# Pathways Care Group Limited

# 35 Avenue Road

## Inspection report

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## 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? | **Good** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

This unannounced inspection took place on 20 July 2015. At our last inspection on 10 July 2014, we asked the provider to make improvements to the premises. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make by 31 August 2014. We found this action had not been completed.

Avenue Road is a care home providing accommodation for up to five adults with learning disabilities or autistic spectrum disorder. At the time of our inspection three people were living there. The home had a registered manager in post. 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.

We found the premises were not adequately maintained; people were therefore at risk of living in an environment where risks to their safely were not addressed.

# Summary of findings

Staff kept people safe from the risk of abuse. We saw that the provider had systems in place to protect people from potential abuse.

People had personalised care plans in place and risks to people had been assessed that detailed their health and social needs. There was adequate staff numbers to meet people's individual care needs when they needed it.

People received their medicines at the correct time and as prescribed. Medicines were managed stored and administered safely.

Appropriate action was taken to protect the rights of people and people were asked for their consent by staff to provide care.

People were supported to eat and drink sufficient to keep them healthy. People's health and care needs were assessed and care was planned and delivered to meet those needs. People had access to healthcare professionals when needed. Advice and guidance was provided to staff to support people with their health needs.

Staff understood people's choices and preferences and respected their dignity and privacy when supporting them. People were encouraged to be as independent as possible.

People were supported to maintain their interests and were given the opportunity to participate in activities. The provider had a system in place to respond to people's complaints and concerns.

The provider had systems in place to monitor the quality of the home. However, we found that the provider did not always implement actions needed to improve the quality of the home.

You can see what action we told the provider to take at the back of the full version of the report.

# 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?**

Requires Improvement

The service was not consistently safe.

People's safety was at risk because the environment was not adequately maintained. Staff were knowledgeable about how to protect people from harm of abuse. Risks to people's support and health needs were assessed and reviewed regularly. There were adequate numbers of staff to support people's care needs. People received their medicines safely and there were systems in place to store and dispose of medicines appropriately.

**Is the service effective?**

Requires Improvement

The service was not consistently effective.

Improvement was required to the maintenance and refurbishment of the environment to meet the needs of people living at the home. People's rights were protected because staff ensured people were supported to make their own decisions. People received support from staff that had the skills, training and knowledge to support them. People were encouraged to have enough food and drink when and how they wanted it. People had access to healthcare professionals as required to meet their health needs.

**Is the service caring?**

Good

The service was caring.

Staff were kind and caring. People received care that took in to account people's individual preferences and choices. Staff promoted people's independence and were respectful of people's dignity and privacy when providing care.

**Is the service responsive?**

Good

The service was responsive.

People had their needs appropriately assessed and were provided with care related to their needs. People were supported to make choices about their day to day lives. The provider had procedures in place to investigate people's concerns.

**Is the service well-led?**

Requires Improvement

The service was not consistently well-led.

Quality maintenance audits were not always effective in making improvements. Staff said the registered manager was approachable and available to speak to if they had any concerns. People, relatives and other healthcare professionals were encouraged to share their views about the quality of service provided.

# 35 Avenue Road

**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 unannounced inspection took place on 20 July 2015. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who used this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us which the provider is required to send us by law. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who live at the home. We used this because people living at the home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with the people living at the home. We spoke with four members of staff and the deputy manager. The registered manager was on annual leave during the inspection. Following the inspection we sought feedback from two healthcare professionals.

We looked at the care and medicine records for two people to see how their care and treatment was planned and delivered. We looked at other records related to the running of the service including two staff files; to check staff were trained and supported to deliver care to people living at the home, records relating to the management of the home, a selection of policies and procedures that related to the management of people's safety, safeguarding and complaints.

Requires Improvement

# Is the service safe?

## Our findings

Staff we spoke with thought the premises and environment in the home was safe. However, we found instances where the safety of people could be compromised. We looked at the access to the front of the home and found that the approach to the building was via two concrete ramps. We saw both ramps were uneven in parts and some areas were damaged and cracked. This created an uneven surface which posed a risk of falls to people. We saw a wooden ramp was used to access the back garden, we found one of the wooden panels was loose and rocked back and forth creating a tripping hazard. We discussed this with the deputy manager who told us they would report this immediately to the provider particularly as one person accessed the garden regularly to smoke.

We looked at the environment in the home and found lack of storage space appeared to be a problem. Large boxes were stored around the home creating the risk of a tripping hazard. In the lounge we saw a large box holding paper towels being stored on top of a cupboard and another containing vinyl gloves on a shelf. We saw that some corridors were dark and lighting was poor which posed a risk of falls to people particularly as one person used a walking aid. We saw the curtain rail in the dining room had come loose from the wall creating a hazard if the curtains were pulled. We looked at the ground floor shower room door as it had been replaced since our last inspection. We saw there was no seal to prevent the water leaking into the corridor when the shower was being used. Staff told us water leaked into the corridor when the shower was being used. This created a slip hazard to both people and staff.

This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us there were always two members of staff on duty when they visited the home. One member of staff we spoke with said, “Sometimes staffing can be a dilemma, people here need a lot of support.” Another member of staff said, “Not always enough staff on duty especially when the unexpected happens.” Staff we spoke with did not think that staffing numbers were unsafe however felt it did impact on people’s individual quality of life and the amount of activities provided. Staff told us they would try to cover shifts for each other in the event of sickness or annual leave so people had continuity of support.

During the morning of our inspection a member of staff had an accident on the way to work and had to be sent home. The morning shift was covered by the one remaining staff member and the deputy manager. The deputy manager tried to arrange an additional carer but it was 1pm before a replacement carer was confirmed for the afternoon shift. During the morning we observed one person sat alone for periods of time in the lounge area with little interaction from staff members. During the afternoon shift there was adequate staff on duty to support people with their care needs. We spoke with the deputy manager about how staff numbers were determined. We were informed that staffing levels were based on the needs of people at the home but a formal assessment of staffing requirements had not been completed. The deputy manager confirmed that they used bank staff to cover for emergencies and the provider was in the process of recruiting an additional member of bank staff.

Staff told us they had been interviewed and checks had been made before they were employed at the home. We saw that the provider had an effective recruitment process in place to ensure that staff were recruited with the right skills and knowledge to support people. We looked at the recruitment records and saw that pre-employment checks had been carried out. These included obtaining character references and checking people with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from being recruited and working with people using the service.

A relative we spoke with told us they were confident their family member was safe at the home and not at risk of abuse. Staff we spoke with were able to tell us how they kept people safe for example; they understood their responsibilities in regard to protecting people in their care. We asked staff how they would recognise signs of abuse for people who could not verbally communicate with others. All staff were able to explain what signs they would look for such as, a change in a person’s behaviour or physical signs such as bruising. One staff member said, “I would tell the manager or area manager if I had any concerns or I would contact the local authority safeguarding team if necessary.” Everyone was confident any concerns would be taken seriously by the provider and appropriate action would be taken. Staff told us they had received training around how to protect people from harm. We looked at records and saw that where incidents had occurred concerning people’s

Requires Improvement

# Is the service safe?

safety the registered manager completed notifications and the records we looked at showed that staff followed the provider's and local authority procedure to protect people from abuse.

We observed the ways in which staff worked with people to manage known risks that people may present to themselves. For example, one person was as risk of leaving the building. Staff told us this risk was identified and an alarm was fitted to the front door. One staff member told us, "We know people here very well and can see if their needs change. We update the care plans and risk assessments to reflect the change." Another staff member told us about how a person was supported with behaviour that challenged. We looked at the records for this person and saw it contained guidance for staff about how to de-escalate this person's behaviour and keep them and other people safe. We observed staff provided care as directed in the risk assessments. We saw that information had been updated and reviewed regularly to ensure the provider continued to meet the person's individual needs.

Checks of the premises and equipment were completed and records confirmed checks were up to date. We spoke with staff about what they would do in an emergency situation such as the fire alarm sounding. One member of staff told us, "I would evacuate people if it was safe to do so our meeting point is the car park." Staff knew how to manage risks associated with people's care and what action to take if such an emergency situation occurred to maintain people's safety.

We saw that staff recorded incidents and accidents appropriately and reported these to the registered manager. Information in people's care records and assessments had been reviewed and updated as required. The registered manager analysed information and had taken action to minimise the risks of re-occurrence. For example, one person who was at risk of falls was seen by appropriate healthcare professionals and a walking aid was provided.

A relative told us that their family member, "Always gets their medication on time." We observed staff safely administer and support people to take their medicine. For example, we observed a staff member stay with a person whilst they took their medicine. Staff told us and records confirmed that staff who gave medicines had received appropriate training to ensure they were competent to do so. Some people had medicines that they took only 'when required'. We saw that there was guidance in place to support staff in the administration of these medicines. The two medicine administration records (MAR) we looked at were signed and up to date, which showed that people's medicines were administered in accordance with their prescriptions. We saw that medicines were stored securely at all times, administered and disposed of safely.

Requires Improvement

# Is the service effective?

## Our findings

At the last inspection in July 2014, we asked the provider to take action to make improvements to the safety and suitability of the premises as we found that the environment was not well maintained. The provider sent us an action plan outlining how they would make improvements. At this inspection in July 2015, we again found concerns with the maintenance of the environment.

We looked at whether people's needs were being met by the design and decoration of the home. We looked at the communal areas of the building and saw that much of the home had laminated floors but where there were carpets such as on the stairs and landing areas these were badly stained. We saw some areas of the home were worn and would benefit from redecoration. We saw that some of the vacant rooms required refurbishment to the ceilings as some were stained or in a state of collapse possibly due to water damage. We found that the hand basin in the toilet on the first floor did not have hot water from the tap. The deputy manager informed us that the hot water was turned off in this room whilst the bedroom next door was being refurbished. The home had one small shower room located on the ground floor. Staff we spoke with told us it was difficult supporting people because space was limited in this room particularly as one person used a wheelchair. The deputy manager told us that the door to the shower room had been replaced with a sliding door to enable easier access to the room. We saw it would be difficult to support people easily or safely because the room was small.

We discussed our finding with the deputy manager. They told us maintenance logs were completed and reported to the provider and a refurbishment plan was being completed. However, we saw actions were still outstanding from our last inspection.

This demonstrated a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

One relative we spoke with felt staff had the, "right skills and knowledge" to support people living at the home. We observed staff supported people appropriately with their physical and social needs. The majority of staff had worked at the home for some time and had got to know people and their needs very well. We saw staff communicated and engaged with people in a sensitive manner we saw staff used people's preferred method of communication such as gestures or pictures to ensure people were able to communicate their views or wishes. Staff told us they had received training and had the appropriate skills to support people with specific care needs such as moving and handling. We saw two members of staff assist a person safely to move from their wheelchair to a settee. We observed staff communicate with the person during the process prompting them to move forward and placing their feet in a specific spot. We saw that the person responded to their request positively moving forward, smiling and engaging with the staff members.

Staff we spoke with told us they had regular one to one and staff meetings with the registered manager. One staff member told us, "They are good I am able to say what I think I have supervision every couple of months though I can approach the manager at any time." We saw that meetings were recorded and signed by staff. Staff would be able to refer back to what had been discussed if needed.

Some people may not have had the capacity to consent or contribute to decisions about their care. All the staff we spoke with were aware of a person's right to refuse or choose how they wanted to receive their care. Staff we spoke with were able to demonstrate an understanding of how they should consider people's capacity to make decisions and had an awareness of the requirements of the Mental Capacity Act 2008 (MCA). MCA ensures the human rights of a person who may lack capacity to make decisions are protected.

The deputy manager told us one person had an authorisation in place to deprive them of their liberty. Where people's liberty is restricted to protect their safely, the provider is required to submit an application to the local authority for their authorisation in line with Deprivation of Liberty Safeguards (DoLS). DoLS set out the requirements that ensure, where appropriate, decisions are made in people's best interest when they are unable to do this for themselves. For this person we saw they were assessed as not having capacity, we saw the person's representatives and healthcare professional had discussed and agreed a decision in the person's best interest in line with the MCA. We looked at records and saw that the application was completed in line with the current legislation.

Requires Improvement

# Is the service effective?

People were supported to maintain a balanced diet. We saw people enjoyed the food prepared and were supported to choose their meal from a menu that included pictures to assist them to make their choice. People were involved in weekly meetings to decide the menu for the following week. We looked at records and saw people's likes and dislikes had been recorded and dietary needs had been assessed. We saw specific diets had been identified. For example, Halal meat was provided for one person. Staff we spoke with were able to tell us about people's individual food preferences such as, one person enjoyed beans and dumplings. We observed lunch time and saw one member of staff supporting a person to eat their meal. We saw the staff member was patient and did not rush the person to eat their meal. We observed the staff member engaged with the person smiling and maintaining eye contact. People were supported to have sufficient to drink throughout the day to ensure they remained healthy.

One relative told us that their family member saw the doctor when required and regularly saw the chiropodist. They said staff kept them informed of appointments and the outcome. We looked at two people's healthcare folders and saw these detailed appointments with healthcare professionals and showed that people attended appointments that they needed to stay healthy. We saw staff kept records of health professional visits and their advice. For example, we saw evidence of advice being recorded for example from people's doctors, dentists and chiropodists. One person was supported by a staff member to attend frequent appointments to meet their health need. Following our inspection we gained feedback from two healthcare professionals about how the home supported people with their healthcare needs. They told us that staff made timely referrals, when a person's needs changed and followed advice provided to support people to maintain their health.

Good

# Is the service caring?

## Our findings

Staff treated people with kindness and warmth. Staff we spoke with were able to explain how they supported people who could not verbally communicate their choices or wishes. For example, staff said they had got to know people very well and could tell by their facial expressions or gestures whether a person was happy with the way their care was being delivered. We saw staff were patient, kind and caring and explained to people what they were doing. We observed staff using a variety of different communication methods and saw information was produced in differing formats such as photographs and pictures to support people's understanding.

Staff told us about people's individual needs, their likes and dislikes. They said this enabled them to provide care and support to people in a way that was individual to them. We saw that people were offered choices about their care and support. One person enjoyed a daily bath and chose to have their bath while other people were having their lunch. We observed people were supported to express their views and be involved as much as possible in making decisions about their care and treatment. People were encouraged to make decisions about their daily lives and we saw people and their family members where appropriate were involved in their care planning and decision making. Staff told us one person was moving to another bedroom. We spoke with the person's relative who told us that they had been involved in the discussions with their family member and had been asked for their opinion. They thought the move to a bigger bedroom was a "Good idea" and would suit their relative's needs.

We saw people were supported to maintain their independence as much as possible. For example, we saw at mealtimes people had appropriate cutlery and aids to promote their independence. We observed one staff member offering encouragement to a person with their personal care needs. One member of staff told us, "We encourage people to do as much for themselves as possible, but we are there to provide support when they need help."

Staff told us on occasion people had been supported by an advocate, although no one was currently being supported by one. Some people in the home had no relatives or friends to support them to communicate their views or wishes. We discussed this with the deputy manager who told us they would take action to address this. Advocates offer independent support to people to communicate their opinions and requests.

Staff we spoke with had a good understanding of how to promote people's dignity and respect their choices and why this was important. One staff member said, "We make sure people have privacy in their own room and knock the door first; we ensure the door is closed when any personal care is given." We saw that staff called people by their preferred names and listened to and observed peoples gestures before responding in a way that people understood.

Good

# Is the service responsive?

## Our findings

We observed staff were aware of people's preferred communication techniques and identified and reacted to their needs quickly. For example, one person used arm movements to express some choices along with facial expressions. One relative told us staff knew their family member very well and responded appropriately to their needs. They said staff knew how to approach this person and respond to their varying temperaments. One staff member told us, "We try our best to respond quickly to people and make sure their needs are supported."

People's care needs had been assessed and we saw plans of care were in place. We looked at the records for two people and saw people's preferences and choices had been taken into account in planning their care. For example, information was completed about 'important things to me' and 'things I need help with'. Staff we spoke with were able to explain in detail how people liked to be supported. Staff knew people's daily routines and ensured people were supported in line with their wishes. One staff member explained one person's hygiene routine and how this person asked for help when required and how they preferred to get dressed on their own. We saw people's cultural needs were considered and we saw people's chosen gender of staff for personal care was respected. We saw that daily records were completed by staff and information was shared at handover meetings between shifts. We saw that information was discussed and documented for staff to refer back to.

People had activities arranged throughout the week. Staff told us people were supported by a staff member to attend a local day centre twice a week. Staff were able to tell us what people enjoyed doing and what they were interested in. We saw that trips had been arranged to various places of interest. For example, a trip to a museum had been arranged for the beginning of August. We saw that activities were based on what people liked doing. For example, we observed one person being supported to colour in pictures and planting flowers in the garden. Staff told us people enjoyed a variety of activities which included meals out and visits to the local pub.

Some people at the home may have difficultly verbally expressing any concerns they may have. However, there were strategies in place to ensure staff would recognise any concerns?. Staff told us they knew people very well and would be able to tell if someone was unhappy. They said they would watch people's behaviour and use various communication methods to find out what was wrong such as speaking slowly or using gestures. A relative we spoke with told us that they had not had any reason to complain. They told us, "I've never had to make a complaint but if I needed to I would see the manager." We looked at records and saw that there was a system in place to record and investigate complaints however, no complaints had been received. Staff explained they would follow the provider's complaints process and were confident the registered manager would investigate and respond appropriately.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had quality assurance systems in place which included for example, maintenance, care-plan and medicine audits. We saw audits were completed regularly by the registered manager and there were processes in place to report and monitor safeguarding concerns and referrals to health care professionals. We looked at the maintenance audits and saw the registered manager had identified some of the areas we had found during our inspection. However, areas had not been followed up or addressed by the provider in a timely manner although we had highlighted these concerns at our previous inspection. At this inspection we found that repairs and maintenance were still not completed in order to improve the quality of life people received. We also identified risk to people's safety as a result of the premises not being adequately maintained. We spoke with the deputy manager and asked them to send us a refurbishment plan detailing the work required and intended start dates. We looked at the plan and saw that areas of improvement had been identified but information relating to start dates and timescales for completion was not provided or agreed by the provider.

One relative said the atmosphere of the home was, "home from home" and, "(Person's name) being there gives me peace of mind." Staff we spoke with told us they had regular meetings with people and their families to share information and give people an opportunity to express their views about the care received. Most of the staff had worked at the home for a long period of time which ensured that people living at the home had a continuity of care from the same members of staff. Staff we spoke with understood their roles and responsibilities and said they met regularly with the registered manager to receive feedback or discuss their performance or training requirements.

There was registered manager in post who managed the home on a day to day basis. During our inspection the registered manager was on leave and the home was being managed by the deputy manager. The provider has a history of notifying us about events that they were required to do so by law. Staff told us the culture of the home was open and friendly. Staff told us they could discuss any issues with the registered manager and they would listen. One staff member said, "It's a friendly home and the manager is very supportive and approachable." Staff told us the provider supported whistleblowing and they felt confident to voice any concerns with the registered manager or provider. Staff said if it was necessary they would contact us or the police. Whistleblowing means raising a concern about wrong doing within an organisation.

Pictorial satisfaction surveys were given to people who lived at the home to capture their views about the service provided and were completed with their key workers. We saw that all people living at the home were satisfied with the care they received. One relative we spoke with said that they completed a questionnaire annually but had not received any feedback from the provider as a result of completing the questionnaire. However, they said that they were, "Happy with how things are." We spoke with the deputy manager who was not able to answer this. We saw stakeholder surveys were sent to doctors, social workers and other healthcare professionals. We saw information was analysed and feedback information from surveys was shared with staff and professionals.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>How the regulation was not being met: The provider did not always assess the risks to the health and safety of service users by ensuring that the premises used are safe. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br><br>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. |

**The enforcement action we took:**
At the time of publishing we considered enforcement action.