

# Pathways Care Group Limited

## Honeysuckle Farm

### Inspection report

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### Ratings

|                                 |  |      |                                                                                       |
|---------------------------------|--|------|---------------------------------------------------------------------------------------|
| Overall rating for this service |  | Good |  |
| Is the service safe?            |  | Good |  |
| Is the service effective?       |  | Good |  |
| Is the service caring?          |  | Good |  |
| Is the service responsive?      |  | Good |  |
| Is the service well-led?        |  | Good |  |

### Overall summary

This inspection took place on 27 October 2015. The inspection was unannounced.

Honeysuckle Farm provides accommodation and personal care for up to 15 adults with a learning disability. It is situated in Newtown Unthank, Leicestershire. The building is an old and extended farm building in a rural location. Accommodation is on the ground and first floor, which is accessible using the stairs or the lift. People have their own bedrooms and use of communal areas and garden.

The service has 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.

People were safe because staff understood and practised their responsibilities for protecting people from abuse

# Summary of findings

and avoidable harm. People were supported to be as independent as they wanted to be. Risk assessments were in place to manage risks associated with people's care routines and activities they chose to participate in.

There were enough sufficiently skilled and experienced staff to meet people's needs. The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at Honeysuckle farm were employed.

People received their medicines at the right times. They and staff knew what their medicines were for. The provider's arrangements for management of medicines were safe.

People were supported by staff with the necessary skills, experience and training. Staff were supported through effective supervision, appraisal and training. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported with their nutritional needs. They had a choice of varied and healthy meals and their food preferences were respected. People's health needs were met through health action plans. People were supported to access health services when they needed them.

Staff were kind and caring towards people using the service and their relatives. They understood people's needs, their likes and dislikes and involved them in decisions about their care and support. Staff respected people's privacy and supported them with dignity and respect. The service had a 'dignity in care' award from a local authority.

People received care and support that was centred on their personal needs and preferences. They spent their time how they wanted and were supported to participate in activities of their choice. Activities developed people's skills. People's views were listened to and acted upon by staff.

People using the service, their relatives and staff had opportunities to develop the service. Management and staff had a shared understanding of the aims and objectives of the service. The provider had effective arrangements for monitoring and assessing the quality of the service. The registered manager and staff were committed to continuous improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff understood and practised their responsibilities to keep people safe. There were enough suitably skilled and experienced staff to meet the needs of people using the service. People received their medicines at the right times.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the right knowledge and skills and who were themselves supported through training and supervision. Staff understood their responsibilities under the Mental Capacity Act 2005. People were supported with their nutritional and health needs.

Good



### Is the service caring?

The service was caring.

People were supported by staff with dignity and respect. Staff respected people's privacy. People were involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People received care and support that was centred on their individual needs. They were supported to maintain and develop their hobbies and interests. People knew how to raise concerns and were confident they were listened to.

Good



### Is the service well-led?

The service was well led.

People using the service, their relatives and staff were involved in developing the service. They all felt the service was well led. The provider had effective arrangements for monitoring and assessing the quality of the service.

Good



# Honeysuckle Farm

## 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 27 October 2015. The inspection was carried out by a single inspector.

Before our inspection we reviewed information about the service. This included information we received by way of statutory notifications from the service about events such as incidents and deaths that had occurred since our last

inspection. We reviewed the action plan implemented by the provider after our last inspection. We also reviewed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight of the 15 people using the service on the day of our inspection. We spoke with the registered manager and two care workers. We looked at care plans and associated care records for one of the people we spoke with and two we did not speak with. We looked at staff recruitment file and records associated with the service's quality assurance procedures, including the most recent satisfaction survey carried out by the provider. We viewed a dvd of an activity, a 2014 pantomime that people using the service acted in or contributed to.

# Is the service safe?

## Our findings

When we asked people whether they felt safe at Honeysuckle Farm they gave a number of reasons why they felt safe. A person said, “We are always alright because it’s our home.” Another said, “We are safe because the staff know what they are doing.” A relative of a person using the service told us, “My [person using service] is safe because the staff are on the ball and understand their needs.”

Care workers we spoke with understood their responsibilities to protect people from abuse and avoidable harm without restricting their independence. For example, a person who staff described as “fiercely independent” went out alone most days using a mobility scooter or wheelchair. They went to a tea room approximately a mile away and negotiated a steep hill to get there. Staff had previously shown the person a safe route and gave advice about the safest places to cross roads. That person told us they felt safe when they went out.

When people went out they carried ‘keep safe’ cards with them. The provider had established a working relationship with owners of places that people visited so that they could contact Honeysuckle Farm in the event of an incident or accident.

Staff knew how to identify and report any signs of abuse or that a person had suffered an injury. Staff told us that they were attentive to changes in people’s mood, behaviour, eating and sleeping habits as an indicator that they may be unhappy or concerned about something. They were familiar with the provider’s procedures for reporting concerns and told us that they were confident their reports would be taken seriously and acted upon. Staff used the provider’s incident reporting procedures to report minor accidents and incidents. We saw evidence those procedures had been used in the early part of 2015 to report incidents that placed people at risk of verbal and physical harm from a person using the service. The provider, working with the local authority, took appropriate action to remove the risk.

People’s care plans included risk assessments of activities associated with their care and support and their participation in activities. The risk assessments included guidance for staff about how to support people safely without restricting people’s choices and preferences. For

example, some people assisted staff with meaningful domestic tasks like cleaning their rooms and washing-up after meals. They were able to do that safely because of the risk assessments.

The registered carried out regular checks of the environment to ensure it was safe. Areas requiring maintenance were reported and work was scheduled to be carried out. For example, a person’s bedroom room had signs of a leak in a ceiling and repairs were scheduled. Two hoists were used at the service and both were serviced according to the manufacturer’s specifications.

Staffing levels were based on people’s needs and activities. The registered manager told us, “No two days are the same.” They meant that the number of staff on duty took into account the needs and dependencies of people using the service. For example, enough staff were on duty to support people to attend healthcare appointments and activity day centres; and people who stayed at home. During nights, two staff were on ‘waking’ duty. The registered manager carried out unannounced checks at night to see that staff were performing duties.

The provider had robust procedures for ensuring as far as possible that only people suited to work at Honeysuckle Farm were employed. They succeeded because people using the service told us that one of the reasons they felt safe was because of the quality of the staff. A relative we spoke with told us they felt reassured that the provider employed an age diverse work force which suited the needs of people using the service. A recruitment file we reviewed showed that all the legally required pre-employment checks were carried out.

People using the service told us that they received their medicines on time. They told us that using a confident tone. They said, “Oh yes” and “On time.” People also told us that they knew what their medicines were for. People said, “I know what my medicines are for” and “Staff explain what the medicines are.” One person told us, “I wouldn’t take any medicines if I didn’t know what they were for.”

Two staff members had completed training for assessing competency of medicines administration. This meant that care worker’s competences to support people with their medicines were regularly assessed. Only staff who were judged competent to support people with their medicines did so.

## Is the service safe?

The provider's arrangements for the safe storage of medicines and disposal of unused medicines were safe.  
Record keeping of medicines administration was accurate.

# Is the service effective?

## Our findings

People using the service expressed that staff were sufficiently skilled and experienced at supporting them. They said they felt well cared for and supported by staff who understood their needs. A relative of a person using the service told us, “The staff are well trained. They are mature.”

When staff first joined the service they underwent induction training during which they were familiarised with the provider’s policies and procedures and the environmental aspects of Honeysuckle Farm. The induction was in line with ‘common induction standards’ for health and social care workers. The service had begun to implement a new national initiative to introduce a Care Certificate for new health and social care workers from 1 April 2015. This is not a mandatory requirement, but it is aimed at improving the skills, knowledge and behaviours of staff working in adult social care and replaces the ‘common induction standards’.

The registered manager oversaw a staff training plan that ensured staff received training they required to understand the needs of people they supported. Staff attended a college to receive some of their training and they were supported to achieve further qualifications relevant to adult social care. Care workers we spoke with told us that they found the training they had received helpful in terms of helping them carry out their role. People using the service and their relatives could be confident that they were supported by staff that are skilled and trained to meet their needs.

A relative we spoke with told us that they felt staff communication skills were very important in the context of the care [person using service] was receiving. They said, “Communication is important. The staff communicate better with [person using the service] than I can.” People’s care plans included a section about how people preferred to communicate. Each person using the service had a ‘communication passport’ which included information about their communication needs. This informed care workers about how they should communicate with people and ensure that the person they supported was heard and listened to. The ‘communication passport’ was used by people outside of Honeysuckle Farm, for example when they attended hospital appointments. This meant people’s

needs could be effectively discussed with them by healthcare professionals. The provider told us that hospital staff had reported they found the communication passport helpful.

We saw staff communicate with people in ways that suited people’s individual communication styles and needs. We heard staff asking the same question in different ways to different people, for example when they offered choices of food. A care worker told us that some people found it difficult to talk, so they communicated with people through song. We saw that happen when a person sang a song about how much they had enjoyed their day.

All persons using the service had assessments of their mental capacity to make decisions about various aspects of their care and support. This was in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation that protects people who lack mental capacity to make decisions about their care and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. Applications for DoLS had been made for people using the service. This was because they were, in their best interests, under supervision and receiving care and support.

Staff we spoke with demonstrated a working knowledge of MCA and DoLS. They were supported in that regard by the registered manager who shared information about MCA and DoLS that was in an easier to understand format.

People using the service told us they enjoyed the food and meals they had at Honeysuckle Farm. Four people all told us, “I like the food.” A person added, “Especially the all-day breakfast.” Another person said, “The food is good.” People’s care plans included information about people’s nutritional needs and food preferences. People were able to choose meals they liked. They had a variety to choose from. For example, on the day of our inspection people had a choice of home-made beef stew or quiche and freshly prepared salad. Staff made a home-made soup during the afternoon which they offered to people. The way meals were made and the way mealtimes were arranged added to the homely atmosphere at Honeysuckle Farm. None of the people using the service had complex dietary needs and were not at risk of malnutrition because of their health

## Is the service effective?

or medical conditions. When people went out for a day they had packed lunches of their choice which were prepared the night before. Some people helped prepare their packed lunches.

A relative told us that staff were very attentive to the health needs of [person using the service]. Every person using the service had a health action plan which staff followed. Staff understood medical conditions people lived with and were

attentive to changes in people's well-being. People were supported to access health services when they needed them. People were supported to attend appointments with a variety of health services including GPs, hospitals, dentists and opticians. The registered manager or deputy manager had arranged for GPs and other health services to visit Honeysuckle Farm. A relative told us, "I have peace of mind knowing [person's] health needs are met."



# Is the service caring?

## Our findings

When we spoke with a group of five people about how caring staff were their comments included, “We have a laugh with staff”, “The staff are kind” and “We get on well.” Their comments about why they felt safe and about the quality of the staff also reflected that staff were kind. People told us that Honeysuckle Farm was their home which was how a relative described the service in comments they made in a questionnaire survey. They wrote that Honeysuckle Farm was as close to a normal family home environment as it could be.

A relative told us that Honeysuckle Farm was a “supportive and friendly environment.” They particularly valued that staff kept them informed about [person using service]. They told us, “I’m kept informed by staff and I find that comforting and reassuring.” This showed that staff also displayed a caring attitude to relatives of people using the service.

The service has received a ‘Dignity in Care’ award from a local authority and certificate for the Quality Assessment Framework for older people. These were awarded in recognition of the management and staff demonstrating a commitment to creating an environment that is caring.

A relative of a person using the service commented that care workers understood people’s needs in a caring way because they were ‘mature’ themselves and therefore had similar life experiences to the people they supported. They also emphasised that all care workers, irrespective of their age, formed caring relationships with people. We saw examples of that when staff spoke with people about things that interested them. Staff were able to do this because they knew about people’s life histories and their likes and dislikes. For example, some people at Honeysuckle Farm liked animals and the provider had rabbits and ducks for people to enjoy. A person who used to breed ducks had an incubator in their room so they could see ducklings hatch and grow before they moved to the garden.

People have their own bedrooms which have been personalised with individual tastes and preferences,

including choosing their own décor and what furniture they would like. Each room is very different and having lots of personal items and photographs. People’s rooms were places where people enjoyed privacy and comfort. This was important to people and it explained why people told us that Honeysuckle Farm was their home. People could be assured that they mattered to staff because staff took an interest in their lives and supported them to maintain their interests and hobbies. A care worker told us, “We (staff) are their friends.”

We saw from people’s care plans that they were involved in planning their care. Care plans included information about how people wanted to be supported and how they preferred to spend their time. Most people spent most of their daytimes out at activity centres doing things of their choice or they went out to places they wanted to visit. Others said they wanted to spend their time in a quiet environment. We saw that in both respects staff supported people in line with their views.

People’s care plans and records were kept securely in an office to which only authorised people had access.

Staff respected people’s privacy. Staff were discretely attentive to people’s needs which meant they were available to people when they were needed. People were able to spend time in their own rooms if they wanted privacy. We saw that people were able to choose where they received visitors. Some took visitors to their rooms to spend private time with them, others received visitors in communal areas. Relatives were able to visit without undue restrictions. We saw that to be the case from the visitor’s signing-in book.

Staff respected people’s privacy. They did not disturb people when they were in their rooms or in ‘quiet’ areas. Staff understood that some people were more independent than others and required less support with aspects of their care. Some people determined their own personal care routines, for example when they had a shower or bath. Others received more support but were encouraged to do as much for themselves as they could, for example getting dressed or making their packed lunches.

# Is the service responsive?

## Our findings

People received care and support that was centred on their personal individual needs. This happened because people using the service contributed to decisions about their care and support, and staff treated people as individuals. A care worker told us, “We try to make people’s lives as real as they can be.” A person using the service said something that showed people led normal lives; they said, “We [people using the service] sometimes argue, but that’s real life.”

Every person using the service had a ‘person centred plan’ (PCP) which set out their likes, dislikes, preferences and what was important to them. Five people had produced and implemented their own PCP’s. Other people had input from keyworkers, staff, family members, friends and professionals to develop their PCP. The service had an award from a local authority for demonstrating a commitment to developing ‘exceptional Personal Centred Plans’.

People decided how independent they wanted to be. A person was determined to go out most days by themselves to visit the local village. They took full responsibility for checking that their mobility scooter was fully charged because they wanted to. Other people had made clear through their contribution to their care plan how they wanted to be supported. For example, people said how they wanted to be supported with their medicines and personal care. Some people said what types of activities they wanted to support staff with, for example laundry, washing-up and cleaning the home.

People were supported to follow their interests and hobbies. This happened through attendance at activity day centres where people did practical things that interested them, for example arts and crafts. People were taught skills at the activity centres which they practised at Honeysuckle Farm. For example, people baked cakes and decorated and made furniture.

People were supported with activities that were important to them. Some people had religious needs they were

supported with. Staff took people to places of worship. Some people made friends with people they met at places of worship and the registered manager had arranged for faith representatives to visit Honeysuckle Farm.

People’s social needs were met through outings to places of interest people wanted to see. Staff took people to theatres to see plays and musicals. A care worker ran a drama class at Honeysuckle Farm in which all people were active. At the time of our inspection people were rehearsing a production for Jack in the Beanstalk which they were going to perform at a local village hall in December 2015. The drama group had performed at different local village halls over the past year. People either acted or helped make stage props and decorations. Dvds were made of the productions for relatives.

People’s care plans were reviewed monthly. Care plans were reviewed by the registered manager or deputy manager and people were involved in those reviews if they wanted to be. They were involved in annual reviews that also involved social workers. The service had an award from a local authority for demonstrating a commitment to developing exceptional person-centred care plans.

People were taught new skills. Two people took part in local authority training courses to be ‘quality checkers’. This was an initiative to involve people using services to be involved in visiting adult care services and assisting local authority inspectors to assess the services. A person had, with support from the provider, further developed their skills to become a chair person for advocacy groups.

The provider ensured that people were provided with equipment that supported people’s independence. A person had a mobility scooter. Others had special armchairs with electronic controls they could use to change their position and ensure comfort.

The provider had a complaints procedure that was accessible to people using the service because it was in an ‘easy read’ format. The procedure was accessible to relatives. The complaints procedure was geared to identifying areas for improvement. No complaints had been received since our last inspection.

# Is the service well-led?

## Our findings

People were involved in developing the service insofar as they contributed ideas and suggestions about how their care was delivered and the type of activities made available to them. They had opportunities to do that at weekly residents meetings. Their ideas and suggestions were listened to and acted upon. A relative told us, “I’m asked for my views and opinions. I’ve participated in the annual survey. I have an easy rapport with the manager.” Staff had opportunities to make suggestions about how the service was run through one to one supervision meetings, staff meetings and an annual survey. Staff we spoke with told us that the registered manager was “very helpful and obliging” and supported their ideas, especially with regard to the types of activities made available to people using the service.

The registered manager and staff had a shared understanding of the aims of the service. This was that people were supported to be as independent as they wanted to be and led normal lives. What people told us about their experience of the service showed that they were supported in line with aims of the service. Comments relatives made in the most recent annual survey. Relatives said that Honeysuckle Farm was like a normal family home without any trace of being ‘like an institution’.

The registered manager and staff supported people to lead active lives in the community. This was most evident through the activities participated in which involved a local college, activity centres and cafes in Leicestershire. Most notably, people using the service and staff presented their own productions of musicals and pantomimes in village halls in Leicestershire.

Honeysuckle Farm was awarded a ‘dignity in care’ award by a local authority. Along with this they were presented with a certificate for demonstrating a commitment to developing ‘exceptional’ person-centred care plans. The registered manager carried out observations of how staff interacted with and supported people using the service.

This was to ensure that staff continued to support people in ways that were in keeping with the award and the provider’s expectations. They were helped in that regard because staff and the management shared the same understanding of the aims of the service which was that people were supported to lead independent and ‘normal’ lives.

The registered manager was aware of their responsibilities under the CQC registration requirements. Statutory notifications of incidents at Honeysuckle Farm were promptly sent to CQC.

The provider’s arrangements for monitoring and assessing the service included weekly residents meetings and an annual questionnaire survey for people’s and relative’s feedback and comments. Their views were acted upon. Staff had opportunities to give their views at supervision meetings and staff meetings, but also through everyday dialogue with the registered manager. Their ideas and suggestions were acted upon, for example in relation to activities that were available to people using the service.

The registered manager and deputy manager carried out scheduled checks of care plans and people’s care records. They observed care worker’s care practice and regularly spoke with people using the service and their relatives about their experience of the care and support they received.

The provider’s area manager visited Honeysuckle Farm twice a year to carry out monitoring visits when they verified quality assurance reports they received from the registered manager.

The leadership of the service was committed to continuous improvement. For example, staff were supported to increase their skills and knowledge through additional training and people’s views about activities and food menus were acted upon. The registered manager researched new ideas about activities to further enhance people’s independence.