptly and discreetly by staff. Everyone we spoke with was complimentary of the staff who supported them.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had actively ensured people were enabled to voice their views and express their desires about how the care should be delivered. One person told us that they routinely used advocacy services and found them to be very beneficial.

Some of the people used sign language and we found that staff had learnt the signs they used and readily chatted with them as well as translated conversations for other individuals when needed.

The physical environment met people's needs. People's bedrooms were personalised and decorated to people's individual tastes. The provider employed maintenance staff and when repairs were identified, these were acted upon.

Is the service responsive?

Our findings

The service was rated good at the last inspection in January 2016 and this rating has not changed.

The Highlands delivered personalised care for people by providing a rich service that enabled people using it to access a wide range of meaningful activities. Staff embraced the diversity of people's interests and views. They ensured each person was made to feel valued and encouraged to take an active role in orchestrating the care they received.

People and their relatives told us the service provided them with the opportunity to have experiences many people took for granted such as day trips, learning crafts and learning skills such as baking. When we visited people were engaged in gym work sessions with staff a local day unit. All appeared to thoroughly enjoy the activities. A relative said, "Whenever we arrive [Person's name] is always laughing and joking with staff and the other people." External healthcare professionals told us, " People appear happy when I visit the service and appear to be engaged in variety of activities. Many see it as there second home."

Staff did not view the complex needs of the people they supported as a barrier to them participating in similar activities to those of their peers. We heard from relatives how staff went the extra mile to support people and had recently taken people to celebrate a birthday at a local restaurant. Some people needed pureed diets and staff had worked with the chef in the restaurant to make sure the individuals could have a meal of their choice but of the right consistency.

People had care plans that were tailored to meet their individual needs and preferences. Some of the people completed their own evaluations of the care and recorded in their daily notes how the day had gone. People and relatives told us care was delivered in the way they wanted and needed it. However, we found at times more information was needed such as the inclusion of communication books that detailed the meaning of the signs people used. We found that the support plans in place contained good descriptions of what people's needs were and these were reviewed frequently. This meant staff could support people to develop to their full potential.

External healthcare professionals told us, "The service has always followed guidelines implemented, including that of 24-hour positional management, attendance to external appointments (rebound). The service will contact our team if they have concerns rather than "plod" on. This is always done timely and promptly having the service user at the centre of their care."

People and relatives were confident about the way their concerns and complaints would be addressed. We saw documentation that demonstrated the registered manager understood how to investigate complaints and acted to rectify concerns and responded to people in a professional and sympathetic manner. Relatives we spoke to told us they had had no reason to raise any complaints. We saw thank you cards from relatives of people who had stayed at the service.

One relative told us that the staff were excellent at communicating with them about any of the slightest

changes and always kept them up to date.

No one required end of life care and this is not an expected function of the service, however, staff understood the actions that needed to be taken if this situation changed.

Is the service well-led?

Our findings

The service was rated good at the last inspection in January 2016 and this rating has not changed.

People, relatives and visiting professionals were complimentary about the management of the service. Comments included, "If they had a [Registered manager's name] elsewhere all of the care homes would be excellent and we never have any worries about how the home is run", "The service is very well led and there is a sense that the whole staff team work well together to deliver client centred care" and "They gave me a life."

People thought the service was well run and completely met their needs. We found staff recognised any changes in people's needs and acted straight away to look at what could be done differently. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person centred.

The registered manager had been in post for over 12 years. We found they provided focused leadership and demonstrated a great desire to provide an excellent service. They adopted an approach that supported staff to look at how improvements to the service could be made. The staff said that they had a good relationship with the registered manager and they were comfortable about being able to challenge each other's practice as needed.

The registered manager was a keen advocate for staff well-being and proactively supported staff members who experienced physical and mental health concerns. They also actively engaged with the people who used the service and relatives. We heard that people rang them on a regular basis and dropped into the office to share their views.

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "[Registered manager's name] always asked our opinion as well as people's about how the service us working and I think that works well."

The registered manager said they were well supported by the registered provider. They told us that the provider gave them autonomy to operate the service and they found the regional manager was exceptionally supportive. The whole staff team expressed the view that they were there to provide care and support for the people living at the home.

The provider had systems in place for monitoring the service, which the manager fully implemented. They completed monthly audits of all aspects of the service, such as medicine management, building management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the service. All of this combined to ensure good governance arrangements were in place.

We found that the previous CQC rating was being displayed. All incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been.