

## Pathways Care Group Limited

# Greenways

### Inspection report

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### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Greenways is a care home registered for a maximum of 17 adults, some of whom may have learning disabilities or mental health care needs. The home is a three storey, detached house with parking at the front and a large garden at the back. At the time of our visit, there were 13 people living in the home.

This care home had been registered before Registering the Right Support and other best practice guidance had been developed. Registering the Right Support guidance focuses on values that include choice, inclusion and the promotion of people's independence so that people living with learning disabilities or autism can live a life as ordinary as any other citizen. The home aimed at providing people using the service with care that was planned, co-ordinated and person-centred. People were provided with the support they needed to make decisions about their lives so that they can develop their independence and participate fully within the local community.

People's experience of using this service and what we found:

People told us they were mostly satisfied with the care provided. They stated that staff treated them with respect and dignity and they felt safe in the home.

Staff had been carefully recruited and essential pre-employment checks had been carried out. The staffing levels were adequate. We however, noted that the staff rota was inaccurate and did not accurately reflect the working hours of the managers. This meant that staff were not always aware of when the managers would be on duty.

A significant number of staff recruited within the past 18 months had not received all the required training. This meant that we cannot be confident if they had the necessary knowledge and skills to support people. We have made a requirement in respect of this.

The manager and deputy manager provided staff with regular supervision and a yearly appraisal of their performance. Some staff however, felt unsupported by management.

The service was undergoing a period of change following the departure of two registered managers in the past 13 months. There had been a high number of disciplinary action against some staff. This indicated that difficulties were experienced in the management of the service. Regular audits and checks had been carried out. However, we noted shortcomings in various areas. We have made a requirement in respect of this.

The premises were clean and tidy. There was a record of essential maintenance carried out. Suitable fire safety arrangements were in place. We noted that the emergency pull cords in bathrooms and toilets had been tied up so that they may be out of reach of people who had fallen to the ground. These were untied

soon after the inspection.

Risks to people's health and wellbeing had been assessed and these included risks associated with behaviour which challenged the service and certain medical conditions. Risk assessments contained guidance to staff for minimising risks to people.

There were arrangements to safeguard people from abuse. Staff we spoke with were aware of the procedure to follow if they suspected that people were subject to abuse.

The service had a policy and procedure for the administration of medicines. People had received their medicines as prescribed.

Staff supported people to have a healthy and nutritious diet. People were mostly satisfied with the meals provided. Individual dietary needs and preferences were responded to.

The healthcare needs of people had been assessed. People could access the services of healthcare professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the services supported this practice.

Staff were caring and formed positive relationships with people. They had received training in ensuring equality and valuing diversity and treated all people with respect. The service celebrated various cultural and religious events with the involvement of people. Meetings and one to one sessions were held where people could express their views regarding their care.

People's care needs had been assessed and care plans were prepared with the involvement of people. Regular reviews were carried out to ensure that the care provided met the current needs of people. Activities had been organised. However, these were insufficient to ensure that people were provided with regular stimulating and therapeutic activities. We have made a recommendation in respect of this.

There was a complaints procedure and people knew who to complain to. Complaints recorded had been promptly responded to.

You can see what action we have asked the provider to take at the end of this full report.

Rating at last inspection: The service had been inspected on 1 February 2017 (published 17 March 2017), and rated as Good. A responsive inspection was carried out on 30 January 2018 (published 13 April 2018), and the service was also rated Good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well led findings below.

Requires Improvement ●

# Greenways

## Detailed findings

## Background to this inspection

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#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Greenways is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have manager registered with the Care Quality Commission. The current manager was in the process of applying to become the registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was a comprehensive inspection, which took place on 30 & 31 July 2019. The inspection on 30 July was unannounced while the inspection on 31 July was announced.

#### Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service. We also spoke with the manager, deputy manager, the regional manager and six care staff. We reviewed a variety of records which related to people's care and the running of the service. These records included the care files of six people using the service, six medicines administration records (MAR), six staff records, policies and procedures, maintenance and quality monitoring records. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people.

#### After the inspection

We received feedback from two care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "The staff are 100% fair. They help as much as they can. I don't feel unsafe, I feel secure." Another person said, "This is the safest place I've ever lived in. It's like heaven to me. I'm proud to be here."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, use of alcohol, smoking and certain medical conditions people had. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had an updated fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out. The fire authorities had inspected the home recently and their report indicated that the fire safety measures were satisfactory.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, portable electrical appliances and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.
- We noted that the emergency pull cords in bathrooms and toilets had been tied up so that they may be out of reach of people who had fallen to the ground. These were untied soon after the inspection.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- The service had adequate staffing levels to meet the needs of people. Staff were attentive towards people. They were able to complete their allocated tasks.
- Some staff said they were unsure of when the managers were on duty. We noted that the duty rota did not accurately reflect the working hours of the managers. This meant that staff were unsure regarding what management support be available and when. The manager informed us that they would review the rota

system to ensure it was accurate.

#### Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps.
- Medicines were stored securely at the home. Staff checked and recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.
- Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

#### Preventing and controlling infection

- The home was clean and there were no unpleasant odours.
- Most staff had received infection prevention and control training. The manager stated that training would be arranged for all. Protective clothing, including disposable gloves and aprons were available for staff.

#### Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff told us they had not received all the necessary training and support to enable them to do their work effectively. These staff stated that senior staff did not assist or support them in completing their training.
- We discussed training with the manager and checked staff training records. Training provided included basic life support, moving and handling, communication, equality and diversity, fire safety, health and safety, medicines, safeguarding and infection control. We noted that there were several instances where staff had not completed the provider's compulsory training needed for them to support people. For example; one member of staff who started working in April 2019 had still not completed safeguarding, medicines administration, MCA and DoLs, infection control and food safety training. Another staff who started in February 2019 had not yet completed basic life support, food safety, fluid and nutrition, infection control and medication. Twelve staff had not completed their epilepsy training and eight staff had not completed positive behavioural support training. One staff told us they were not confident about caring for people with epilepsy. Another staff told us that some staff were not always able to meet the needs of people. The lack of training meant that some staff may not have the necessary skills to effectively care for people and ensure their safety. Failure to ensure that staff had the necessary training to fulfil their roles and responsibilities is a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).
- The manager told us that some staff were unwilling to complete their training and they had taken action against these staff.
- New staff had an induction to prepare them for their responsibilities. They had also started completing the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Management provided staff with regular supervision sessions. Where staff had worked for more than a year, they had received a yearly appraisal of their development and performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, dietary needs and preferences were recorded. This ensured that their individual needs could be met by staff.
- People we spoke with told us that their preferences had been responded to. For example, one person enjoyed eating out and this had been arranged for them. Another person liked going out each morning to

the local shops and they said they did this,

Supporting people to eat and drink enough to maintain a balanced diet

- The nutritional needs of people were met. Nutritional needs had been assessed and there was guidance for staff on meeting the dietary needs and preferences of people. Fresh fruits and vegetables were available for people. The menu was varied and balanced.
- When required, people had been seen by a dietitian so that they received appropriate guidance.
- People were mostly satisfied with the meals provided. One person said they would like more choice of meals provided. We noted that when a person wanted a different meal from that which was planned, their preference was responded to. The manager stated that people decided themselves what to have on their weekly menus and if a person did not like a particular meal, alternative meals could be provided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff regularly engaged with social and healthcare professionals. This ensured that the needs of people can be met. Records of appointments people had with these professionals were recorded.
- Two care professionals told us that staff were co-operative and the service worked well with them to ensure people received the care they needed.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were comfortable and well furnished. Bedrooms had been personalised with people's pictures and ornaments. This ensured that they felt at home. Window restrictors were in place to ensure the protection of people.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff care for people who had healthcare issues and needed special attention.
- Staff arranged appointments with healthcare professionals such as their GP, psychiatrist and psychologist when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have.
- Most staff had received MCA and DoLS training. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

- DoLS authorisations were in place for people assessed as requiring them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in ensuring equality and valuing diversity. They were also reminded in team meetings to show respect for all people.
- Staff respected people's diverse needs and were non-judgemental in their work. This was confirmed by people we spoke with. One person said, "No one is disturbing me. I am treated with dignity and respect." A second person said, "They help me and talk to me."
- The service celebrated various cultural and religious events such as Easter, Diwali and Eid with the involvement of people who used the service.
- On the day of the inspection, we observed positive interaction between people and staff. Staff spent time with people. They talked with people in a pleasant, respectful and friendly manner.

Supporting people to express their views and be involved in making decisions about their care

- Staff held monthly meetings where people could express their views. This was confirmed by people and in minutes of meetings we saw.
- One to one sessions had been held between people and their key workers. This enabled people to discuss their progress and any concerns they may have.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy. One person said, "They always knock on my door until I tell them to come in."
- Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains too.
- People were encouraged to be as independent as possible. They could prepare drinks for themselves when they wanted to. Cooking and baking sessions were also organised to assist people in preparing meals. One person told us that they also tidied their bedroom. Some people told us that they went out shopping and for walks.
- The home had a record of compliments from relatives of people. One relative stated, "It is comforting and reassuring to know that comments and concerns from residents' relatives or carers are given due consideration and not just ignored." Another relative expressed satisfaction with the senior staff and effort made to engage their relative in activities.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans detailed people's individual needs and included guidance for staff on how to support people.
- Some people in the home had epilepsy. One staff we spoke with was aware of how to keep this person safe and what medicine people may need if they had a seizure. This staff also knew at what stage they should contact the emergency services for assistance.
- We discussed the care of people with behaviour which challenged the service with a staff member. This staff knew what action to take and this included talking calmly with people, asking them to discuss their frustrations or offering them a drink.
- Information about people's personal histories and their individual, cultural and religious backgrounds were recorded in their care records. This enabled staff to meet the diverse needs of people. The manager told us that people had not requested any special support with attending cultural events or religious places of worship. However, if the need arose, staff would provide the necessary support.
- There was a programme of weekly activities for each person depending on their interests. Activities provided included cooking, swimming, music sessions by a visiting entertainer, walks and dining out.
- On the first day of inspection there were no group activities planned for people to enjoy. The manager stated that some people did not like to join in with group activities. Some people said there were insufficient activities available for them. When asked about activities provided, one person said, "Not really activities, just board games, I play sometimes." Another person said, "No, just board games." A third person however, said they went out for walks and to a restaurant, but they wanted more activities. A social care professional told us that people were not receiving sufficient social stimulation.
- We noted that the activities log of people contained few stimulating or therapeutic activities. For example, over a six-day period from 25 July 2019, one person's activities log recorded watching TV as an activity on three days and the only activity listed outside the home was visiting a relative and having a walk. For another person they only left the home once for shopping. The rest of the time was mainly recorded as watching TV and listening to music. The activities organiser had left her post about a month prior to the inspection and had not yet been replaced. The manager said they had organised some outings and activities and provided pictures of these as evidence. She stated that staff had not always recorded these activities and she would ensure staff recorded them in the future.

We recommend that the provider review the provision of activities to ensure that people who use the service receive sufficient social and therapeutic stimulation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager told us that certain important documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and activities timetable. Some policies were in large print so that those with sight impairment can read them easily. Each person's care record contained a communication section with information regarding how people communicated and what their expressions, signs and noises made by them meant. In addition, to the care plans staff would explain people's care plan to them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. The service had a formal complaints procedure. The service recorded complaints appropriately and recorded action taken

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide guidance for staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The service had a quality assurance system of checks and audits. Some audits took place monthly and were carried out by the registered manager. These audits included areas such as medicines management, maintenance and cleanliness of the home, health and safety and accidents. Outcomes of audits were discussed with management and staff so that action could be taken to improve the service. Additional audits were carried out by the regional manager and other senior company staff.
- We however, noted that the checks and audits were not sufficiently robust and did not identify and promptly rectify deficiencies we noted. Some essential care documentation and records related to the management of the service were not always well maintained and up to date. For example, sometimes managers came to the home later than recorded in the rota. The training record dates of two staff did not accurately reflect the actual dates when training was provided for epilepsy and behaviour which challenged the service. The activities log of some people did not accurately reflect activities they had been involved in. A care professional stated that although there had been some improvement in care recording, more was needed.
- The emergency pull cords in bathrooms and toilets had being tied up so that they may be out of reach of people who had fallen to the ground. The ceiling light in one bedroom had not been replaced promptly when it stopped working. This meant the bathroom could not be used during the night for several days.
- The results of the October 2018 service user satisfaction survey had not yet been analysed. This is needed to ensure that improvements to the service can be made in response to suggestions or concerns expressed.

Failure to have effective quality assurance systems for monitoring and improving the quality of the service provided may affect the safety and quality of care provided for people. This is a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance).

The manager stated that improvements would be made in this area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people. However. Some staff still stated that that there was a lack of communication and management support. The manager told us after the inspection that they had started a daily walk around the home in order to improve communication.

- We were further informed by the manager that staff had constant and ongoing communication and support from the management team. These included individual staff supervision sessions, the use of a communication book and an "open door" policy.
- People told us that they were mostly satisfied with the services provided. Some people wanted more activities.
- The manager provided us with examples of instances where people had been able to settle in the home and make improvements in their mental health. This included a person who had had behaviour which challenged the service. This person's mental state had improved, and they were amicable and sociable. Another person was able to continue attending a day centre and develop their skills of daily living.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. The manager knew when she needed to report notifiable incidents to us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People told us that they had opportunity to express their views and be involved in decisions regarding their care. This happened in meetings with management staff and in one to one sessions with their key workers.
- Staff meetings had been held monthly where staff were able to express their views and receive updates regarding the running of the home.
- Two care professionals told us that the service worked well with them and staff were helpful.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided for people.  Regulation 17(2)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider did not ensure that staff had the necessary training to fulfil their roles and responsibilities.  Regulation 18(2)