

Pathways Care Group Limited

Southleigh

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

Southleigh is a care home that provides accommodation and personal care for up to 15 adults predominantly with a learning disability. At the time of our inspection there were 11 people living in the home. At the last inspection in June 2015 the service was rated Good. At this inspection we found that the service remained Good.

The service is required to 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. A registered manager was in post at the time of the inspection, however they were on leave and not available during the inspection. In the absence of the registered a senior member of the care staff had taken on the role of manager supported by an area manager who visited during the inspection.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development as required to work effectively in their roles. People were supported to maintain good health and nutrition.

People had positive relationships with the staff who were caring and treated people with respect, kindness and compassion. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with their personal preferences. People knew how to raise a concern or make a complaint and the provider had effective systems in place to manage any complaints received. The service had a positive ethos and an open culture. The registered manager was approachable and spent time with staff and people in the home. There were effective systems in place to monitor the quality of the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Southleigh

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 checked 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 was a comprehensive inspection that was completed by one inspector on 2 June 2017 and was unannounced.

Before the inspection, the provider completed a 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that have happened in the service that the provider is required to tell us about by law. We also reviewed information that had been sent to us by other agencies and the local authority who commissioned services from the provider.

During our inspection we spoke with three people who used the service and eight members of staff including the area manager as the registered manager was on annual leave at the time of the inspection. We also spent time observing care to help us understand the experience of people who could not talk with us.

We looked at the care records relating to four people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received care and support from a dedicated and caring team of staff. The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. We observed that staff were attentive to people's needs and recognised when people needed their help and support. We saw that there was sufficient staff to support people individually to do the activities that they wanted to throughout the day. People looked relaxed and happy around staff.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. There was information available to people and staff about how to ensure people were kept safe and what they could do if they did not feel safe. One person was able to tell us they felt safe, they said "Everyone is nice here, I feel safe." The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

We saw from records that people always received their prescribed medicines and the medicines management systems in place were clear and consistently followed. We observed a member of staff explaining to a person about their medicine, which they could take on flexible basis if they needed it.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, where people had percutaneous endoscopic gastroscopy (PEG) assisted feeding; staff had received specific training to manage their care. All staff had regular supervision and appraisal meetings. One staff member said, "I have had an appraisal and it gave me the opportunity to discuss my future plans; supervision gives you the opportunity to talk about issues and training, I always feel listened to."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of promoting people's rights to make choices. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate authorisation under the Deprivation of Liberty Safeguards had been requested from the local authority.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals. Any changes in people's health were recognised by staff and prompt and appropriate referrals were made to healthcare professionals.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff, there were lots of smiles and laughter from people as they engaged in activities with staff. We read a comment from the manager of a hotel where a couple of people using the service had recently stayed, they said, 'It was a pleasure to see how all staff looked after people, putting their needs before anything else, it was very impressive.'

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and understood the best way to communicate with people whose verbal communication was limited. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

People were treated with dignity and respect. We observed staff discreetly support people with their personal care needs and promote independence. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. They approached people calmly, made eye contact and held people's hands to provide reassurance if required.

Staff knew how to contact an advocacy service if someone needed an advocate.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with the people living in the home and where appropriate their relatives.

Staff knew people very well; they understood the person's background and knew what care and support they needed. We observed staff supporting people with limited communication; they instinctively knew what people wanted.

People were supported to follow their interests and take part in social activities. For example we saw staff join in with a couple of people who enjoyed singing and dancing; they had a Karaoke machine which appeared to be enjoyed by everyone. Another person enjoyed knitting and as they came back from attending a day centre they sat happily knitting and showed us what they were making. Staff supported people to access the community to go shopping or to have a meal at a local pub. On the day of the inspection an outside entertainer had been arranged to help celebrate someone's birthday.

People's spiritual needs were met. A number of people were supported to attend a local church each week and a local spiritual leader visited regularly.

There was information in easy read format for people about how to make a complaint and a monthly meeting was held with people to provide a forum for people to raise any suggestions and concerns. We saw that there was a clear complaints policy in place and records were maintained of all issues raised with the manager and detailed the action they had taken.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One member of staff said, "I really love working here, we are a good team, the people are great." The provider had ensured that staff were able to challenge the seniority of the service to help them improve. Staff were aware of and prepared to use the whistleblowing procedure if they had any concerns about people's welfare.

Staff members felt that they were part of the service and were able to contribute to its development. A staff member said, "[Name of registered manager] is very approachable and listens to what we say." Staff had regular staff meetings which gave them the opportunity to discuss concerns and share best practice and for the provider to share developments within the organisation.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. Staff members felt that they were always friendly and approachable.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to continuously drive improvement, through highlighting areas where the service was performing well, and areas requiring further development.