

Brookdale Healthcare Limited

Pathway 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 

Overall summary

This inspection took place on 24 November 2015 and was unannounced.

The inspection was carried out by 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 uses this type of service.

Pathway House is a residential care home on the site of Milton Park Therapeutic Campus. Pathway House provides a hospital step down service which enables residents to transition out of a mental health hospital placement into the community when a transition to a

‘typical’ residential care home would be too great. Pathway House is registered to provide accommodation with personal care for up to 12 people. It is part of Brookdale Healthcare Limited. On the day of our inspection ten people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were well supported by the registered manager and the unit manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the unit manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



Pathway House

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 24 November 2015 and was unannounced.

The inspection was carried out by 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 uses this type of service.

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. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

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

We spoke with eight people who used the service. We also spoke with the registered manager, the unit manager and seven support staff.

We reviewed three people's care records, four medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel safe because the staff are nice to me.” Another said, “I have my own key and only me and staff can get into my room.” This demonstrated that people were supported to maintain their safety as only staff and the person had access to their room and their belongings. Everyone had a key to the front door and to their own bedroom.

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them. Training files showed safeguarding training had been attended. Safeguarding referrals had been made when required.

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s support plans we found risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and life skills. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was a fire file available which contained information for use in an emergency, for example, floor plans, evacuation procedures and Personal Emergency Evacuation Plans (PEEPS) for each person who required one. There was also a business contingency plan in the case of the building not being useable.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider’s policies.

People told us there were enough staff on duty. The unit manager said, “Our own staff will cover additional shifts if they can.” She told us they occasionally used agency staff but they tended to be the same staff to enable as much continuity as possible.

Staff told us that rotas were flexible if the needs of the person changed for any reason. We looked at the rota for the month and found it was planned around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time.

We found safe recruitment practices had been followed. We looked at staff files and found that they contained; copies of application form, interview notes, two references, proof of identification and Disclosure and Barring Services check (DBS).

One person told us, “My medication is given on time and is always correct.” The unit manager told us that due to a few previous medication errors, she had recently introduced a new administration procedure. Two staff would carry out the process, one would check the person and the Medication Administration Record (MAR), administer the medication and sign for it, the second person would observe and sign a second sheet. They would then both carry out a stock balance on any individually boxed medication. We observed some lunchtime medication administration. People were given their medication in private and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR) and a second staff member observed the administration and also signed a secondary chart. We completed a stock check of medication which was boxed, this was correct. We checked three people’s medication records. These contained information and a photograph of the person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited monthly, although any boxed medication has an audit count at every administration.

Is the service effective?

Our findings

The provider had an induction programme which all new staff were required to complete. One staff member who had recently joined the team said, “There is a week of induction training. When I was first here nobody made me feel uncomfortable about the questions I asked. I did meds training and then had to shadow trained staff.” The unit manager told us that new staff had to complete the new care certificate. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the unit manager. One staff member said, “[unit manager’s name] is very supportive. She works with us and is available if we need to speak with her.” We were told that staff had regular one to one supervision with the unit manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered. There was a supervision matrix showing dates had been made for the whole of the year. Annual appraisals were in the process of being carried out.

Staff told us they received a lot of training. One staff member said, “When I was first here nobody made me feel uncomfortable about the questions I asked. I did meds training and then had to shadow trained staff.” Another said, “I don’t feel there is any training I have missed out on. There are emails and posters come round about other training sessions. We get paid to do the training.”

We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication along with more specialised such as epilepsy and secure breakaway techniques. It also highlighted any training which would need renewing within the next two months which enabled the unit manager to arrange this. Some staff had completed nationally recognised qualifications at both level two and three.

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.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required. No one who used the service was subject to DoLS.

Consent to care and support was gained at all times. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if ready for medication, if ready for lunch or wanting to go out.

People told us they had enough to eat and drink. One person said, “Good food here, not hungry.” One person told us they were going to cook for the whole house one evening, they were going to cook spaghetti bolognese. The main meals were cooked in the main on site kitchen. There was a five week rolling menu for both lunch and dinner with a variety of options for all days. People were asked to make their choices the evening before. We saw the forms and staff explained that if they make a choice for someone they had to say why the person had not done it themselves. We observed that the lunch meal was brought over to the house, staff supported people with their choice. One person did not want what they had chosen so staff provided a number of options and another person went out to get a take away. There were plentiful supplies in the kitchen if people wanted anything to eat or drink at any other time.

Staff told us that if anyone had a problem with nutrition they would seek advice and support from professionals. The unit manager explained they had someone in the past that had issues with food and nutrition. She was able to show us documentation that showed the support they had requested and received to help them.

Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well women and well men clinics. On the day of our inspection, one person was supported to go to the doctors for a blood test and another was supported to visit the dentist. The service is in the

Is the service effective?

grounds of the Milton Park therapeutic campus and people are able to access support from there if required. Everyone had a 'hospital passport.' These contained all relevant information regarding the person's health with contact

numbers and information. The person took this with them to if they had to go into hospital. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

People told us that staff were very kind. They made comments regarding the kind and caring approach of the staff. One person said, “The staff are really nice here much better than (name a unit).” This was a previous care setting where the person had been.

We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere. People were comfortable with staff and there was rapport and banter between them.

Staff demonstrated that they knew people’s needs and preferences very well. We observed staff chatting with people about things of interest to them; Staff gave pointers and appropriate prompts about a wide range of situations to support people. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people

wanted to eat, where they wanted to sit and what they wanted to do. This demonstrated that people were able to make decisions about their day to day life. There was a shelter outside for people to use if they smoked.

The unit manager told us that there was access to an advocacy service if required. There was a notice in the entrance to the service giving information for this. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. There were people who were using the services of an advocate and this was documented in their support plan.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. One person said, “The staff knock on my door. That is right I may be doing something private.” Staff spoke about offering choices when people got up or when to eat and what to have as well as going out. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. One person said, “I am going home at the weekend.” Staff told us that visitors are welcomed and people are encouraged to visit and some people go home on a regular basis for weekends and holidays.

Is the service responsive?

Our findings

People told us they were involved in their support plan if they wanted to be. There was evidence in the support plans we reviewed that people and their families or representatives had been involved in writing them.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. One staff member said, “Every single one of the guys are different, one has a degree where as another needs time to process what you are saying.” They also had a handover between shifts to pass on information to ensure continuity of care and support. Staff arrived 30 minutes before their shift started to enable them to receive a full handover and to spend time with people.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person’s needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

People had an individual plan of activities for each day. This had been developed with their key worker. A copy was in the staff office and the person had a copy in their own

room. This enabled staff to prompt if required. On the day of our visit we observed people going to different activities. There was an unplanned opportunity for people to go bowling. People were asked if they would like to go and three people went with staff supporting. While we were at the service, one person went into town with staff support, one person went to an afternoon activity and another was preparing to visit the gym. We were told there were also a variety of activities available in the main building which people could access.

People told us they were able to decorate and furnish their own rooms. One person took us to see their room. It was very personal with posters and a game machine.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint. This was displayed in the entrance to the service. We saw documentation which showed complaints had been dealt with in the correct way, and had been concluded in a way which was satisfactory to both parties.

People and their relatives or representatives were able to provide feedback in a variety of ways. At each review meeting people and relatives were asked to complete feedback on the meeting and the goals set.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the unit manager about anything and they would be listened to. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact. They also said they knew who the senior management in the organisation was. During the inspection senior managers came from the main building to introduce themselves and offer any support or assistance we may have required.

The unit manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post, although there was a unit manager who managed on a day to day basis. People we spoke with knew who she was and told us they saw her on a daily basis. During our inspection we observed the unit manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the unit manager, people who used the service and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The unit manager told us there were processes in place to monitor the quality of the service.

The provider had a variety of quality monitoring processes including; infection control, clinical excellence and file audit. The unit also carried out their own audits including; medication, fire precautions and checks on the unit's vehicle. Where there were recommendations, action plans had been developed. We saw these had been signed off as complete.

The unit manager told us that all accidents and incidents were recorded and reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; residents and staff meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. Residents meetings had been held on a weekly basis which gave people an opportunity to give their opinions and suggestions. We saw minutes of all of these meetings which showed suggestions were acted on. There was also a suggestions box in the entrance hall to enable people to put in suggestions anonymously if they wanted to.