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Pathways

Inspection report

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Date of inspection visit:
13 June 2019

Date of publication:
08 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Pathways is a residential care home providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 12 people. It is a service for people who have a learning disability and/or autistic spectrum disorder, physical disabilities and sensory disabilities. Some people had complex needs.

The service is split into two bungalows. There were six people living in bungalow 56a and four people living in bungalow 56b.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was not well led. The provider and management lacked oversight of the service.

Systems were in place to monitor the quality of the service; however, these were not effective and failed to highlight concerns raised during the inspection. Where issues had been raised, no action was taken to rectify this.

The service did not always manage and mitigate fire safety. We referred the service to the local fire authority.

Risks to people had not always been assessed according to need. Environmental checks were not completed in line with national guidelines. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

People received effective care from staff who understood how to recognise potential abuse. However not all concerns were appropriately raised through safeguarding procedures.

Staff and relatives told us there was not always enough staff in the service to support people.

Relatives told us the service did not provide meaningful activities for people. We recommend the service review their process for providing meaningful activities for people

End of life care plans were not always in place for people. We have recommended end of life care planning

for people is developed.

The service did not always maintain and develop staff knowledge and skills, however knew people and their needs well.

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 service supported this practice. However, capacity assessments had not always been completed in line with guidance.

Relatives told us the environment was dated and required improvement. We have made a recommendation about the environment of the service.

Information was not always available in other formats to aid people's understanding where required.

Staff respected people's privacy and dignity and interacted with people in a caring and compassionate way.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 December 2016).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Pathways

Detailed findings

Background to this inspection

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

One inspector and two assistant inspectors conducted the inspection.

Service and service type

Pathways is a 'care home.' People in care homes receive accommodation and nursing or 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 service had a manager registered with the Care Quality Commission. This means that they 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service who were able to express their views and five relatives about their experience of the care provided. Not everyone chose to or were able to communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us.

We spoke with eleven members of staff including the registered manager, team leader, senior care workers, and care workers

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care plans had a range of assessments in relation to physical and verbal behaviours, health conditions and activities. However, current risks to people's safety and wellbeing had not always been assessed or recorded to reduce the risk of harm such as the use of lifting equipment or changes in a person's health. Staff were however aware of the risks and able to tell us how they would support the person.
- Risk assessments relating to the environment were not always up to date or actioned to mitigate risk. This included Personal Emergency Evacuation Plans (PEEP) for use in case of an emergency. One person's PEEPs stated they could evacuate with minimal support. Staff however told us that this person now needed a hoist and two people to support them. This was brought to the attention of the manager on 13 June 2019 and was subsequently completed on 14 June 2019.
- Staff were not aware that people had individual PEEPs in place or knew what to do in an emergency. One staff told us, "People don't have their own evacuation plans." Another staff member told us, "I've not done an evacuation where people leave the building. I am not sure if people would even go outside. I don't know if there is anything about this in people's care plans."
- The registered manager did not always undertake and record regular checks on fire equipment and the building to ensure that it was safe and fit for purpose. This included weekly checks to the fire alarm system, fire extinguishers and emergency lighting where records showed large gaps in recordings. Due to our concerns about people's safety we referred our concerns to the Local Authority Fire Service on 14 June 2019.
- We found the service was not following guidance on water testing to check for legionella. The registered manager was not aware of their responsibility to check this or the relevant guidance.

The provider failed to ensure the safe and effective management of risks to people within the home. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. However, the provider had not always reported abuse to the Local Authority and Care Quality Commission when it was identified. We discussed this with the registered manager who told us they had not thought the incident had met the criteria for raising a safeguarding alert but would take learning forward following the inspection.
- People were supported to keep safe and to raise concerns when incidents occurred. People had access to

safeguarding information in an easy read format within the service.

- Most staff told us they had received safeguarding training and had a good understanding of what to do to make sure people were safe. One member of staff told us, "I've done safeguarding training. If I had worries, I would speak to the registered manager or I would take it further and call CQC if they didn't act on it."

Staffing and recruitment

- Staff and relatives told us they did not feel there was always enough staff. Observations during inspection found staffing levels on the day to be adequate to meet people's needs. Rotas were in place, however staffing levels did not always allow people to always access the community when they liked. One relative told us, "Staffing levels could be better, it's dropped a bit. There should be three staff on shift but sometimes there is only two. (Person) needs support in the community and they can't go out if there's not enough staff." Another relative told us, "Staff are very trying but they're tired as there's not enough of them to do the job."
- A staff member told us, "Sometimes there are only two members of staff on each side but should be five in the afternoon. We have three people who have epilepsy and two of them have regular seizures. This can be difficult to deal with if we only have two staff members on each side." We spoke to the registered manager who told us staffing was always reviewed
- Processes and procedures were in place to cover shifts. The registered manager told us, "Since I have been here, I have never used agency. I will cover any shifts I need to, or our staff will. This is because if someone has limited communication skills, you need someone who knows them and understands them. When we recruit staff, we tell them we will call on them if someone is off sick." Staff told us they were aware of this process.
- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People's medication records confirmed they had received their medicines as prescribed. However, staff were not always recording amounts of medication that were being carried forward from other months. This meant staff could not always be assured that they knew what medication was being held in the service. We raised this with the registered manager who told us they would discuss with staff to ensure that this took place.
- Staff told us they had received training and assessed as competent before they administered medicines. People received support to manage their 'as required' (PRN) medicines. One staff member told us, "One person I support has two PRN's, so I would follow the protocol and see what signs I needed to look for. I know I would give one medication first and if that didn't work, I would then give the other medication."

Preventing and controlling infection

- Not all staff had received training in infection control but knew how to prevent infections. We observed staff wearing appropriate personal protective equipment throughout the inspection including gloves and aprons.

Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. Where there had been errors measures been put in place to reduce any re-occurrence.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us they could not remember receiving MCA and DoLS training but were able to tell us what capacity meant for people they supported. People's assessments and decisions had been considered by staff. However, assessments were generic and decision outcomes were not recorded specific to the individual being assessed and had been copied from other people's assessments. We raised this with the registered manager who told us they would review completed capacity assessments. Following the inspection, the registered manager told us they had arranged MCA training for staff
- People 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.
- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.

Staff support: induction, training, skills and experience

- The registered manager did not always provide them with relevant and up to date training and guidance. However, staff instinctively knew how to care for people needs using their experience of working with them.

- Training was mainly face to face and included safeguarding and manual handling. Records showed training was not always completed by staff in line with the providers own policy. One staff member's training record showed some training had not been refreshed since 2016. Staff confirmed this when we spoke with them. One told us, "I think we had training a long time ago but not recently." We found however, there was no impact on care delivery as staff knew people well. Following the inspection, the registered manager told us they had sourced training.
- Staff received a comprehensive induction programme. One staff member told us, "I loved my induction. I went through procedures, reading care plans and meeting people who live here."

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

- The service had not undertaken any improvements since the last inspection. Relatives told us that although the service was clean, it was not well maintained. One relative told us, "The building needs decoration and new furniture chairs. The current three-piece suite was bought as a stand in three years ago when the last one collapsed and it's still there. The carpets need cleaning and it could do with a facelift. It's very clean but neglected." Another relative told us, "Some furniture has been bought by parents and all the other furniture is disgusting, and the carpets need changing everywhere." Following the inspection, we shared this feedback with the registered manager. We recommend a planned maintenance schedule of works is developed for the service to improve the environment.

- People's rooms were personalised and decorated with photos. One person's bedroom had military artefacts throughout and others had been decorated to their choice.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate. Staff understood giving people healthy choices of food and we observed fresh fruit and low being offered throughout inspection.
- Staff understood people's food and drink needs. One relative told us, "(Person) has thrived in the home and has put on weight. It's all home cooked food there."

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

- Staff communicated effectively with other staff. The registered manager told us staff used a shift planner to communicate between themselves. This was also used to confirm when specific tasks had been completed around the home. One staff member told us, "Staff come into the office and we get the handover from that shift and go through anything that has happened and each service user including, medication, dietary issues or any appointments they have."

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

- Records showed people accessed healthcare services and support as and when required. Where people had epilepsy, the service had involved specialist teams into their care and worked with them to develop specific care plans. People had access to the local GP as well as dentist to maintain their health. One relative told us, "Any health concerns, the home has a good relationship with the doctor and they'll get him to come out."

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 has remained the same.

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; equality and diversity

- Relatives told us people liked living at Pathways and they were well looked after. A relative told us, "(Person) has lived at the home for a long time. I don't have a word of criticism. I love the place. They really look after (person) and is very happy." Another relative told us, "(Person) has lived there for so long. It's brilliant. (Person) is well looked after and encouraged to do as much as they want. I've no issues at all. It's like a home from home."
- People had basic personal profiles recorded giving a life history to staff, mainly about family. However, staff had to know people well and used this information to support people. One staff member told us, "We have people's care plans. When you're a new member of staff, you have to go through everything. Then we learn from the staff who have been here longer, and we learn people's needs."

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

- Relatives told us they were involved in people's care. One relative told us, "(Person) has a review every year. My mum normally goes, and I've been to a couple. We're always invited to everything." Another relative told us, "The home is very proactive. They always let me know about hospital appointments and things and I'm never surprised by something I don't know about. We have a review coming up now." A member of staff told us, "We like to keep people in contact, they visit regularly and when they're not visiting we send cards, presents. All the families are involved. We send flowers or a box of chocolates if we haven't seen them."
- Resident meetings were held regularly. Minutes from these meetings showed people discussed various issues within the home issues.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff promoted their dignity and independence. One relative told us, "People are absolutely treated with dignity and respect. I've never seen anything but positive interaction. They always talk to (person) politely and I don't think it's just because I'm there, I think that's how they are all of the time." Another relative told us, "Everyone is treated with dignity, it's so natural there."
- Staff told us they knew how to promote people's dignity and independence. Observations during the inspection, showed people's dignity was consistently maintained.

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 this inspection, this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always able to follow a variety of interests and activities internal and external to the home. Observations during the inspection, found a lack of stimulation within the service and a lack of opportunity in being able to access the community.
- Relatives told us they didn't feel that there were enough activities available to people. One told us, "There aren't many activities anymore, the home has not got enough drivers. Staff do offer sometimes to take (person) out when they are feeling well but not very often." Another relative told us, "I have asked about (person) going out with staff but I am always told that the homes don't get the funding."
- Activities records of people also showed limited access to activities both internal and external to the home. A senior member of staff told us, "You have come on a quiet day, there tends to be more on than this. We spoke to the registered manager about the lack of stimulation in the service and they told us, "We only have one driver who works here at the moment, we have tried to get someone else in who can drive but recruitment is difficult." We recommend the service review their process for providing meaningful pastimes for people to ensure that people live full lives and have choices of how they spend their time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Whilst staff demonstrated a good understanding of how people liked to be supported, they did not have access to sound guidance about how to best to support people in order to meet their needs and ensure their safety.
- People's care plans were detailed and had information about specific needs at the time they written, however, they had not been regularly reviewed or updated to reflect people's changing needs.
- Daily notes had been recorded for people, however information had not been used to update the care plan or to act. One person's body map showed a red mark had been identified on 6 June 2019 and at the time of inspection, no action or monitoring had been taken place. We raised this with the registered manager who told us they were not aware of this and would look into it.
- People's needs had been assessed before they moved into the service.

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.

- People living in the service required additional communication aids. Some documents around the service had been created in easy read format however, this was not readily available for people living there or made available during inspection. We recommend the provider do further research to ensure people have full and meaningful access to accessible information.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service, including in easy read format for people in the service.
- Relatives told us they were able to raise complaints or concerns if and when they needed to. One relative told us that they had no reason to complain, saying "I've never had to complain, not because we don't like to but there's not been anything to complain about."

End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be required.
- Staff had not received end of life training and this was confirmed by staff who told us they had not received the training. We spoke to the registered manager who told us they would review staff training following the inspection.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure people's final wishes were met. We spoke to the registered manager who told us that following the inspection, this would be developed. We recommend the registered manager develops and implements end of life care plans for people in line with national good practice recommendations.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager did not demonstrate throughout the inspection they had a good understanding of their regulatory responsibility or have effective systems and processes in place to ensure they had a good oversight of the service.
- The lack of effective quality assurance processes in place meant the registered manager did not identify the shortfalls we found during this inspection. These included poor records management, lack of activities for people, shortfalls in staff training and a lack of robust risk management.
- Risks to people had not always been fully assessed or updated where needed. There was a failure to maintain accurate and fit for purpose care records. Whilst we did not identify any direct impact, if accurate and contemporaneous records were not in place, this had the potential to put people's health, safety and well-being at risk.

Systems were not in place to demonstrate safety and quality was effectively managed and the provider lacked regulatory oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager used a training matrix to identify staff training needs and ensure their ongoing training and development. However, not all staff training was up to date. There was some evidence in records that showed staff received supervision and staff confirmed that they had not all received supervision.
- We discussed with the registered manager the shortfalls we identified at this inspection and the areas for development needed. The registered manager told us that they were committed to improving the service. They told us, "I have taken our eye off the ball. Last year we had lots of things going on so did not do everything we needed to do. But this has shown us what we need to do to get it right."
- The registered manager had sought feedback from relatives and staff to review the service on a yearly basis. Feedback had been received and an overview was produced which was shared with staff at team meetings. A member of staff told us, "This is lowest return we have had on our surveys. We always write to

families after we have had a CQC inspection to tell them what happened, but we don't tend to share with them the survey results.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they were supported in their roles and could seek guidance daily, when they needed it, from the registered manager. One staff member said, "The manager is very approachable. Any problems, I know you can always go to the management." Another told us, "I have been here for 14 years and never met a kind person then the manager. We have very few staff that move and that tells you everything. He gives us all the tools that we need to do our job."
- Relatives gave us mixed feedback on the registered manager. One relative told us, "The manager is very approachable. I could ring and talk to him if I wanted to." Another told us, "I have a good relationship with the manager. I feel I could raise things." However, other relatives told us, "I find it hard to talk to the manager, it's hard to communicate because they take everything so personal."

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance The systems in place to assess monitor and improve the quality and safety of the service did not work effectively. Regulation 17 (2) (a) (b) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance The systems in place to assess monitor and improve the quality and safety of the service did not work effectively. Regulation 12 (2) (a) (b) (d) |