

# Pathway Healthcare Limited

## Cabot House

### Inspection report

62 Brighton Road  
CrawleyWest  
Sussex  
RH10 6SX  
Tel: 08000328594  
Website: [pathwayhealthcare.org.uk](http://pathwayhealthcare.org.uk)

Date of inspection visit: 15 January 2015  
Date of publication: 24/07/2015

#### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



#### Overall summary

This inspection was unannounced and was carried out on 15 January 2015. Cabot House is a service which is registered to provide accommodation for nine people with a learning disability who require personal care. On the day of our visit there were four people living at the home. Care is provided over three floors in a large house.

The service is run by Pathway Healthcare Ltd. There was no 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 and associated Regulations about how the service is run. An experienced manager who worked for the provider had been appointed to manage the home in October 2014 and was present at the inspection. Their application for registration was in process.

The last inspection of this home was in July 2014 and at that time we asked for improvements in two areas, with respect to care and welfare of people and quality assurance systems. The provider submitted an action

# Summary of findings

plan telling us how they would meet the requirements of the regulations. At this inspection, we found these had been addressed, however further improvements were needed to quality assurance and we have made a recommendation about this.

People were safe and well looked after at the home. There were policies and procedures regarding the safeguarding of people and staff had a good awareness of the correct procedures if they considered someone who they provided care to was at risk of potential harm. There were suitable procedures in place to ensure medicines were stored, handled and administered safely.

People enjoyed the food at the home and were given choices. People had meetings where menus and food requests were discussed. People were supported to shop and cook. People's specific dietary needs were catered for.

There were up to date and relevant care plans that reflected people's individual needs. People were involved in care planning and in decisions about their care. The staff involved other professionals and families where appropriate. Care plans were personalised to reflect individual's needs and preferences. Staff understood people's care and support needs, and were kind and friendly. They treated people with dignity and respect.

Staffing levels were adequate to meet people's needs safely and staff were competent and confident in supporting people's individual needs. Recruitment procedures were being followed to protect people from being supported by unsuitable workers.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager and provider understood when an application should be made and how to submit one. We found the requirements of DoLS were not being fully met, however the manager was aware of this and had a plan in place to address it. People's human rights were properly recognised, respected and promoted. Staff had a good understanding of the Mental Capacity Act 2005 and consent and how this affected people who lived there, however not all mental capacity assessments had been carried out where appropriate by the provider. We have made a recommendation about the need to address this.

There was a relaxed and friendly atmosphere in the home. Staff and people said they could speak to the manager if they had any concerns and felt involved in the running of the home.

The appointment of an experienced manager has improved the quality of the service. However, further improvements were needed to monitor and maintain standards and we have made a recommendation about this.

# 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 felt safe however the manager was addressing the need to ensure there was always enough staff around to offer support and meet people's needs and choices.

Staff had received training on the safeguarding of adults and were aware of how and when to report concerns. Staffing recruitment procedures were being followed to protect people from being supported by unsuitable workers.

Assessments were undertaken to identify the risks presented to people and others. Where risks had been identified there was information for staff on how the risk could be reduced to help keep people safe.

Medicines were stored and administered safely and handled by staff who had received appropriate training to help ensure safe practice.

Good



### Is the service effective?

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, not all relevant mental capacity assessments had been undertaken and DoLS applications had not been submitted as appropriate. The manager was addressing this.

People were well supported by staff who knew them well and received the training and support to meet their needs. Relatives were happy with the support provided by staff.

There were systems in place that helped ensure people's health needs were met and people received regular health checks.

People were supported to eat and drink and they were involved with the planning of menus. Staff supported people to maintain a healthy diet. Specific diets were catered for.

Requires Improvement



### Is the service caring?

The service was caring. Staff understood people's needs and preferences.

Staff were kind and friendly and respected people's individuality and diversity.

Staff were patient and caring and there was a natural rapport between staff and people.

Good



### Is the service responsive?

The service was responsive. People were involved in the planning of their care. People were able to raise concerns or complaints if they needed to.

Good



# Summary of findings

Care plans were personalised and gave staff information to provide support to people. People took part in activities of their choice and staff supported them to engage in these activities.

People were supported to maintain relationships with their family and spoke positively about the support provided by staff.

## Is the service well-led?

The manager carried out a range of audits, including for medicines and care planning. These audits helped to monitor the quality of service provision.

However, improvement was required to demonstrate that quality assurance processes in place were sufficiently robust

There had been several changes of management in the past 12 months and there was no registered manager in post. This had led to shortfalls in the quality of the service. The new manager had a detailed action plan in place and had already improved the quality of the service.

The ethos of the home was about being led by the needs and wishes of people who lived there. Managers and staff worked in partnership with other health and social care professionals.

**Requires Improvement**



# Cabot 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 checked 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.

This unannounced inspection took place on 15 January 2015 and was carried out by one inspector.

Before the inspection we reviewed the previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We spoke with two social care and healthcare professionals to obtain their views on the service and the quality of care people received.

During our inspection we met with three people who lived in the home, and spoke with one of them at length. We observed how staff interacted with people and sat with people throughout the day including during breakfast and lunchtime. We also looked at two people's plans of care, risk assessments, incident records and medicines records. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, records of activities undertaken, menus and records relating to the management of the service such as audits and policies.

We spoke with two relatives over the telephone to ask them their views of the service provided. We also spoke with the manager and two members of staff. We also had email correspondence with two social care professionals and a telephone conversation with a third who gave us their views.

The last inspection of this home was in July 2014 and at that time we asked the provider to make improvements in two areas, care and welfare of people and quality assurance processes.

# Is the service safe?

## Our findings

People said they felt safe. They said staff were “nice” and they could talk to them if they felt unhappy or worried. One relative we spoke with said they felt their relative was well looked after and they were confident the management and staff would deal with any concerns appropriately.

At our previous inspection in July 2014, we found that the service was in breach of a regulation as it did not always have sufficient detail in care plans and risk assessments about people’s needs and conditions to ensure people’s needs had been met. The provider sent us an action plan telling us what they would do to meet the requirements of the regulations. At this inspection we found improvements had been made. Assessments were undertaken to identify the risks present to people and others. Where risks had been identified there was information for staff on how to minimise the risk whilst promoting people’s independence and respecting their choices. For example, the risk assessment for one person identified they sometimes presented behaviour that challenged others. We saw that the risk assessment included de-escalation techniques that were clear for staff to follow. Staff confirmed the information in the risk assessments gave them the information they needed to help keep people safe.

The home had an up to date copy of the local authority safeguarding adult procedures. Staff we spoke with talked us through procedures they would follow if they had any concerns of a safeguarding nature. They were knowledgeable about what constituted safeguarding concerns and their responsibilities in relation to the home’s policies. They had received appropriate training and were also aware of the whistleblowing policy, and said they would not hesitate to use it. The provider worked co-operatively with the local authority safeguarding team.

Staffing was planned to meet the assessed needs of the people who lived in the home.

Staff told us there were enough staff on duty to meet people’s needs including social needs outside of the home. They said this had improved lately as previously there had been a lot of staff sickness but now this was being covered. We saw that staffing rotas were planned in advance and agency staff were used to cover where needed. One relative said they felt their loved one did not always receive their allocated one to one time. The levels of staff support people needed were clearly documented and staff confirmed these levels were met. This relative’s concerns are being dealt with under the home’s policies and procedures. During the inspection we saw that people’s social needs were met however, one person did have to wait a long time for their shopping trip because staff were out with another person. The manager was aware of issues with staffing and had put plans in place, such as recruiting bank staff.

Recruitment records for staff contained all of the required information including two references, proof of identity, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. We saw the procedures in place protected the people who lived at the home.

Staff assisted people to take their medicines. The home had a policy and procedure for the receipt, storage and administration of medicines. Medicines were stored securely and the storage area and paperwork were well organised. Medicines Administration Records (MAR) were up to date with no gaps or errors. Staff that were trained appropriately and deemed competent had access to the medicines. One member of staff had not received training since starting work at the home, however had been trained in a previous job and had undertaken a competency assessment whilst waiting for their medicines training.

# Is the service effective?

## Our findings

People were involved in decisions about their care and support and were consulted about their care planning and reviews. They felt listened to and involved in their care planning. They gave us examples of the things they did that reflected their individual needs and choices. One person told us about shopping for their own food from specialist shops and learning to cook according to their cultural preferences. Staff said they supported people to develop as individuals, learn new skills and reach their goals. Staff knew people well and were skilled and confident in supporting them. A relative told us staff knew their loved one well and understood them. They were happy with the support provided. The staff enabled people to make choices by having pictorial and 'easy read' documentation around the home. For example, menu choices were displayed in large print and pictorial versions, as were complaints procedures and care planning documentation.

Staff were trained in courses such as emergency aid, fire safety and infection control as well as specific courses that related to people's needs including Learning Disability Awareness and Self Harm Awareness. Staff felt well supported and involved in decisions about the running of the home. One member of staff who had started work recently showed us their induction folder which followed recognised national standards. They said they had a mentor and felt able to ask any of the other staff for support.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and training was provided. The MCA provides a legal framework for acting on behalf of people who may lack capacity to make certain decisions at certain times. The DoLS ensure that if people's liberty is to be restricted it is done so lawfully with the proper authorisation. The manager and staff knew that if a person lacked capacity, relevant people needed to be involved and meetings held to help ensure decisions were made in the

persons best interests. However, people's mental capacity had not always been assessed and recorded. For example, one person's finance care plan stated they did not have capacity to deal with their finances, but there was no accompanying capacity assessment. The person concerned had their property and affairs dealt with by an external body based on an external assessment of capacity, but the provider had not made their own assessment about what capacity the person might have in taking day to day financial decisions in the home for example the person carrying their own money when shopping .. We saw that Best Interest meetings were held. One relative referred to attending a best interest meeting in the near future. The manager had not made any applications for DoLS, however they were aware of the need to. They had compiled a DoLS file and had an action plan that included applying to the local authority for a DoLS authorisation.

### **We recommend that the provider refers to and takes action in line with the national guidance on Mental Capacity and DoLS.**

People expressed their views about the food and were offered choices about what they ate. They were involved in the shopping and cooking of meals if they wished to be. During breakfast and lunch time on the day of our inspection people were served different meals based on their choices, known preferences and dietary needs. Suitable equipment was provided as necessary. The lunch time meal was particularly relaxed with lots of conversation and a happy atmosphere. People's dietary needs were set out in their care plan. The care plans were detailed to enable the staff to deliver appropriate and consistent care.

People were supported to maintain their health and well-being. Care plans set out any health needs and the support the person required. When someone moved into the home, their full medical history was recorded, and they were registered with a local GP where they received a health check.

# Is the service caring?

## Our findings

People were happy with the care provided and felt cared about. One person said, “Staff are nice.” Another person said of a staff member, “[She] cooks dinner, she makes Asian food for me”. Another said of the staff team, “The ladies are lovely”.

We observed staff interacting in a kind and caring way with people. They were relaxed and chatted to people and a friendly rapport was evident. Staff knew people well, were kind and friendly and supported people according to their individual needs. Staff felt it was a caring home, one said “It’s a caring place, I’ve not seen anything that’s not caring.” Another said, “Caring? Definitely, all here for the service users, everyone cares about everyone”.

People’s routines and preferences were known to staff and these were respected. Staff took the time to chat with people and were seen to respond to requests or stop and answer questions as they arose. They also respected people’s privacy, for example, staff knocked on doors and waited before entering and described how they upheld people’s privacy and dignity during personal care. They did not speak about people in front of others and were respectful in the way they spoke about people.

People were supported to be as independent as possible. Care plans were personalised and promoted individuality and independence. People were involved in their care planning. Each respected the person’s rights and preferences in how they were supported. People who used non verbal forms of communication had pictorial care plans and their communication needs were clearly documented.

People were supported to express their views through care plan reviews and discussions with key workers. People knew who their keyworkers were. Staff offered people choices throughout the day. We asked staff how people who did not communicate verbally were supported to make choices. Staff were able to describe how people expressed their wishes and we saw that communication care plans were in place for staff to follow if they were unsure. We saw that people’s choices were respected by the personalisation of their rooms and the daily routines and activities they engaged in which reflected their preferences.



# Is the service responsive?

## Our findings

People were involved in decisions about their care and support and were consulted about their care planning and reviews. People were listened to and involved in their care planning. They were involved in review meetings with their social workers, relatives and the manager. However, one professional said they had been disappointed that someone had not attended a recent review. Another professional told us that they found the service responsive when supporting a person living at the home that they were working with, commenting that the service was flexible and helpful in providing information and staff attendance at an important review meeting for this person. Relatives told us they and their loved ones were involved in reviews and the records we saw confirmed this.

Care plans were sufficiently detailed for staff to deliver appropriate and consistent care. Each person had an individual activity plan reflecting their activities both in the home and when out and about. Care plans were up to date and personalised. For example, one person's care plan had photos of their family reflecting how important they were to the person and that the service would liaise with the family on a weekly basis. This person's care and support reflected their religious dietary requirements and personal preferences around their interests including activities such as cinema, swimming and buying their own food.

Care plans were regularly reviewed and others were involved in this process as well as the person themselves.

For example, people's social workers attended review meetings, as did close relatives and key workers. A key worker is a member of staff allocated to take a lead in co-ordinating a person's care. We saw that as changes in the person's needs occurred care plans and risk assessments were updated, for example one person's risk assessment for slipping had been updated after a fall. A person whose health condition meant they experienced seizures had a record of them kept and we saw that a review meeting had been called with the person's health and social care professional to review their needs.

Some people were assessed as having behaviours that might challenge the service. People had appropriate support plans in place which included positive interaction and de-escalation techniques. Staff picked up on any patterns in people's expressed needs and used supervision with their manager to discuss it. Staff had a good understanding of people's needs and felt confident that care plans were detailed enough to enable them to respond to people's needs.

The manager told us there had been no record of complaints made prior to them being appointed. They told us they had implemented a new complaints policy and procedure and we saw that complaints were documented and responded to. There were some on-going complaints that were being dealt with. After the inspection, the provider told us that there was an existing complaints policy in place at the time of the inspection and that records relating to complaints were up to date.

# Is the service well-led?

## Our findings

At our inspection in July 2014 we found the provider was in breach of a regulation with regard to assessing and monitoring the quality of service provision because the quality assurance systems the provider had were not being fully implemented. The provider sent us an action plan telling us what they would do to meet the requirements of the regulations.

At this inspection we found that there were improvements such as regular audits of care records, risk assessments, accidents and incidents in the home. We saw that changes were made as patterns emerged showing they learnt from incidents. However, the manager did not evidence during the inspection that there were embedded systems for evaluating and monitoring the overall quality of the service and no clear systems for involving other stake holders in the process. After the inspection, the provider made additional quality assurance records available that demonstrated that documentation was in place; however some information on the records supplied did not clarify that actions set had completion dates or detail all outcomes from the monitoring.

**We recommend the provider refers to reputable guidance and good practice in implementing a quality assurance system with regard to adult social care residential services.**

The home has had several changes in management over the last twelve months. There had been several complaints and safeguarding issues. Two of the professionals we spoke to and one relative expressed some frustrations with the running of the home. Both professionals, however, said things were improving and they felt more confident since the appointment of the current manager.

The manager told us they were “Trying to build a culture of communication. I want staff to report things to me so I can take action.” They also said that there was a culture whereby staff “Work from the heart and want what’s best for people here.”

The provider had an action plan in place to address the shortcomings in the service. The manager told us “I am part of that action plan.” They said they had started to address the issues which included care plans not being up to date, staff shortages and record keeping. Care plans and risk assessments were up to date and there was evidence of improved paperwork and a recruitment drive for permanent and bank staff.

Professionals told us the quality of care had improved and they had confidence in the new manager. Staff also said the service was improved and that recent changes had been for the better.