Pathways Care Group Limited

Rosedene

Inspection report

128 Franche Rd
Kidderminster, Worcestershire
DY11 5BE

Date of inspection visit: 5 January 2016
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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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 5 January 2016 and was unannounced.

The home provides accommodation for a maximum of six people requiring personal care. There were five people living at the home when we visited. A registered manager was not in post when we inspected the service as they had recently left the service and a manager had recently been recruited. 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 and associated Regulations about how the service is run.

People responded warmly to care staff looking after them and engaged with them in a friendly and positive manner. Relatives told us they did not have any concerns about their family member's care.

People received care from staff who understood how to support people correctly and reduce the risk of injury to them when caring for them. People were supported by

Summary of findings

staff to take their medicines as prescribed. Medicines given to people were correctly recorded and stored away when not in use. The manager made regular checks to ensure people had received their medicines correctly.

People received care and support from staff who were regularly supervised and who could discuss people's care so that they were clear about how best to support the person. People received care from staff that understood their needs and knew their individual requirements. Staff training was monitored to ensure staff received the correct training they needed to care for people.

People's consent was appropriately obtained by staff. People who could not make decisions for themselves were supported by staff within the requirements of the law.

People enjoyed their food and were supported where possible to prepare their own drinks and meals. People were offered choices at mealtimes and were supported with any special dietary requirements they had. Staff understood people's individual needs and preferences and ensured people received the food and drinks they liked.

People's health needs were assessed regularly by the registered manager and care staff understood how they should care for people. Staff kept families informed about their relative's care and where appropriate involved them in the decision making. People accessed other health professionals as appropriate such as physiotherapists, occupational health, dentists, doctors and opticians.

People liked the staff who cared for them and sought reassurance through touch. People's privacy and dignity were respected and staff understood what it meant to support people to retain their independence. Care staff understood each person's needs and supported people accordingly.

People did not always take part in activities they liked or had an interest in. People's preferences for interests were in the process of being updated by the new manager so that staff would be able to support people develop their interests.

People were relaxed around the manager and routinely chatted and responded to her. Staff were positive about the manager and felt able to approach the manager and share ideas and concerns about people's care. Care staff understood their role within the team and how best to support people.

The care people received was regularly reviewed by the manager to people's care needs were current and up to date. People and their relatives were updated regularly by the care staff manager about any changes and issues affecting the person's care.

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.

People sought reassurance from care staff who understood how to keep them safe and knew what risks to their health they needed support with. People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were cared for by staff who understood people's health and the risks associated with their health. People's consent was obtained by care staff and people were able make choices about their food.

Good

Is the service caring?
The service was caring.

People were cared for by staff they responded positively to. People's choices for care were understood by care staff who involved people in making decisions.

Good

Is the service responsive?
The service was not always responsive.

People were involved in influencing the care they received. However, people's choice of interests were not understood and supported by care staff.

Requires improvement

Is the service well-led?
The service was well led.

People knew the manager and staff were happy to work at the service. People's care and the quality of care was regularly reviewed and updated.

Good

Rosedene

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 5 January 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to three people living at the service. We also spoke with two relatives, two care staff, the manager and the area manager. The registered manager of the service was not available as they had recently left the service.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed two care records, the complaints folder, recruitment processes as well as monthly checks the manager completed.

Good

Is the service safe?

Our findings

People living at the home engaged with staff in a positive manner. We saw people seek reassurance from care staff by engaging with them in conversation, as well as tactile contact. We saw people being comforted through being touched on the arm or smiled at by care staff. One relative we spoke with also told us their family member was safe living at the home and that their family member "enjoyed visiting them but was happy to go back too."

People were supported by staff who knew how to keep people safe. Care staff described to us how they kept people safe, how they recognised what abuse meant and who this should be reported to. Care staff described to us training they had undertaken on the subject and could also describe to us what it meant to safeguard people who used the service. The manager was also able to confirm her understanding of safeguarding people and the obligations placed upon the manager. Notifications reviewed prior to the inspection confirmed the manager had acted in accordance with their duties.

People were able to access support from care staff when they required this. People were within close proximity of care staff throughout the inspection. We saw that there was always a member of staff to observe and help people and that people were never left unsupported. The manager reviewed staffing levels based on people's individual assessed needs and staffing levels were adjusted accordingly. For example, a person had recently moved into the home, the person's needs were considered against current staffing levels and staffing levels were increased to best support the person. One relative we spoke with told us they thought the staffing level was correct for their family member's needs. Two care staff we spoke with also felt that there were sufficient staff to attend to people's care.

People health needs and risks to their health were known to care staff who understood how to respond. Care staff at the service knew each person and the symptoms associated with any health conditions they needed to be aware of. For example a number of people at the service lived with Epilepsy. Care staff understood how each person's seizure was likely to present. Care staff could also identify what action needed to be taken by them. Care staff undertook a handover when there was a change in shift. Care staff told us they passed onto other staff anything to be concerned about as well as any outstanding jobs that needed doing to better support people.

Care staff we spoke with described the pre-employment checks the manager undertook to ensure it was safe for people to work at the service. One staff member person we spoke with confirmed the same process as that described by the manager. Care staff also confirmed they completed Disclosure and Barring Service (DBS) checks to ensure it was safe for them to work with people at the home.

We saw people being helped to take their medicines. Care staff explained the necessary information to the person, so that the person understood they were taking medicines. People looked comfortable and relaxed with the staff administering the medicines. Care staff understood people's preferences for how they liked to their medicines and ensured these were met. For example, what people liked to drink or where they preferred to sit.

Good

Is the service effective?

Our findings

Care staff we spoke with told us they received regular support and encouragement through supervision meetings with their manager. Care staff felt able to talk with their manager and raise issues they needed clarification and guidance on. One staff member had recently joined the service and had found the feedback on their performance helpful. The staff member was also able to discuss further training needs as well as clarify any aspects of people's care they were unsure about.

Care staff we spoke with also confirmed to us training they received and that if they required further training, they were supported to access this. Care staff described to us Diabetes and Epilepsy training they had undertaken and how this supported people at the home who lived with the condition. Care staff understood people's symptoms and knew what action to take. Two staff members told us that staff familiarised themselves with people's individual needs on their induction. This was relayed to new staff through a mixture of shadowing other experienced staff and reading people's care plans.

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.

Care staff explained to us their understanding of consent and the necessity to obtain people's consent before supporting and caring for people. Care staff also told us about how people's choice was respected. Where care staff were unsure if the person was able to reach a decision, best interest decisions were made on their behalf and recorded. Two staff that we spoke with understood how people were affected by the best interest decisions.

People we spoke to were supported to make choices about the food they ate. We saw care staff offer people choices and how the choices were communicated varied depending on how the person chose to communicate. One person was shown a choice of plates for the person to indicate their preference as they were not able to communicate verbally, whilst another person told care staff what they would like to care staff to help them prepare. We saw that care staff understood each person's dietary needs and how best to support them. For example, one person required support to complete their meal because of the risk of choking. For people living with Diabetes, care staff understood what times people required their meals and how their nutritional needs needed to be met. We also saw people had regular access to a variety of drinks throughout the day.

People were able to access a variety of appointment s with medical professionals. One relative we spoke with told us their family member saw the GP and dentist whenever their help was needed. We reviewed three care records and saw that people had attended medical appointments as letters from hospital confirmed they had attended. We also heard care staff discuss a person having attended the out of hours service overnight, as well as how best to support the person so that the person was feeling better again soon.

Good

Is the service caring?

Our findings

Two people we spoke with told us they liked the care staff. People appeared comfortable and relaxed around care staff. People joked and smiled around care staff and initiated conversations that care staff responded to. We saw care staff talk to people about things that were important to people. We saw one person discuss a sports programmes on TV and the care staff member responded by showing enthusiasm and exchanging in light hearted jokes.

Care staff encouraged and supported people using tactile comfort. We saw staff sit with people and chat to them and touch them on the arm to offer reassurance when this was appropriate. We also saw that staff recognised people's moods from their behaviour and facial gestures were this appropriate for the person as well as prompts. For example, one person called out for the kettle and staff recognised that the person wanted a hot drink. We also saw that staff were sensitive to the needs of people at the home. One person had been poorly and had a restless night and staff were keen for the person not to be disturbed, whilst also checking on the person to make sure they were alright and did not need anything.

People were supported to make decisions about their care using methods of communication that were appropriate to them. People who were more able to use verbal communication were asked questions about things they would like to do or food they would like to eat. We saw that one person was involved in planning a holiday with another person living at the home. The person also chose and helped prepare their own meal. People that required more support were involved in making decisions about their care in other ways. One person that was not able to verbally articulate their preferences and was observed showing a dislike for cold drinks and staff were then able to recognise that the person disliked cold drinks. Not all people living at the service had family members that were able to input into discussions about their care. People's social workers and advocates were involved in planning people's care needs where this was appropriate. We reviewed two care plans and saw how the manager planned people's care and took into account what people liked as well as take into consideration what other people thought about the person's care needs.

People were supported to maintain their dignity and where possible people were supported to retain independence for things there were able to do for themselves. We saw people being supported to prepare lunch, snack as well as drinks. People living at the service also had varying support needs and people were supported according to their assessed needs. For example, one person that was quite independent was able to shower and bath for themselves. Their relative told us that staff encouraged the person's independence. We saw that people were also offered privacy. Some people liked to spend some time in the communal lounge and other time in their rooms. We saw that staff respected the people's privacy when they returned to their room.

Relatives we spoke with were able to visit whenever they chose to. One relative told us their family member was also encouraged and supported to the visit their family periodically also. Relatives also told us they were encouraged to telephone and speak to their relative whenever they chose to.

Requires improvement

Is the service responsive?

Our findings

Although staff we saw supporting people had a good understanding of their care needs, staff did not understand activities people liked to participate in. During the inspection, we saw three people with little to occupy their time. We spoke to staff about the interests that people had that were specific to them. Although staff described supporting people to go shopping or to go out for meals, hobbies and interests were not related to individual people. One relative we spoke with also told us that their family member was not supported to pursue interests. We saw that people that were able to articulate how they felt and what they needed were able to receive support they needed.

When we raised this with the manager and the area manager, that people's choice of interests were not always known to staff, the manager told us they had already identified this as an area of development since taking over. The manager had already started working with people to identify what interests people were likely to want to engage with further and trying to arrange these and encouraging staff to support people maintain their interests. Some people's choice of activities had been improved, but this had not yet been extended to everybody.

Relatives we spoke with told us that before their family member moved to the home; their family member's personal care preferences were discussed in order to plan the person's care. Relatives told us they were involved in discussions that included people's health needs, care support needs as well as what they liked and disliked. One relative told us their relative had specific needs in terms of skin care and that these had been discussed with care staff. Staff we spoke with confirmed their knowledge of the person's care requirements and showed us specific products they used to support the person and explained how these were used.

The manager and care staff knew people's families and were able to tell us about how they had encouraged families to help them provide direction on how best to support people. One care staff member told us they liked to speak to the family as much as possible to get to know and learn about the person. For example, one person's family had made enquiries as to whether care staff could change the way they looked after a person's hair. We saw that staff were already exploring options that took into account the families feedback whilst also recognising that the person may choose something alternative.

Two relatives we spoke with told us they understood the complaints process, although they had never needed to make a formal complaint. Relatives told us they preferred to instead speak to staff directly and clarify any issues they may have. We reviewed how the manager recorded complaints and saw that whilst the manager had not received any complaints, the manager followed the registered provider's system for acknowledging and recording complaints so that an outcome could be reached and recorded.

Good

Is the service well-led?

Our findings

Two relatives we spoke with understood who the manager was and her role. The manager of the service had recently taken over running the service as the registered manager had left. The manager knew the people being cared for at the home well and could demonstrate an understanding of the people being supported through the way in which they engaged with people and how people responded to her. We saw the manager initiate conversations with people living at the home and knew about things that were specific to them and chatted to them. People responded warmly and positively to the manager.

Staff we spoke with described changes that had recently occurred in the management of the home and told us the change in manager had benefited both staff and people living at the home. One staff member told us the manager was "Lovely. Really, really helpful." Another staff member told us "I think [manager] is amazing." Staff felt able to approach the manager and discuss issues they required help and support with. One staff member told us they had recently joined the service and found the manager approachable when discussing issues involving people's care that the staff member needed direction on.

The manager in the short time they had been at the service had begun to overhaul some of the areas were improvements had been identified by the Area Manager. The manager showed us how the incident and accident monitoring forms had been updated to make them easier to use and that staff were now completing these more fully. We also saw that care plan records for people had also been updated in the time the manager had been there.

Risk assessments and people's care needs had been updated to reflect people's most up to date needs so that staff could support people appropriately. The manager reviewed a number of different aspects of the service also on a monthly basis to ensure the quality of care people received could be measured to achieve improvements. We saw that medicines people received were reviewed monthly as was the equipment people used so that people's risk of harm was minimised.

The manager described a friendly and open relationship with the Area Manager who was supporting the current manager. The Area Manager spoke with the manager regularly to ensure the manager understood the registered provider's expectations for running the service as well as to check the quality of the service at the home. We reviewed audits the area manager had undertaken to assure themselves of the quality of care at the home and that no significant areas of concerns had been identified. The manager was also required to complete monthly updates for the Area Manager to review in order to monitor how people's care was being updated regularly. Any complaints the service had received, staffing levels, staff absences as well as any reported safeguarding were all reported to the area manager to be analysed and any trends identified.

The manager had begun the process of initiating change within the service to adapt to their own management style. Staff had responded positively to this. The manager discussed changes they had further wanted to develop in order to benefit people living at the service. The manager told us about ways in which people's access to activities that reflected their interests could be improved.