

Pathways Care Group Limited

Rutland Villa

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 28 September 2015 and was unannounced.

The provider of Rutland Villa is registered for accommodation and personal care for up to three people. There were three people living at the home at the time of this inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People responded affectionately to the care staff that supported them in a friendly, positive manner. Relatives told us they had no concerns and they felt the staff knew how to keep their relative safe.

People received care from staff who understood their individual health needs and how to manage risks when caring for them. People were supported to take their

Summary of findings

medicines. They received their medicines at the correct time and were safely administered and stored. The registered manager regularly audited the medicines to make sure people were not put at risk of medicine errors.

People received support and care from staff that were supervised by the registered manager and were able to discuss any concerns they may have raised. People received care from staff that understood their individual requirements. Staff were trained regularly to meet the needs of the people they cared for.

People's consent was appropriately obtained by staff. People who were unable to make decisions for themselves were supported by staff within the requirements of the law so that decisions were made in people's best interests. The registered manager understood their requirements under the law and responded appropriately.

People enjoyed home cooked nutritious meals that they were supported to prepare and cook. People were offered a choice of mealtimes with any special dietary needs accounted for and had plenty to drink so that the risk of dehydration was reduced.

People's health needs were assessed and reviewed regularly. People had access to external health professionals as required.

People liked the staff who supported them. Staff treated people with dignity, kindness and respect. They supported people to make choices and maintain as much independence as possible. People's individual circumstances were considered and treated with sensitivity.

People were supported to take part in activities of their choice.

People who lived at the home and staff had a positive relationship with the registered manager. The staff team was consistent and everyone knew their individual role and responsibilities. The registered manager regularly conducted quality audits to monitor and improve the quality of the care people received.

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 were happy and relaxed around the staff. People were supported by enough staff who knew their needs to keep them safe. People received their medicines when needed.

Good



Is the service effective?

This service was effective. People were supported by staff who understood their health needs and risks to their health. People were given choices about their care and diet. People had access to additional support from health professionals when required.

Good



Is the service caring?

This service is caring. People were treated with kindness, dignity and respect. People were cared for by staff they liked and communicated positively with.

Good



Is the service responsive?

The service was responsive. People were involved with the choice of activities which reflected their individual interests, within the home and the wider community.

Good



Is the service well-led?

The service was well-led. People's care was regularly reviewed and up-dated as required. Quality monitoring systems were in place, so improvements could be made. People's feedback was requested and reviewed to help develop the quality of the services people received.

Good



Rutland Villa

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 undertaken on 28 September 2015 by one inspector and was unannounced.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke to all people who lived at the home. We also tried to contact two relatives, but could only speak with one relative. We also spoke with three staff and the registered manager.

We also viewed two people's care records, two staff recruitment files, the complaints folder, and quality monitoring checks that were completed on different aspects of the service people received.

Is the service safe?

Our findings

People told us they liked living at the home. We saw people appeared comfortable around staff, smiling and laughing with them. A relative told us, “I consider my relative to be very safe at Rutland Villa.”

People were cared for by staff who understood how to keep them safe. Staff we spoke with were aware of signs of abuse and how to report it. Staff confirmed they had received training in abuse to strengthen their knowledge. One member of staff told us they were sure, “The manager would deal with any concerns, but if it was the manager I had concerns over, then I would go to the area manager and or CQC (Care Quality Commission).” The registered manager understood their responsibilities to report any allegations to the local authority safeguarding and the CQC.

Staff told us the required checks were made before they started to work at the home. Records confirmed these checks included if prospective staff members were of good character and suitable to work with people who lived at the home. The provider had ensured that all staff had a Disclosure and Barring service (DBS) reference before being able to start their employment so that the provider’s recruitment procedures kept people safe.

Staff and relatives told us they were happy with the staffing arrangements at the home. Most people received one to one staffing enabling them to offer the support they required. A relative confirmed when they visited at the weekend, “There was always enough staff on duty”. The

staff group at the home had worked there for many years so they were able to provide continuity of care for the people they supported because they knew everyone well. We saw staff were able to provide support and care for people on an individual basis and responded to their needs at the right time and in the right way for each person. For example, one person sat in lounge singing along with a member of staff to their favourite songs whilst another person wanted to go out into the garden which they were supported with.

People’s health and risks to their health were understood by staff, in order to keep them safe. For example staff knew some people had epilepsy and were aware and trained of what procedures to follow when someone had a seizure and how to record such an event. One person experienced anxiety and behaviour that could challenge. Staff were aware of how best to support this person with their behaviour which included the distraction techniques which worked for this person.

People were supported to take their medicines. Staff were supported by easy accessible medicine administration information which provided staff with how each person liked to take their medicines and signs of side-effects to watch out for so that people received their medicines in the right way. Staff knew each person’s important information, such as, how one person’s medicine administered once a week required them to be actively walking for about half an hour after they received it. The registered manager regularly reviewed people’s medicines to ensure that people received the right medicines at the right time.

Is the service effective?

Our findings

People told us they liked the staff that cared for them. A relative told us they thought the service their family member received was, "Very good, we are very impressed."

The registered manager described how they ensured staff had the right knowledge and skills by a comprehensive induction programme when they started their employment. This included training in supporting people with autism and behaviour that may challenge and the principles behind personalised care so they had the specialised knowledge to assist people.

Staff described the training they had received and felt this had helped them develop the skills to look after people they cared for. One member of staff discussed the communication training they had received in order to assist people they supported. They felt the training was useful to help them to communicate with someone who had difficulty expressing their needs but for one person the training had limitations as this person had developed their own way of making requests. However, the staff group were established and familiar with this person's way of expressing themselves so could ensure their requests were effectively responded to.

Staff told us they had one to one meetings where they received feedback on their performance and were able to discuss their own professional development needs, such as training. One member of staff felt the provider was supportive to the staff and gave an example that they had been funded to complete higher qualifications.

People told us about how they were involved in decisions about their care. People described to us how staff

explained things to them. We saw examples of this during our inspection. For example care staff explained medical procedures to people before they supported them with these. Staff we spoke with understood decisions could be made in people's best interests. Where people required support to make decisions the provider took steps to ensure their best interests were considered and involved family members to make those decisions. For example, a relative told us they were notified of any health appointments because they liked to attend any hospital appointments. Staff also knew that some people's freedom may be restricted in order to keep them safe and Deprivation of Liberty Safeguards (DoLS) applications needed to be made. The registered manager had assessed people who lived at the home and made DoLS applications where people's liberty may be restricted. Where people required support to make decisions the provider took steps to ensure that their best interests were considered and involved family members to make those decisions.

We saw people enjoying their home cooked meals, and were offered choices. Menus were developed using pictures of meals and displayed in the dining room so people were assisted in making a choice of what they would like to eat and drink. One person had special dietary needs which staff showed they were aware of as they encouraged this person to eat fresh vegetables and fruit.

People were assisted to access help and support from healthcare professionals. We saw from the health care records that people had attended dentist, chiropody, doctors and optician appointments. There was a reminder system in each person's file to remind staff to book these appointments when they were due so that people remained healthy and well.

Is the service caring?

Our findings

People told us the provider and staff were very caring. One person told us the staff were, “Good”. A relative told us they liked the staff and they were very caring.

There were three people living at the home and they had become friends. Each person had very different interests; however staff were able to describe people’s individual likes and dislikes. One person was keen to show us their room; it had been decorated to their taste with a particular theme they liked. Staff spoke affectionately about the people they supported; they were well informed of people’s backgrounds and families.

People who lived at the home and relatives told us they had been involved in their family members care through regular review meetings and telephone calls to staff and the registered manager. A relative confirmed this was the case as they were always informed of any appointments and asked if they wanted to go along.

People were assisted to remain in regular contact with their relatives and friends through social gatherings arranged by staff, through regular telephone contact and home visits. An example of this was staff had arranged a birthday party for one person and relatives of all people who lived at the home were invited. Relatives told us they were warmly welcomed by staff when they visited.

We saw people were treated with dignity and respect. People were gently reminded to use the bathroom for their personal care and thanked when they followed staff requests. Staff understood the need for people to have their own personal space. One person liked to spend time in their room and we saw staff respected this as we saw staff knocked on their bedroom door and waited before being invited in.

Is the service responsive?

Our findings

People showed us that staff supported them in activities they liked to do. One person described a birthday party staff had arranged for a person who lived at the home. It was a barn dance and they had dressed up as a cowboy. Relatives had been invited and we could see from their reaction that they had enjoyed it immensely.

People's level of independence was assessed on an individual basis and their choices of activities were supported by staff accordingly. One person enjoyed outings into the town and horse-riding and another person had a favourite film. We noted that staff although not fans of the film themselves had made the effort to learn the characters of the film so that they could chat with this person about something which was important to them.

We looked at people's care files which were very detailed and written from each person's views about how they would like to receive care and support. Risk assessments were regularly reviewed and any changes in people's care were communicated with staff so that people's support needs were up-to- date in line with their wishes.

Staff and the registered manager told us that people kept in contact with their relatives which were very important to them. They demonstrated that they knew specific important details of these relationships. For example, they had sensitively negotiated with a family member that a person could send a Christmas card to them even though it wasn't their religious belief as the person who lived at the home would become upset if they were not allowed to.

The registered manager annually sends out customer satisfaction questionnaires to people who lived at the home and relatives. All the responses in the 2014 survey were very positive.

People who lived at the home and relatives told us they knew how to complain, should they feel they needed to. One person told us they would speak to the registered manager and felt they were easy to approach. The complaints procedure was available in an easy read style with pictures as well as words so that it was accessible to everyone. There were no formal complaints recorded in the complaints file. Information on how to access advocacy services were available for people who lived at the home should they require an independent person to speak on their behalf.

Is the service well-led?

Our findings

People knew and liked the registered manager. We saw people who lived at the home were happy and relaxed in her presence. She stopped whatever she was doing and took time to chat to people.

The registered manager told us she enjoyed working at the home with a good staff team. The registered manager told us they thought that due to the success of the staff team and the environment they had created, they had not needed to use 'when required' medicines for some time for one person. The registered manager said she benefitted from staff who had worked there for many years so they had become a close team. Sickness levels were very low and staff often worked over their contracted hours because they enjoyed supporting people living there. One member of staff told us, "I love it here, the best job I've ever had". Another told us the registered manager was very good very approachable and would have no hesitation raising concerns with them."

Although there was a lack of staff meetings, staff felt they were kept up-to date with developments in the service and from the provider. The registered manager had provided information for staff to read. Staff and relatives felt comfortable approaching the registered manager to discuss any of the issues raised.

The registered manager showed us the systems they had in place to monitor the quality of care in the service. We reviewed three people's care records and saw they were updated regularly. The registered manager regularly checked aspects of the care people received. For example, people's medicines, the home environment and how people's care support was recorded. The registered manager's systems were quality checked by the area manager. They visited the home monthly and provided feedback and an action plan of requirements for improvement to show they were continually improving the services people received.

People felt that their opinions mattered to the registered manager and how their contribution influences service delivery. The registered manager sent out an annual questionnaire to people who lived at the home and their relatives. The feedback in the questionnaires was used to develop aspects of the service people received with results from the questionnaires available for everyone to see.

The registered manager was supported by the deputy manager who would be covering for the registered manager whilst they took some planned leave. The deputy manager told us they felt the preparation for them to cover in the registered manager's absence was well planned and they hoped to give a good continuity of service to people.