

Pathways Care Group Limited

# Azalea House 1

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 8 February 2016 and was unannounced.

Azalea House 1 is registered to provide care and support for up to five people who are living with a mental health or learning disability illness. There were four people living at the service when we visited.

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.

Staff had been trained to recognise signs of potential abuse and how to report them. People reported feeling safe in the company of staff.

There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

There were suitable and sufficient staff available to support people with their needs.

There was a system in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and ongoing essential training to keep their skills up to date. They were also provided with regular supervision and appraisal.

Staff ensured that people's consent was gained before providing them with support.

People were supported to make decisions about their care and support needs; and this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink.

If required, people were supported by staff to access healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff.

There were processes in place to ensure that people's views were acted on; and staff provided care and support to people in a meaningful way.

Where possible people were encouraged to maintain their independence and make decisions. Staff ensured their privacy and dignity were promoted.

Pre-admission assessments were carried out before people moved into the service. This was to ensure that their identified needs would be met.

A complaints procedure had been developed to enable people to raise concerns if they needed to.

There was an open and inclusive culture at the service; and the leadership was transparent and visible, which inspired staff to provide a quality service.

Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

People were protected from abuse and avoidable harm by staff who had been trained to recognise and report abuse.

Where people were at risk of harm risk managements were in place to promote their safety.

There were sufficient numbers of suitable staff to meet people's needs and to keep them safe.

Staff supported people to take their medicines safely.

### Is the service effective?

Good ●

The service was effective

People were supported by staff who had the required knowledge and skills to carry out their roles.

Staff gained people's consent before assisting them with care and support.

People were supported to have adequate amounts of food and drink to maintain a balanced diet.

When required staff supported people to access healthcare services.

### Is the service caring?

Good ●

The service was caring

Staff treated people with kindness and compassion.

People were supported to express their views and be involved in making decisions about their care and support.

People's privacy and dignity were supported by staff.

### Is the service responsive?

Good ●

The service was responsive

People received care that met their needs.

People were encouraged to raise concerns and complaints.

**Is the service well-led?**

**Good** ●

The service was well-led

People were supported in a culture that was positive, open and inclusive.

The service had a registered manager.

Quality monitoring systems were in place.

# Azalea House 1

## **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.

The inspection was unannounced and was carried out on 8 February 2016 by one inspector.

We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we observed how staff interacted with people who used the service.

We spoke with three people who used the service, two family members, three support workers and the registered manager.

We looked at two people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "I feel safe living here because there are staff on duty 24 hours who would help me." Another person said, "I feel safe because the staff do not bully me they are very civil."

Staff told us they had been provided with safeguarding training. They had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would report any incidents of abuse to the manager." Staff were aware of the provider's safeguarding and whistleblowing policies and were confident that any incidents reported to the registered would be acted on."

The registered manager told us that staff knowledge on safeguarding was regularly updated. We saw there were posters displayed in the service to make people and staff aware of the process to follow if they wished to report safeguarding or whistle blowing concerns externally. We found that the registered manager followed the provider's safeguarding procedure and reported safeguarding concerns to the local safeguarding team. She told us that work was still in progress to address a recommendation that had been made from a recent safeguarding investigation. We saw training records which confirmed that staff had been provided with updated safeguarding training.

There were risk management plans in place to promote and protect people's safety. One person said, "I have a risk assessment in place for when I am out alone. I have to take my mobile phone with me so if I am held up I can contact the home." We observed staff reminding the person to take their phone with them as they were about to leave the service.

The registered manager told us where people were at risk of harm, individual risk management plans had been put in place. We saw people had individual risk assessments in place relating to finances, road safety, falls, challenging behaviour and administration of medicines. There were also generic risk assessments in place relating to health and safety. Where risks had been identified, measures to minimise the risk of harm were put in place to protect people's safety and promote their independence. The registered manager told us that people's risk assessments were reviewed regularly with their involvement. We found that work was in progress to carry out a review of people's risk assessments. This was to ensure that the measures that had been put in place to minimise the risk of harm were still relevant.

We found there was an emergency procedure file that was accessible to staff. It contained contact numbers for staff, the registered manager, the crisis intervention team and utility suppliers. The registered manager told us that the fire panel and safety equipment was checked weekly. During our inspection we observed a check of the fire panel had been carried out. People who used the service and staff responded appropriately.

People told us there were enough staff to meet their needs safely. One person said, "I think there are a lot of staff." Another person said, "There are always staff on duty throughout the day and night." Staff told us that there were always two staff in each of the houses on every shift and a member of staff who slept on the

premises. Each shift was led by a shift leader who was aware of the needs of the people who used the service and provided advice and support if needed. The staff rotas seen accurately reflected the staffing numbers.

Safe recruitment practices were in place. Staff told us they did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the appropriate documentation was in place.

The provider had a disciplinary procedure. We discussed the process with the registered manager who confirmed if staff were responsible for unsafe practice action would be taken in line with the procedure. We saw evidence to confirm this.

People told us that staff supported them with their medicines. One person said, "I always get my medicines at the prescribed times." Another person said, "My medicines are kept in the office and I take them myself in the presence of staff." Staff told us they were only allowed to administer medicines if they had completed training and assessed as competent to do so. The registered manager told us that the Medication Administration Record (MAR) sheets and medicines were checked weekly to minimise the risk of errors occurring. We observed a medicine administration round. We saw that two staff were involved in the administration of medicines and the activity was carried out in line with best practice. For example, staff made sure that people had taken their medicines and MAR sheets were fully completed. We found that medicines were stored appropriately.



# Is the service effective?

## Our findings

People told us the staff were appropriately trained to carry out their roles and responsibilities. One person said, "Staff definitely get the right training." Another person said, "Staff have the right skills to do their job."

Staff told us they were required to complete an induction programme. One staff member said, "I had to complete a two week induction training. In the first week I had to read and familiarise myself with all the policies and procedures. In the second week I worked alongside an experience staff member until I felt confident to work alone." We found that staff were provided with essential training. The training covered topics such as, mental health awareness, safeguarding of vulnerable adults, fire awareness, lone working, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS), manual handling, Control of Substances Hazardous to Health (COSHH), food safety and safe handling of medicines. We saw evidence that some staff had acquired a national recognised qualification in health and social care at level 2.

There was a supervision framework in place. Staff told us they received regular supervision. One staff member said, "I find supervision useful. I always ask the manager lots of questions about the residents' conditions." Staff confirmed that supervision was used to discuss their training needs as well as the needs of the people who used the service. The registered manager told us yearly appraisal meetings took place to enable staff to discuss their strengths and weaknesses and any support they may require to enable them to perform their roles effectively.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS. The registered manager told us that there was no one living at the service whose liberty was being restricted.

People told us their consent was obtained about decisions on how they wished to be supported. One person said, "Staff usually seek my consent and explain how they are going to assist me." Another person said, "Most of us are independent and choose what we want to do and make our own decisions." We observed staff asking a person who used the service for their consent before assisting them.

Staff were able to describe how they gained people's consent. One staff member said, "I always find out from the residents how they wish to be supported. They are supported to exercise their choices."

People told us they had access to food and drinks and staff supported them to maintain a balanced diet. One person said, "I make my own breakfast and lunch. And have as much hot and cold drinks as I like." Another person said, "I have the choice of making my own meals if I like. I sometimes cook for all the residents on a Sunday." They commented further and said, "I use to be a chef." Staff told us that people had their main meal in the evening and that the menu was devised with their input. One staff member said, "Every Sunday the residents discuss the menu for the week and the weekly shopping is done on a Monday." They commented further and said, "One resident does not like chicken therefore, an alternative is provided. Another resident cooks for themselves." We found that staff were responsible for cooking the evening meal. We observed during our inspection that people were able to help themselves to hot drinks and snacks.

People told us that staff supported them to maintain good health and to access healthcare services if required. One person said, "I am quite independent but I usually ask the staff to accompany me to hospital appointments." Another person said, "I am registered with a GP and I can access specialist treatment with staff support." Staff told us that people had access to specialists such as, the psychiatrist, community psychiatric nurse, chiropodist, optician and psychologist. They were also registered with a GP who they visited if they had a problem; and had regular dental and optical checks. Staff also told us that they liaised closely with health care professionals on a regular basis. If there were changes in people's condition those were reported promptly to ensure they received the appropriate treatment and support.

## Is the service caring?

### Our findings

People told us they had developed positive and caring relationships with staff. One person said, "The staff treat me with kindness. We always have a joke and a laugh." Another person said, "The staff have made me feel welcome. I have a good rapport with them. We discuss general topics and television programmes."

Staff had a good understanding of the needs of the people they were supporting; and were aware of their preferences and personal histories. One staff member said, "It takes time to build a trusting relationship with the residents; however, all the staff working here have that type of relationship with them. If they need any advice they know they can come to us." Throughout the inspection we observed staff treated people with empathy and compassion. There were positive interactions between people and staff. For example, staff spoke with people in a respectful manner and listened to what they had to say and provided reassurance. People looked at ease in the company of staff.

People told us they were supported to express their views and be involved in making decisions about their care and support; and how they wished to spend their day. One person told us that arrangements had been made for them to have alternative accommodation. The person commented and said, "I decided not to move from here as I know I would not be able to cope on my own. The staff respected my decision." Another person said, "I have discussions with staff and if I don't agree with some things I tell them." On the day of the inspection one person was due to attend an activity outside the service; however, they later changed their mind and staff respected their wishes. The registered manager told us that people had decided not to have group meetings but to continue with monthly one to one meetings with their key workers. Their wishes had been respected.

The registered manager told us that two people were using the services of an advocate. (The role of an advocate was to speak on behalf of people living in the community with their permission.) We saw that the service displayed information on how to access the services of an advocate.

Staff told us people could be assured that information about them was treated confidentially. One staff member said, "We make the residents aware that we can only share information about them with their permission and on a need to know basis." The staff member commented further and said, "If information has to be shared with other health care professionals it's usually in the residents' presence and with their agreement." The registered manager told us that staff had been provided with training on confidentiality. She said, "The staff are aware that discussions about the residents should be carried out in private." We observed the staff handover was carried out in private. When discussing people staff spoke about them in a respectful manner. We found that records relating to people's care and support were locked in filing cabinets and the computer was password protected.

People told us that staff supported them to maintain their independence. One person said, "I clean my bedroom and do my own laundry. Sometimes I help to clean both houses." Another person said, "I clean the stair case now and then." We observed staff supporting a person who used the service to maintain their independence by assisting them to make a cup of tea. The staff member carried out the activity in a

sensitive manner.

People told us that staff respected their privacy and dignity. One person said, "Staff never enter my bedroom unless they are invited." Another person said, "The staff do not invade my privacy they give me space." They commented further and said, "They call me by my preferred name." Staff told us people were given the privacy and dignity they needed. For example, bedrooms were single occupancy. People were able to personalise their bedrooms to suit their preference. We found that people spent a lot of time on their own in private in their bedrooms.

Family members told us that they were able to visit the service without any restrictions. A family member said, "The staff always make us feel welcome and they encourage my relative to make us cups of tea." The registered manager confirmed that there were no restrictions on visiting. She said, "Relatives and friends are made to feel welcome whenever they visit."

## Is the service responsive?

### Our findings

People told us that their care plans were developed with their involvement and that they met with their key worker on a monthly basis to discuss their progress. One person said, "My key worker always make time to sit and talk to me."

The registered manager and staff told us that before a person was admitted to the service a pre-admission assessment was carried out. At the point of referral the service ensured that up to date information about individuals was obtained from relevant health and social care professionals. Information gathered at the pre-assessment stage was used to inform the care plan. If people wished to they were able to visit the service several times before they actually moved in.

The care plans we looked at contained information on people's history, preferences and goals. We found that people had been involved with the development of their care plans and had signed them to confirm their agreement. We saw evidence that the plans were regularly reviewed and every six months people's needs were re-assessed. Evidence seen confirmed that people were involved in the review process.

People told us they were supported by staff to follow their interests and take part in social activities of their choice. One person said, "I enjoy visiting garden centres and museums." Another person said, "I enjoy playing darts and going to the cinema." The registered manager told us that arrangements were in place for people to have holidays; however, people chose to have daily outings instead for example, outings to the sea-side and day trips London and Blackpool.

Staff told us that activities were planned for people; however, some people chose not to get involved. During our inspection we observed that some people enjoyed their own company and remained in their bedrooms. The registered manager told us that people's birthdays were celebrated. Social functions, such as summer barbecues, Easter and Christmas parties were arranged and people's friends and family members were invited. We observed there were pictures displayed in the service of social gatherings that had taken place.

People told us they were aware of how to make a complaint but had not had the need to make one. One person said, "There is nothing to complain about. We are well looked after". We found that people had been issued with a copy of the service's complaints procedure. A copy was also displayed in the service in an appropriate format. The registered manager told us that the service had not received any complaints; however, any complaints made would be used to improve on the quality of care provided.

The registered manager told us that yearly questionnaires were sent to people who used the service, relatives and stakeholders to enable them to provide feedback on the quality of the care provided.

# Is the service well-led?

## Our findings

People and staff told us there was a positive, open and inclusive culture at the service. One person said, "[Name called] is always available to talk to us." Staff told us that regular meetings were held and the registered manager updated them with any changes that were occurring in the service. One staff member said, "I feel supported by the manager." Another staff member said, "We are kept informed of what is going on."

Staff told us they were able to make suggestion on how to improve the quality of the care provided. One staff member said, "The manager is open and transparent and easy to talk to. She asks us for our views."

Staff told us there was honesty and transparency from all levels of staff and the management team. For example, when mistakes occur they were made aware of the action that would be put in place to minimise the risk of recurrence. They told us they received feedback about their performance from senior managers in a positive manner.

Staff told us they understood the service's values and vision and we saw that these values underpinned staff practice. For example, one of the service's values was promoting independence. We found that staff supported people to clean their bedrooms and to do their personal laundry.

Staff told us they were clear about their roles and responsibilities and felt valued by the registered manager. One staff member said, "She gives praise where it is due." Another staff member said, "I love working here." During the inspection we observed staff communicating with each other in a respectful manner.

Staff told us there was good leadership and management demonstrated at the service. They also told us that the registered manager worked shifts and led by example. This inspired them to deliver a quality service.

Systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed for identified trends. Where trends were identified measures had been put in place to minimise further occurrence.

There were systems in place to monitor the quality of the care provided. The registered manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control. We saw where areas had been identified as requiring attention action plans had been put in place to address areas that required attention.