Pathways Care Group Limited

Fairholme

Inspection report

134-136 Beach Road
South Shields
Tyne and Wear
NE33 2NG

Tel: 01914546598

Date of inspection visit:
08 February 2016

Date of publication:
29 March 2016

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?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 8 February 2016 and was unannounced. We last inspected the service on 18 February 2014 and found the registered provider met the regulations we inspected against.

Fairholme is a residential care home and provides personal care for up to twenty-two adults with mental health needs.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had breached regulations 9 and 17 of the Health and Social Care Act 2008. This was because most people's care plans did not reflect their current needs and preferences. People's needs had not been reassessed prior to developing new care plans. Some areas of the service had been neglected due to a lack of leadership within the home.

People said they were well supported. One person said, "It's great now, it is very well changed. I am happy here, I don't want to move." Another person commented, "It's alright, not bad. I want to stay here if I can." A third person told us, "We are well cared for." People were treated with respect by kind staff who knew their needs well.

People using the service and staff told us the service was safe. One person told us, "Yes I feel safe, there are staff." Another person said, "I feel really safe because I can always get help if I need it."

Staff showed a good understanding of safeguarding adults, including how to report concerns. There had been two safeguarding concerns raised about the service. One of these was still on-going at the time of our inspection. The registered provider had not made the required statutory notification to the Care Quality Commission.

Incidents and accidents were logged and the outcome of the investigation was recorded.

Recruitment checks had been carried out to check staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet people's needs in a timely manner. One person told us, "The staff are there if you want them."

Medicines were managed and stored safely. People received their medicines from competent staff. One person commented, "I always get my medication on time." Medication administration records (MARs) accurately accounted for the medicines administered to people.

The registered provider had procedures in place to deal with emergency situations. For example, people had personal evacuation plans (PEEPs) and a business continuity plan had been developed. Health and safety checks were carried out to help keep the building safe for people to use. These included checks relating to electrical safety and fire safety.

Cleanliness of the building had been neglected. One person commented, "The building is alright. They haven't got a cleaner, so I don't think it gets done enough. It could be a bit cleaner. We need a proper cleaner to get stuck in."

Staff said they were well supported. Although appraisals were overdue, staff said they had regular one to one supervision. Records confirmed staff had completed the training they required. New staff had the opportunity to shadow more experienced staff to develop their knowledge and experience. One staff member told us, "I shadowed someone for a few weeks, the staff were really great."

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). Staff knew how to apply the act to support people with making their own decisions. DoLS authorisations were in place for people who needed one.

People were supported to have a healthy varied diet. One person said, "The meals are good. You can have what you want. You just tell the cook and he makes it for you."

The home was in need of refurbishment with tired and worn fittings and furnishings. Some mattresses needed replacing.

Records showed people had input from a range of other health care professionals, such as GP's and specialist nurses.

People said they felt involved in how they were supported. One person told us, "I have a care plan, they ask me about it and it went in the care plan."

People said there were plenty of activities to take part in, such as bingo and going away on trips in the summer.

People knew how to make complaint but said they had no concerns about their care. One person said, "Complaints, I know what to do. I just go to the managers. I have no complaints, not really."

People had opportunities to give their views about the service, through regular residents' meetings and questionnaires. The most recent feedback from May 2015 was mostly positive.

People felt the home mostly had a positive atmosphere. One person told us, "People get on together."

An action plan had been developed following a serious safeguarding incident at the home. Improvements were progressing and were being monitored by the local authority. However, the action plan lacked definitive time scales to show when the registered provider expected the improvement to be completed. The area manager had carried out a comprehensive audit of the service. Actions identified included redecoration and continued improvements to people's care plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The building had not recently had a deep clean and was in need of refurbishment.

Staff knew how to report concerns relating to people's safety. However, 25% of staff had not completed up to date safeguarding training.

People and staff said the service was safe. There were enough safely recruited staff to meet people's needs. Medicines were managed safely.

Incidents and accidents were logged and the outcome of the investigation was recorded.

Procedures were in place to deal with emergency situations and health and safety checks were carried to help keep the building safe.

Is the service effective?

Requires Improvement

The service was not always effective. Appraisals for all staff were overdue. Staff told us they were well supported and had the training they needed.

Staff supported people to have enough to eat and drink but records to show people's nutritional intake were incomplete.

Records showed the registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS).

People had access to a range of other health care professionals when needed.

Is the service caring?

Good

The service was caring. People gave us positive feedback about their care. They were happy with the support they received.

People said they were cared for by kind and caring staff.

People were treated with privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive. Most care plans were out of date and lacked personalised information. People's needs had not been reassessed prior to the registered provider writing new care plans.

People told us they were involved in how they were supported.

People had activities to take part in if they wanted, such as bingo and outings.

People said they knew how to make complaints but no-one we spoke with raised any concerns.

People could give their views about the service, through regular residents' meetings and annual questionnaires.

Is the service well-led?

Inadequate

The service was not always well-led. The home did not have a registered manager or senior staff. This had led to some areas being neglected. A required statutory notification had not been made to the Care Quality Commission.

Some quality assurance audits were overdue and had previously been ineffective, such as checks of medicines and infection control.

The registered provider was working towards completing an action plan following a serious safeguarding incident at the home. The action plan did not have a clear timescale as to when the action plan would be completed.

A comprehensive audit of the service had been undertaken.

Fairholme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

We reviewed information we held about the home, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with nine people who used the service. We also spoke with the acting manager and three support workers. We looked at the care records for people who used the service, medicines records for four people and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

People did not always live in a pleasant environment. The building was not as clean as it should be. One person commented, "The building is alright. They haven't got a cleaner, so I don't think it gets done enough. It could be a bit cleaner. We need a proper cleaner to get stuck in. The rooms have never had a vacuum for months." The area manager told us a domestic had been recruited. They were waiting for an employment reference before they commenced their cleaning duties. In the meantime support workers had been trying to carry out some cleaning. The home was in need of refurbishment. The fittings and furnishings were tired and worn with some mattresses requiring urgent need of replacement. The area manager confirmed these had been ordered and a development plan was in progress for redecoration.

People and staff felt the service was safe. One person told us, "Yes I feel safe, there are staff." Another person said, "I feel really safe because I can always get help if I need it." A third person commented, "I feel safe because I get my medication." A fourth person told us, "I like it, it is a nice friendly home. Very safe." One staff member said, "People are safe here, they will tell you that." Another told us, "We have a visitor's book so we know who is in the building."

The service had a range of policies and procedures in place to keep people safe. These included safeguarding and whistleblowing procedures. Staff were aware of the policies, how to access them and when they would be used. One staff member said, "I would report to the manager, they would then report it to the safeguarding team." Another staff member told us, "I would go to higher management if I needed to."

The manager kept a safeguarding file containing a log of all alerts submitted to the local authority safeguarding team. The log contained the action taken, any investigations undertaken, outcomes and lessons learnt. Staff were made aware of lessons learnt through staff meetings. For example, supporting staff to improve the quality of the information recorded on safeguarding alerts. One staff member told us, "We are now being encouraged to complete safeguarding alerts when there is an incident."

25% of staff did not have up to date training in safeguarding and whistleblowing (4 staff out of 16). However, staff were still able to give examples of various types of abuse and potential warning signs. For example, how people's behaviour may change if they are experiencing any type of abuse, such as becoming withdrawn or emotional around others.

Accidents and incidents were managed appropriately. The registered provider had a system to record accidents and incidents. The acting manager kept a file containing accident and incident records. These contained details of investigations and the outcomes.

The registered provider followed safe recruitment procedures when recruiting new staff. We looked at recruitment records for three staff members. These showed checks had been carried out with the disclosure and barring service (DBS) before they were employed. This was to confirm whether prospective new staff members had criminal records or were barred from working with vulnerable people. Completed application forms, details of employment history and proof of identification were on file, along with two references.

There were enough staff to meet people's needs in a timely manner. One person told us, "The staff are there if you want them." Another person said, "You can see the staff walking in and out [of the lounge] every few minutes. No, everything is great." A third person commented, "There are almost as many care workers as residents. If you want to have a chat with anyone there are always care workers around." We observed throughout our inspection that staff were on hand to offer support and assistance when required.

We looked at staffing rotas for the service. The acting manager told us, "Staffing hours have been changed for the benefit of the service, so there is continuity of support all day." The service had three support workers, the manager and chef on shift through the day and two support workers at night. One staff member said, "It is much better now, there is enough staff on duty to support people, you can see them through a whole day."

Trained and competent staff ensured medicines were managed safely. A policy and procedure was in place for the safe management of medications. Staff described the processes in place from ordering to disposal of medicines, including the process for the safe administration for drugs liable to misuse (sometimes called controlled drugs). Competency assessments were completed on a yearly basis for all staff with responsibility for medicines administration. Medicines were securely stored in a locked cabinet within a locked room. The medicine trolley was lockable and stored securely in the medicines room when not in use.

Medicines were administered to people at the prescribed times. One person commented, "I always get my medication on time." We looked at medication administration records, (MAR) these were completed accurately with no gaps or omissions.

The registered provider had systems in place to deal with emergency situations. Each person had a personal emergency evacuation plan (PEEP). These described each person's support needs should they need to be evacuated from the building. The service had a business continuity plan which was accessible to staff. The plan contained information staff would need in the case of an emergency. For example, a list of contact names and telephone numbers for utilities and senior management contact details.

Health and safety checks were carried out to ensure the building was safe for people to live in. Certificates in relation to health and safety for the premises were in place and in date. For example, electrical installation, fire safety and PAT (portable appliance testing) records. The service also had a range of risk assessments for the building and the environment, these included legionella assessments, water temperature checks and emergency lighting testing. Policies and procedures were also available to ensure safe working practices.

Requires Improvement

Is the service effective?

Our findings

Training records did not indicate staff member's knowledge was at a suitable level to support people safely. The service had a new computer based training system which monitored when training was due and the range of training completed. Staff were given a percentage score for each of the subjects they completed. Records showed these were variable with some staff achieving below 75% on some subjects, such as the Mental Capacity Act, self-harm, drugs and alcohol and equality and diversity. The area manager told us that parameters had not been set for the first cohort of training, which could affect these percentages. The training plans held on staff personal files were not fully completed and did not demonstrate forward planning.

Staff told us and records confirmed they had completed mandatory and induction training. For example, Mental Capacity Act 2005 (MCA), health and safety, first aid and fire safety training. New staff shadowed more experienced staff as part of their induction into the service. One staff member told us, "I shadowed someone for a few weeks, the staff were really great." Another staff member told us, "We do an awful lot of training here." Staff told us they felt well supported by colleagues and worked well as a team.

The acting manager told us, "I hope to give more responsibility to the support staff, there is great potential within the team." Staff told us they welcomed the changes and were happy to undertake more training. One staff member told us, "We didn't feel we had a voice, now we discuss training and what we need."

Staff said they were now well supported to carry out their role. They told us the manager was extremely supportive and they received regular supervision sessions. Records confirmed supervision had taken place. However, there were no records to demonstrate staff had received an annual appraisal. The service provided support to staff outside the supervision process. One staff member told us, "We are becoming more involved and can speak to [acting manager] at any time if a situation has occurred or someone's behaviour is causing concern."

The Mental Capacity Act 2005 (MCA) provide a legal framework for making particular decisions on behalf of people who 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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager kept a record of each person who had a DoLS authorisation in place. Applications had been made to respective authorities who were involved in people's placements. Staff understood what MCA assessments and DoLS authorisations were and when they should be applied.

People were supported to have a healthy varied diet. People had plenty to eat and drink. One person jokingly commented they had "too much, four meals a day." Another person said, "You get your meals cooked for you." A third person said, "The meals are good. You can have what you want. You just tell the cook and he makes it for you." A copy of the four weekly menu was available for people to make a choice. We spoke to the chef, who told us, "The menu is planned with the people and is seasonal. Some make their own meals and there is always plenty of fresh food." We saw tea and coffee making facilities were available and fresh fruit was left out for people to help themselves. During the inspection we saw people making hot and cold drinks and preparing sandwiches for their lunch.

Records intended to monitor people's nutritional intake were incomplete and inaccurate. The service kept food diaries for three people to monitor their food and fluid intake. These records did not demonstrate a detailed account of people's intake and contained general comments, such as 'meal taken to room' or 'eaten in room.'

Records showed the service worked with other health care professionals and ensured people had access to health care. For example, visits to and from GPs and specialist nurses. One person said, "I am going to get blood taken today. The staff go with me." Another person said, "When I am ill, they [staff] are really caring."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received at Fairholme. One person said, "It's great now, it is very well changed. I am happy here, I don't want to move." Another person commented, "It's alright, not bad. I want to stay here if I can." A third person told us, "We are well cared for."

We observed staff interaction during the inspection. It was clear from people's behaviour they were comfortable in the presence of staff. People sought out staff in communal areas, engaging in conversations and having a laugh and a joke. We saw people in the kitchen chatting with the chef, preparing their own lunch and then having a coffee with support staff whilst they ate their meal.

People said they felt able to approach staff if they needed help. One person said, "I can go and see the staff anywhere around the home or in the office." Another person said, "Most people get on with the staff." Staff spent time in communal areas with people and were caring in their approach. We saw staff sitting and chatting with people, listening and responding appropriately.

People's privacy and dignity was observed. One person told us, "The staff are alright. They give you privacy when you want it, they always knock on your door." Another person said, "They treat us good, they talk to us." A third person said, "The staff are very kind, they are very nice." A fourth person said, "They treat us as equals." Dignity was observed through staff knocking on doors and waiting for a response before entering. One staff member told us, "I treat people the same way I would want to be treated."

People were cared for by staff who knew their needs well. Staff were able to discuss people's support needs with us. They were knowledgeable about people's likes, dislikes and preferences in relation to the support they offered. One person said, "The staff know off by heart what they are doing." People had a member of staff who was their keyworker. One staff member told us, "I understand the importance of people being involved, I discuss how [person] is. Any problems or concerns we look at how to support them."

People confirmed they were able to make their own decisions and choices. One person commented, "I have only just got out of bed." We saw people's rooms were decorated to each person's taste and included personal effects. People chose to spend time in communal areas watching television or chatting.

Staff told us they were now able to support people to be more independent. One person said, "I just hop on a bus. I can come and go as I please." Another person said, "I manage my own money. I do my own cooking." One staff member said, "People are slowly doing more and more, we are implementing things slowly."

Requires Improvement

Is the service responsive?

Our findings

People did not have up to date care plans which reflected their current needs and preferences. For example, one person's care plan had been written in 2013. Care plan evaluations showed the person's needs had changed but their care plan had not been updated accordingly. The approach to care planning was not personalised as people had care plans where they had no identified needs. For instance, one person had a support plan for managing finances despite not having access to any finances. Care records included a significant amount of blank or partially completed documents, such as life histories and personal details forms. Care plans had been evaluated regularly. However the evaluations did always provide a meaningful update as to how relevant people's care plans were.

The registered provider was working to an action plan to improve the quality of people's care plans. This had been agreed with the local authority and the registered provider gave regular updates on the progress it had made. At the time of our inspection new care plans had been written for seven out of 21 residents. Although the new care plans we viewed were an improvement, we had concerns as to how relevant they would be to people using the service. We found the registered provider had not re-assessed people's needs to establish a benchmark upon which to base the new care plans. We also found the new care plans lacked personalised information about what support people needed. For example, one person's daily living skills care plan stated 'staff to be aware of [the person's] strengths and weaknesses.' However, the care plan did not go on to describe what these were. This meant the person may get inconsistent care if staff interpreted the information differently.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff responded quickly to their needs. One person told us, "Everything is taken care of. If I want an ambulance or taxi they take care of it." Another person, said, "The staff are nice. If I have a problem I go and see them and they sort it out."

People said they were involved in how they were supported. One person told us, "I have a care plan, they ask me about it and it went in the care plan." One staff member gave an example of how they had supported someone whose behaviour had changed. By contacting the GP, they had worked with [person] to achieve a positive outcome. The staff member told us, "[person] is now more involved in the reviews we have. I am able to support [person] even better now after reading care plans." The staff member discussed how the service uses a specific type of system for support planning called the, 'recovery star'. This was a pictorial approach which used a star diagram to illustrate people's progress towards achieving their goals.

People said there were plenty of activities. They gave us examples of activities they had taken part in, such as bingo and going away on trips in the summer. They told us they were hoping to go to Scarborough this year. One person said, "I am very active, I would get bored otherwise." Staff told us the service provides activities for people. One staff member said, "This is where it falls down, sometimes there is no interest. We have a pool competition now with an incentive to win a gift voucher." The service had trips to the local

theatre advertised on the notice board and on the day of the inspection had organised a "Chinese New Year" themed meal.

People knew how to make complaints if they had concerns about their care. Apart from cleanliness, no-one raised any concerns with us. One person said, "Complaints, I know what to do. I just go to the managers. I have no complaints, not really." The registered provider had a specific complaints procedure for people and others to access if they had concerns about the service. There had been two recent complaints made about the service. These were being dealt with at the time of our inspection.

There were opportunities for people to give their views. Regular residents' meetings were held. One person commented, "There was a meeting last week, last Saturday. We discussed smoking and drinking in rooms and where we want to go in the summer." We viewed the minutes from previous meetings. These were usually well attended and showed people were given the chance to have their say. Topics discussed in previous meetings included reinforcing important information, such as the smoking policy and suggestions for activities and outings.

People were sent questionnaires each year to gather their views about the support they received. They were asked questions about how they were treated, the accommodation and the quality of the support they received. The last consultation was carried out in March 2015 and the feedback was mostly positive. For example, 85% of people said staff 'always' or 'most times' treated them as an equal; 90% said staff 'always' or 'most times' listened when they had something to say; and 95% said they 'always' or 'most times' had good help and support from staff.

Inadequate

Is the service well-led?

Our findings

The home lacked leadership and a settled management team, which had a detrimental impact on the service people received. The registered manager and deputy manager had been absent from the home for a significant period of time. The home also did not have any senior support workers. The current management arrangements were for the deputy manager from another of the registered provider's homes to provide on-site management support four days a week. The area manager was then available by telephone for the other three days.

Due to the lack of a management presence some aspects of the service had been neglected, such as support for staff, some quality checks and cleanliness throughout the home. Support workers had been under additional pressure as they were expected to undertake cleaning and some cooking duties, as well as supporting the people using the service. The registered provider did not fully understand the notification process for the Care Quality Commission (CQC). A statutory notification for a serious incident had not been submitted to the CQC. We are dealing with this outside of the inspection process.

Some quality assurance audits to check on the quality and safety of people's care had not been done consistently, such as audits of medicines and infection control. The last infection control audit had been completed in November 2015. For one person who administered their own medicines the last check of their risk assessment was in 2013, with the last audit for the person having been completed in 2009. We did not see evidence of any other medicines audits having been completed. Staff did carry out a medicines stock check weekly. This meant the current system of medicines audits was ineffective to check whether people had received their medicines appropriately.

The service had undertaken a health and safety and infection control audit that identified areas that needed remedial works. The manager told us a plan had been developed and a request for resources had been made to head office. The infection control audit did not pick up areas that would be difficult to clean, such as rusting pipes in the bathroom and split wooden bath panels. This meant people were at risk of infection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service had a handover book which contained details of changes and notes for staff. The acting manager confirmed, "Staff are informed of any changes to practice or a person's support needs during hand overs, supervisions and staff meetings." One staff member told us, "We have a handover meeting every day, information is passed over about people's reviews and support needs." A second staff member told us, "I am a key worker for three people so we discuss their support during my supervision."

Staff felt the situation had improved now and gave us positive feedback about the interim management arrangements. Their comments included, "The management is supportive"; "I feel appreciated now"; "[The acting manager] wants us to be involved and wants to use staff more, we are learning from [the acting manager]." One staff member told us, "Since the new manager has come, it's amazing. We are much more

supported and the home is progressing."

The registered provider told us recruitment was underway to fill the vacant management posts. For example, interviews were taking place during the week of our inspection for a deputy manager and a senior support worker.

Staff told us they were feeling more supported now than they previously had. One staff member told us, "Supervision is more regular now, [the manager] gives me time to give feedback and to talk about how to further myself." Staff meetings were held every three to four months. The current situation regarding management of the home had been discussed during the meetings.

People felt the home mostly had a positive atmosphere. One person said, "It's alright, everyone more or less keeps themselves to themselves." Another person commented, "We all get on the best part of the time." A third person told us, "People get on together." A fourth person said, "The people are canny [nice] who live in here."

The area manager had recently undertaken a detailed audit of the service. This looked at a range of areas, including care plans, nutrition, safeguarding, cleanliness and management of medicines. An action plan had been developed following the audit. Action required included redecoration, repairs to the lounge flooring and to continue with the improvements required to people's care plans. We viewed the current position with regards to the detailed action plan from the local authority commissioning team's inspection of the service in November 2015. We saw some areas had been completed such as updating the service user guide, developing new staffing rotas, the introduction of weekly fire tests and reviewing DoLS authorisations. Other areas were still on-going at the time of the inspection such as updating care plans, implementing an activities planner, new menus and some additional training for staff. Although the registered provider had an action place there were no definitive time scales identified on the plan to complete the work required in the action plan.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not have effective systems to ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. Regulation 9 (1) (a) (b) (c).

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 systems to assess, monitor and improve the quality and safety of the service provided to service users. Regulation 17 (1) (a).