

Pathways Care Group Limited

Westacres

Inspection report

65-67 Somerset Road
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Essex
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Tel: 01268540734

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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

We inspected Westacres on the 31 August 2016 the inspection was unannounced.

The service provides accommodation and support for up to six people with learning disabilities. There were six people living at the service at the time of our inspection. Due to their complex needs some people found it difficult to communicate with us verbally. To help us gather views we also spoke with people's relatives.

The service has 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff and the registered manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them, these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps, psychiatrist and the learning disability team.

Relatives knew how to raise a concern or make a complaint, any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including using questionnaires and talking with people, staff and relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was

running effectively. These included audits on medication management and the environment.

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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and drinks available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and how to support their independence. Staff showed compassion towards people. People were involved in decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were given the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Westacres

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 the 31 August 2016 and was unannounced. The inspection team consisted of one inspector

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We reviewed the 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 spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with four people, we also spoke with the manager, and two care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service. We also spoke with two relatives on the telephone

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person told us, "Its good here, I like it." A relative told us, "They [staff] are excellent."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "We make sure everyone is safe and have a safe environment. When we go out we make sure they are safe too, if I was concerned I would talk to the other staff or to the manager." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC). One member of staff said, "If I raised any issues and they were not dealt with I would go to the regional manager or to the CQC." The registered manager clearly displayed an independent service called 'Ask Sal' which is a helpline for staff, people or relatives to call if they had any safeguarding concerns. If there were any safeguarding concerns the registered manager knew how to make a referral to the local authority for them to be investigated.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living. For example risk assessments detailed what level of support people needed when accessing the kitchen to make snacks and hot drinks. In addition the assessments covered such things as assisting people with personal care, supporting people at meal times, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks.

Staff were trained in first aid should there be a medical emergency and they knew to call a doctor or paramedic if required. One member of staff said, "When one person had chest pains we called for an ambulance, but depending on what the problem was we may contact the GP." The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating.

People were cared for in a safe environment. The provider arranged for maintenance and general repairs at the service. Staff completed a health and safety check every month and addressed any issues arising from this. The registered manager said that in an emergency they could contact the maintenance person directly.

There were sufficient staff on duty to meet people's needs, which included being able to support people with their individual programs and access to the community. Staff told us that they felt there was enough of them on duty to meet people's needs. The registered manager did not use agency staff but did use regular bank staff. Staff told us that they generally worked additional shifts to cover annual leave and sickness. This meant people were cared for consistently by staff that knew them well.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff

started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I found the job on line so brought in my C.V I then had an interview and brought in all my paperwork before I started." The registered manager told us that they had a small staff team and that any new staff were usually recommended to them.

People received their medication safely and as prescribed. Staff who had received training in medication administration and management dispensed the medication to people. We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. Medication was provided mostly in blister packs and stored in locked cabinets in each person's room. People had signed consent agreeing for the staff to administer medication. The service had systems in place for the correct storage, ordering and disposal of medication and the registered manager carried out regular audits of medicine practices. This told us the service was checking that people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff attended nationally recognised courses, for example one member of staff said, "I am currently completing my NVQ level 2." On the day of our inspection an NVQ assessor was on site giving support to staff with their learning. Another member of staff told us, "I have already completed training above NVQ level so the manager has said if I can find another relevant course that may help with my work they will support me with this."

The registered manager said that staff were up dated regularly with their training and were supported to do additional courses such as autism awareness. New staff were supported with an induction program at the service. One member of staff said, "When I first started I read all the policies, and support records, I worked as additional to the staffing numbers as well so that I could get to know people."

Staff felt supported at the service. We saw from records that staff received regular supervision with the registered manager. This is an opportunity for staff to discuss their performance, any concerns they have and identify further training needs. Staff also received a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year. One member of staff said, "I have supervision and we have regular staff meetings to talk about people's care needs and any issues or staffing problems."

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). The registered manager understood their responsibilities and how to make applications if appropriate.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. If people needed additional support with making decisions the registered manager could request an advocate for them. This is an independent person who has training to support people with decisions they may need to make about their life. The registered manager told us that they had recently requested the support of an advocate for one person who was considering making changes around their care. Where appropriate, mental capacity assessments had been made in people's best interest and were clearly documented with the reason why and what these decisions covered. This told us people's rights were being protected.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own

food. Each week staff discussed with people what foods they would like to have and planned menus. The registered manager told us that people did however like routines around food, for example they always liked to have a roast dinner on Sunday. Throughout the day we saw people had access to food and drinks as they wished. One person told us, "I like the food."

Staff monitored people's weight and where appropriate made referrals to other professionals such as a dietician or a speech and language therapist. Staff knew people well including their likes and dislikes and knew how to best support them with eating to avoid choking and other issues at mealtimes.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. They also had grab sheets in place containing important information should they need to be admitted to hospital in an emergency. When required people received specialist support and review from mental health and learning disability professionals as well as from their GP. A relative said, "The staff are good at keeping me informed or making doctors' appointments."

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. A relative said, "They [staff] really do look after [person name]. I am 110% happy with the care." Another relative said, "[relative name] has had a much better life since being at the service."

The service had a very calm, friendly and relaxed environment. We saw staff talking to people, laughing and joking with them and people were animated with their responses. Staff knew people well and how best to communicate with them. Staff knew how people preferred to spend their time for example what their morning and evening routines were. Staff told us, "[person name] likes to get up at 11 am for breakfast, feed the fish, chat with other residents and then return to their room." Staff respected this was the way they preferred to spend their time but did try to include them as much as possible at the service with any activities. One relative said, "Whenever we visit people are always happy." From survey's returned to the registered manager we saw one relative had written, "[person name] has come on leaps and bounds." Another said, "My sister is always happy and content."

People and their relatives were involved in the planning of their care and support needs. A relative told us, "[person name] key worker is excellent and they really go above and beyond." Staff knew people well including their preferences for care and their personal histories. Staff told us that they worked as keyworkers to people to ensure they had everything they needed and supported them with their day to day activities. One member of staff told us, "We support people to enhance their lives and help them feel fulfilled." Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs.

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at their homes. One relative told us, "I visit every week and we go out together." The registered manager told us that they had an open visiting policy for relatives.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Once the registered manager had completed the assessment people would be invited to spend time at the service. The registered manager said even if the person was not able to spend time at the service they would encourage the person's relative or social worker to, so that they could see if it would be suitable. However their preference would be for the person to attend the service. This would allow them to see if they would like to live there and gave them an opportunity to start to get to know staff and meet other people already living there. A support plan was then agreed and put into place ready for when a person moved to the service.

Support plans included information that was specific to the individual. This was reflected in detailed written support plans and individual risk assessments. Support plans included information which was specific to the individual about their health, medication, likes, dislikes, preferences and included information on how best to support people if they were showing signs that might suggest they were becoming anxious and distressed. The support plans were very person centred and each contained documentation such as health passports. From talking with staff they were able to explain how people preferred to be supported and demonstrated a good knowledge of all people's needs at the service. People knew who their key worker was and spent time with them, one person enjoyed going out for the day with their key worker every week. A relative told us, "They go out every week, either shopping or to the cinema." Staff told us that it was their responsibility to spend time supporting people individually and reviewing their care needs each month or more frequently if these changed. We saw from support plans that each member of staff signed to say they had read how people liked to be supported. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs; for example when one person became concerned that their room may be entered by staff and their privacy would not be protected. To address this the registered manager had a doorbell fitted to the person's room and it was agreed that staff would not enter the room and would wait for the door to be answered. This meant the person was reassured that their privacy needs were protected.

People were encouraged to follow their own interest and hobbies. We saw one person enjoyed collecting toys in connection with science fiction they told us, "I have met every Dr Who." People were supported to access the local community to attend social and educational activities. Some people attended college and day centres to further enhance their independence and life skills. People were supported with social activities of their choice; these included attending local café's, cinemas and places of interest. People were also supported to go on holiday if they wished, one person had chosen not to have a holiday however for other people the registered manager was in the process of arranging a holiday. One person liked to go out

for a walk every day and we saw staff supporting them to go out.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. The complaints procedure was clearly displayed and available in pictorial format. Relatives told us, "[registered manager's name] is very on the ball." We saw from a survey one relative had written, 'The staff are very attentive to people's needs and deal with issues at once.'

Is the service well-led?

Our findings

The service had a registered manager in place. They were visible within the service, and spent time working with people and staff. One member of staff said, "The manager is very supportive they are always around."

Staff shared the registered manager's and provider's vision for the service. One member of staff said, "We want people to have more skills to be as independent as possible." Another member of staff said, "We make sure people are happy, this is their home."

Staff felt very supported by the registered manager. One member of staff said, "The manager is very good." Staff had regular supervision and team meetings to discuss the running of the service any issues they had. Staff also had handover meetings between each shift and used a communication book and diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service through their interactions with people. People had decided that they did not want to have formal meetings at the service all together, so the manager gathered people's views individually. For example each person was involved in how their bedroom was decorated, one person showed us their room which they had chosen to have painted a vibrant pink colour, from their body language we could see they were very happy with their room. Another person had chosen to have a football team insignia on their wall, which they too were very happy with. From quality assurance questionnaires we reviewed, people's views had been gathered on the service and their care. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The registered manager and provider had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. The provider did their own audits where the regional manager did a monthly audit at the service. From these audits actions plans were formulated for the registered manager to address any outstanding issues within the service. For example the most recent audit had highlighted some redecoration and carpet replacement was required. In addition to the regional manager audit the registered manager also did a number of their own audits to ensure the service was running effectively.