

Pathways North West Limited

# Pathways (North West) Limited - Oswald House

## 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

### About the service

Pathways (North West) Limited - Oswald House is registered to provide accommodation, rehabilitation, care and support for up to nine women with complex mental health issues in a gender sensitive unit. The home is a large detached house located in the village of Oswaldtwistle, Accrington. At the time of the inspection, there were nine people using the service.

### People's experience of using this service and what we found

People gave us consistently positive feedback about what it was like to live in the home. Comments people made included, "I love it here. It feels like a home, not a house" and "The support here is absolutely amazing." People told us staff supported them in their recovery goals and enabled them to have a good quality of life.

Staff knew how to protect people from abuse. People told us they felt safe in the home and there were enough staff to support them. Accidents and incidents were fully investigated to see if any lessons could be learned. Staff helped people to carry out daily living tasks including cooking and cleaning when necessary.

The provider had systems to ensure staff received the training, support and supervision necessary to deliver effective care. Two people who used the service and their keyworkers had received training in dialectical behaviour therapy (DBT). Staff were able to use this therapeutic approach to reduce the risk of people self-harming or having suicidal ideas.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed caring and respectful interactions between staff and people who lived in the home. People had keys to their own bedrooms and had agreed with staff under what circumstances they were able to enter without permission.

People told us that using the recovery star with staff helped them plan and achieve their rehabilitation goals. The recovery star is a nationally recognised tool to help people measure their own recovery progress with the help of staff.

People received care which was responsive to their diverse needs. Staff supported people to participate in activities relevant to their interests. The provider had systems to gather feedback from people who lived in the home. Records showed this feedback had been acted on to improve the support people received. Any complaints had been fully investigated and a response provided to the complainant.

The service was well-led. The provider and registered manager demonstrated a commitment to continuous

improvement in the service. Staff told us they received excellent support from the registered manager and felt their views were always listened to. The provider had systems to ensure people who used the service were involved in deciding how it was run.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Detailed are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Pathways (North West) Limited - Oswald House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Pathways (North West) Limited – Oswald House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who lived in the home about their experience of the care and support provided. We spoke with three members of staff. These were the deputy manager and two support workers. We also spoke with a visiting community based mental health professional.

We reviewed a range of records. This included two people's care and medication records. We also looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

#### After the inspection

After the inspection, we contacted the registered manager by telephone and e-mail to gather additional information about the way the service was run. They were unable to be present on the day of the inspection as they were attending a residential training course in a different part of the country.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. People spoken with told us they felt safe in the home and had no concerns about the support they received. Comments people made included, "I am definitely safe here. There is always someone around to ask if I need any help or support" and "I feel very safe here." People had access to easy read information about safeguarding procedures to help ensure they understood how to protect themselves from abuse.
- One person approached us during the inspection with notes which stated they were subject to abuse in the home. They did not wish to speak with us about this. We discussed this with the provider and deputy manager who told us the person regularly approached staff with similar allegations, but they were confident these were due to internal distress rather than abuse from others. This view was confirmed in the person's records with input from other professionals. However, we were assured that the person's concerns were always taken seriously and discussed in the home and in the provider's multi-disciplinary management meetings. This helped to ensure appropriate action was always taken to protect the person concerned, staff and other people who lived in the home.
- Staff had completed training in safeguarding adults. They were able to tell us the correct action to take if they witnessed or suspected abuse. This included contacting external organisations as necessary.

Assessing risk, safety monitoring and management

- The provider and registered manager had established effective systems to assess and manage risks in the service. Staff completed a detailed risk assessment and associated management plan for everyone. Strategies were in place to promote positive risk taking. Staff told us they communicated regularly with professionals involved in people's care to help ensure any risks were safely managed. One staff member commented, "Each person has risk assessments in place. We look out for any signs of relapse and report them."
- Staff completed regular checks to ensure the safety of the premises. People who lived in the home were encouraged to report any necessary repairs during the weekly house meetings.
- Staff had documented the support people would need to safely evacuate the building in the event of an emergency.

Staffing and recruitment

- Staff had been safely recruited. The provider had completed all required pre-employment checks to help ensure staff were suitable to work with vulnerable adults.
- People who lived in the home were involved in the recruitment of staff. The registered manager told us, "The service user representative is able to put questions which are important to them and are fully involved in making the decision whether to recruit someone."

- There were enough staff on duty to meet people's individual needs. People told us staff always had time to spend with them. A staff member confirmed, "There are always enough staff on to accommodate people's needs and interests."

#### Using medicines safely

- Medicines were generally safely managed. The provider had systems to assess the level of support people required to take their medicines as prescribed. When appropriate, staff supported people to take increasing levels of responsibility for their own medicines in preparation for more independent living. One person told us, "I am self-medicating at the minute but staff always double check my tablets with me before I take them."
- Staff had received training in the safe handling of medicines and their competence was regularly assessed.
- We looked at two people's medicine administration records and noted there were several missing signatures. However, when we checked the stock of medicines, we were assured each person had received their medicines as they should. The deputy manager told us they would immediately improve the auditing system in place to ensure any such errors were quickly identified and rectified. Staff completed daily stock checks of each person's medicines to ensure they had been administered as prescribed.

#### Preventing and controlling infection

- The provider had systems to ensure the cleanliness of the building. When necessary, staff supported people who lived in the home to clean their own bedrooms.
- Staff had access to personal protective equipment.

#### Learning lessons when things go wrong

- Staff reported any accidents or incidents which had occurred. Records we reviewed showed, when necessary, staff received a de-brief following incidents which had occurred. This gave them the opportunity to reflect on any triggers to the incident and whether anything could have been done differently. The registered manager reviewed all incident reports to ensure any required safeguarding alerts or statutory notifications were submitted.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems to ensure people received care which met their individual needs. Senior staff completed a comprehensive assessment prior to a person's admission to ensure the service was appropriate for their needs. People completed a planned process of transition to help them decide if the home was suitable for them.
- Staff used the initial assessment and the recovery star to develop individualised care plans with people. The recovery star is a nationally recognised tool to help people measure their own recovery progress with the support of staff. Staff reviewed and updated care plans with people on a regular basis to document goals individuals had achieved. One person told us, "I help to fill in my recovery star. The first one I did, I was scoring twos or threes. Now I'm at sevens or eights. Its really good to get that reassurance that you have come a long way."
- The provider used a model of care in the home which was informed by dialectical behaviour therapy (DBT). DBT is recommended by the National Institute for Health and Care Excellence (NICE) for women with a particular mental health diagnosis who have a history of self-harming and suicidal behaviour. A number of staff and people who lived in the home had received training in this form of therapy. This helped to ensure people received consistent care and support.

Staff support: induction, training, skills and experience

- The provider ensured staff received the training and support necessary for them to deliver effective care and support to people. Staff told us, and records confirmed they had received a comprehensive induction when they started work.
- Staff had completed the training which the provider considered as mandatory. They had also done training in areas such as diabetes to help meet people's needs. One person commented, "Staff have a really good understanding of my needs and what to do if I am unwell."
- The managers in the home provided staff with regular supervision. Records showed supervision sessions were used to discuss staff performance and any concerns they had about people who lived in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to have a healthy and nutritious diet. People received a weekly amount to purchase their own lunches. There was a rota for people who lived in the home to cook the evening meal, based on the choices made at the weekly house meeting. People told us they could always request an alternative if they did not want what was on the menu. Vegetarian or halal options were always available to meet people's individual needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a number of agencies and external professionals to ensure people received the care they required. One professional spoken with during the inspection told us, "This is one of the better placements. Staff have a good understanding of [name of person's] needs. They offer positive support and encouragement."

Adapting service, design, decoration to meet people's needs

- The provider had decorated the home to a very high standard. Each person had their own en-suite bedroom which they were able to personalise with their possessions. The home and outside decked area provided people with opportunities to socialise together or have more private space.

Supporting people to live healthier lives, access healthcare services and support

- The provider had systems to ensure people's health needs were assessed and met. People told us, when necessary, staff supported them to attend appointments with health professionals. Staff also encouraged people to take part in physical exercise to improve their health and well-being.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a policy which informed staff about their roles and responsibilities under the MCA. Staff also completed training in this legislation as part of their induction. During the inspection, we observed staff regularly asked people for their consent before they provided any support.
- The registered manager told us that one of the main principles of the service was to operate using least restrictive practices. They commented, "We have few rules here. Any we do have are based on negotiation with individuals and reinforced with staff in supervision."
- Staff confirmed they supported people in the least restrictive way possible, so they could develop their independent living skills. Care records supported this approach. One person told us, "I have new found freedom here. Staff have supported me through it."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had policies and training to ensure staff understood their responsibility to respect people's diverse needs and human rights. The service provided recovery and rehabilitation in a gender sensitive unit.
- Staff told us how they treated people as individuals with diverse needs. Comments staff made included, "We make everything as person-centred as we can" and "We want to give people the best possible care. We see each person's potential and capabilities." The registered manager also told us, "We don't treat everyone the same. That would be unethical as each person's individual needs are different. We support people from different cultural and ethnic backgrounds and work to build a sense of community spirit in the house."
- We observed positive, warm and respectful interactions between staff and people who used the service. People gave us consistently positive feedback about the caring nature of staff. Comments made to us included, "Staff are very nice", "Staff are all lovely. No matter what you are going through, there is always someone to talk to" and "They notice if you have a down day. They respect your wishes if you want to be alone but will put their head round the door every hour or so to see if you need anything."

Supporting people to express their views and be involved in making decisions about their care

- The provider's philosophy was that people were central to all decision making about the support they received. Care records documented the goals each person wished to achieve and the support they wanted from staff to do so. One person told us, "I reviewed my recovery star with staff yesterday. I can make any changes needed. It helps me see how far I have come."
- People had opportunities to express their views about the support they received. Each person had a nominated keyworker who provided regular one to one emotional support.
- The provider asked people to complete a quarterly satisfaction survey to provide feedback on the service. We noted the responses from the most recent survey were very positive. Comments people had made included, "The staff always make sure I am treated with dignity and respect" and "My keyworker always involves me with paperwork and my recovery star."
- Staff sought external professional help when necessary, including advocacy services, to support people with making decisions. Information was also on display regarding the local advocacy service. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- The aim of the service was to support people to achieve their rehabilitation goals for them to be as independent as possible. People told us, "Staff encourage and prompt me which I like", "Staff encourage me

to do things for myself" and "Staff have really invested in helping me to progress. They encourage me and say, 'don't give up now you have come so far'."

- People had keys to their bedrooms and staff only entered with permission unless there were concerns for the person's welfare. People had signed to give their consent to this arrangement.
- People's personal information was stored confidentially. The registered manager had taken the necessary action to ensure the service was compliant with data protection regulations.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The ethos of the service was to provide person-centred recovery in a gender sensitive unit. This was confirmed by all the staff we spoke with. They told us each person had a number of care plans, based on their identified needs, to help promote their independence and well-being.
- People told us they were fully involved in identifying the areas in which they needed support and the goals they wished to achieve. One person told us, "Staff will sit down with you and help you see what progress you have made."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had policies which included the need to give people information in an accessible way. Following the inspection, the provider told sent us a separate Accessible Information policy they had developed because of our feedback. They also told us they would ensure staff completed training to help them understand the requirements of this standard.
- Care records included information about people's communication needs, including whether they found it easier to express their views at particular times of day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider's philosophy of care was that people were offered person-centred recovery and rehabilitation. Each person had an individualised weekly activity planner which included in-house activities such as yoga, exercise and baking. People told us staff supported them to maintain and develop relationships with family and friends.
- The registered manager told us people had requested they had more access to physical activity, although they were often reluctant to use a local gym. In response to this, the provider had purchased equipment which people were able to use in the house. The provider was in the process of converting a lounge into a gym/yoga area to enable people to exercise and relax in the home.

Improving care quality in response to complaints or concerns

- The provider had a system for receiving and responding to complaints. One formal complaint had been received since the last inspection. The registered manager investigated the complaint and provided a

response and reassurance to the complainant.

- People told us they were aware of the complaints procedure but had no concerns regarding the care and support they received.
- The registered manager told us informal complaints raised by people who lived in the home were dealt with via house meetings and one to one discussions with the individuals concerned.

#### End of life care and support

- Due to the nature of the service, there was no one in receipt of end of life care at the time of the inspection. The provider told us staff were able to access training about best practice in end of life care as required. They told us they would improve their documentation to record any wishes people had about the care and treatment they would wish to receive if their health deteriorated.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was open and inclusive and aimed at supporting people to achieve the best outcomes possible. The registered manager told us they operated an open-door policy which meant they encouraged immediate feedback from people who lived in the home and staff.
- People told us staff supported them to achieve the outcomes that were important to them and would enable them to move into more independent living. One person told us, "I was stuck in a rut in hospital. Coming here they have taught me everything. I really like this place. It's a good opportunity for people who are referred here."
- Everyone spoken with during the inspection told us the service was well-led. One person who lived in the home told us, "The managers are great. I know I can talk to them if I need to." The visiting health professional we spoke with commented, "I feel the service is well-led. I know the manager will contact me if they have any concerns."
- The registered manager told us they were very proud of how the staff team worked with people to achieve good outcomes. They commented, "They work fabulously with the women in the home, using a DBT informed model of care. This helps to ensure the DBT model is woven throughout the house. The use of the DBT model has led to a reduction in self-harm. The staff team learn to hold the model in mind to help people feel safe and secure."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy which covered their responsibility under the duty of candour to be honest with people if things went wrong. The registered manager told us, "This is massively important for us. We are very open and transparent. People are encouraged to report and own their mistakes so that we can learn from them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's policies were clearly linked to relevant regulations and the key questions asked by CQC during inspections.
- The managers in the service completed a range of audits on a monthly basis. We saw that actions were identified and addressed to bring about improvements. The provider used their weekly management meeting to monitor the quality and safety of the service, in addition to their regular visits to the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems and processes to involve people who used services and staff in the way the home was run. Weekly house meetings took place. These provided people the opportunity to raise any matters which were of concern to them. We noted that action had been taken in response to comments or suggestions made. One person told us they had been nominated as responsible for ensuring planned activities always took place.
- Regular staff meetings were held. Staff told us they could always make suggestions about how the service could be improved and that managers took their opinions seriously.

Continuous learning and improving care

- The provider had systems to ensure continuous improvement in the service. The registered manager told us, "The incident reporting system is used to review themes and trends. A reflective practice model is used with staff to discuss learning from incidents or accidents which have occurred."

Working in partnership with others

- The service worked in partnership with other professionals to help ensure people received the support they needed and to ensure any identified risks were shared with appropriate agencies.