

Pathways Care Group Limited

44 Sedgley Road

Inspection report

44 Sedgley Road
Dudley
West Midlands
DY1 4NG

Tel: 01902887630

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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

44 Sedgely Road is a 'care home' for people who have a learning disability and/or are on the autistic spectrum. 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. At the time of our inspection four people were living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

Rating at last inspection

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good] and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People and their relatives told us they continued to receive care which protected them from avoidable harm and abuse. We found that incidents had been reported to the local authority safeguarding. Risks to people's safety were identified and measures were in place to help reduce these risks. When people required support to take their medicines this only happened when staff had received the training and were competent to do so. Regular checks on staff practices were undertaken to support people's safety. People and their relatives thought there enough staff to provide support to people and meet their needs.

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

Staff had received training to provide them the skills and knowledge they needed to provide the right care and support people as required. People were provided with care which continued to be effective in meeting their individual needs.

People enjoyed spending time with the staff that cared for them and were treated with dignity and respect. People were encouraged to maintain their own personal interests and take part in activities within the home or out in the local community.

People's care was planned in ways which reflected their preferences and wishes. Relatives' and health and

social care professionals' views and suggestions were considered when people's care was planned.

People knew how to complain if they needed to. The complaint procedure was available in Easy Read Format so was accessible for everyone. Although people and their relatives had not made any complaints about the service provided.

People living at the home and their relatives were encouraged to give regular feedback on the service provided through meetings and questionnaires. The registered manager regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

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 has improved to Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

44 Sedgley Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2018 and was unannounced. The inspection team consisted of one inspector.

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 also reviewed information we held about the home, this included notifications received from the provider about deaths, accidents/incidents, safeguarding alerts which they are required to send us by law, and we spoke with commissioners from the local authority. We contacted Healthwatch to see if they had any information to share with us about the home. Healthwatch are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with four people living at the home, two support staff, the deputy manager and the registered manager. We spoke with two relatives via the telephone.

We looked at a range of documents and written records including three people's care records, staff training and recruitment records and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked how complaints processes were promoted and managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included quality questionnaires completed by people and their relatives, and checks made on the care planned for people and the suitability and safety of the home.

Is the service safe?

Our findings

At our last inspection in December 2015 we rated this service as requires improvement. At this inspection the rating has improved to good.

At our last inspection we found an incident had not been reported to the local authority safeguarding and the Care Quality Commission [CQC]. At this inspection we found an improvement in reporting, and all incidents had been referred to the local safeguarding authority and the CQC.

People told us they continued to feel safe living at the home. One person told us "I like living here and all the staff are nice." A relative said, "I'm very pleased with the care [person's name] receives, definitely safe."

Staff told us they had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. One staff member told us, "If I thought someone had been or was being abused I wouldn't hesitate to report it to the manager. I know [registered manager] would do all they could to protect people" Staff felt confident any concerns raised would be referred to external agencies such as the local authority safeguarding or the Care Quality Commission if necessary.

We saw from people's support plans risks to people's safety and wellbeing had been assessed, managed and reviewed to keep people safe. We saw the registered manager took a proactive approach to help keep people safe, whilst encouraging individual's independence. For example, the registered manager was working on a plan supported by the Community Behaviour Support Nurse to assist a person with access to the local community. They had personally supported person to the local park, to help build their confidence and provide reassurance for any anxieties the person had. The registered manager told us, "I don't expect staff do to do anything I wouldn't do myself first. I want to keep people and staff safe." The person concerned told us, "I like walking out with [registered manager's name]"

We saw staff understood the necessity of good infection control practices to keep people from risks from cross infection. For example, we saw both the person and staff wore personal protective equipment [blue aprons] whilst cleaning their room.

People, relatives and staff told us sufficient staff were available to meet people's needs. A staff member said, "[Registered manager's name] always makes sure there is enough staff on duty, so people can do their activities. We have a shift starting at 8am until 3 pm to help cover social activities people like to do."

The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers make safer recruitment decisions and prevented unsuitable people from working with people who lived at the home.

Is the service effective?

Our findings

At our last inspection in December 2015 we rated this service as good in effective. At this inspection the rating remained good.

The registered manager told us the home benefitted from a stable, committed staff team. When new staff started their employment at the home they were expected to complete the care certificate as part of their induction. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. The provider also encouraged staff to develop and progress their careers. We heard staff had been encouraged to complete level 5 [Leadership and Management] NVQ's so they could apply for senior positions in the future. A staff member told us, "I feel well-trained. Training here is excellent – there's lots of it." A relative commented, "The staff are very well trained – they certainly know how best to work with people."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the provider had either applied or had authorisation of DoLS to help people stay safe. For example, authorisations had been sought where people were required to have constant staff support whilst accessing the local community. We saw staff members were all very encouraging, helpful and positive with people and each other, the staff asked consent from people before supporting them with their needs.

We saw how people were assisted to maintain their independence and enjoy their meal time experiences by offering the choice of what and where they would like to eat their meals. People had their individual likes and dislikes of foods recorded and staff respected their wishes. We saw staff encourage people to make their own drinks and get involved with making meals and baking.

People's individual needs had been assessed and plans were in place to support staff in providing effective care to meet each person's needs. Relatives told us, staff supported their family members to see health professionals to they remained as well as possible. Staff knew what action to take if they thought there was a change in a person's physical health. For example, we saw staff had been trained in epilepsy and what to do should a person have a seizure, so they could keep them safe and well.

Every person living at the home had their own 'Health Action Plan'. [A Health Action Plan records any health appointments, the outcomes and any further actions required]. The information was in easy read format, to help people understand the contents. We could see from these records people had accessed doctors, dentists, physiotherapists, dieticians and psychiatric professionals as required to ensure people's needs were met.

We saw where people required specialist equipment to help them maintain their independence this had been provided. We saw people had the opportunity to decorate their rooms with their personal possessions.

At the time of our inspection the home was in the process of being refurbished. The registered manager told us, meetings had been held with all the people living at the home to choose new furnishings and wallpapers to ensure they were happy the way their home was decorated.

Is the service caring?

Our findings

At our last inspection in December 2015 we rated this service as good caring. At this inspection the rating remained good

We saw people were relaxed and enjoyed spending time in staff's company. We saw one person was being accompanied by a staff member to visit a friend at another of the provider's home. We saw the staff member waited patiently for the person to get ready and discuss where they were going to spend the morning. The person told us, "I'm going to [service name] to see [person's name] they are my friend."

People were encouraged to stay as independent as possible and were encouraged to make as many day to day decisions as they could. For example, what each person wanted to wear and what hobbies and fun things they liked to do. For example we saw one person really enjoyed baking so in their activities planner were opportunities for them to spend time with staff support in the kitchen making cakes. Information for people and staff had been collated in an easy read format to aid people's communication and express when and what they wanted to do each day.

In the PIR it stated, "Monthly meetings are held and all service users are encouraged to participate with support from staff considering their individual level of understanding and means of communication, with those service users less able to participate represented based on staff's knowledge of each individual and their likes and dislikes and preferences." We saw from the minutes of the Service User meeting minutes people had been consulted about activities and developments such as decoration and refurbishment around the home.

We saw staff respected people's dignity, privacy and independence. When people required personal care, staff discreetly helped them to the bathroom without drawing unnecessary attention to what they were doing. We also saw staff had been given guidance on ways to ensure people's right to confidentiality was protected. For example, people's support plans were kept locked away in the office.

Is the service responsive?

Our findings

At our last inspection in December 2015 we rated this service as good in responsive. At this inspection the rating remained good

We saw people and their relatives had been involved with their care plans and reviews as required. We heard how the staff member who key worked with the person had a monthly meeting to discuss the person's goals and any changes they wanted.

In the PIR it said, " Each service user has their own individual activity planner which incorporates individual activities both on site and in the community (where applicable). Everyone's planner includes and considers their likes, dislikes, preferences and special interests to which access is essential to meet each individual need and promote their wellbeing. Daily notes include record of social interaction throughout each service user's day. Support plans in place to address and meet the needs of all service users. Support plans are put into place to respond to assessed needs and in a proactive way to respond to changes."

We were told by relatives the system was working well for their loved one and through care planning they had become more confident and previous challenging behaviour incidents had reduced.

We saw from photographs placed around the home, people had been given opportunities to follow and enjoy their individual interests. We heard how one person had a volunteer who visited them and took them to a variety of theatre productions. Another person liked going to the local park and a drink at a local pub. We saw if people wanted they were assisted to have a holiday. One person told us "I've been to [holiday park name]– it was great."

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how they promoted inclusion for people of all religions, cultures and sexual orientation. They gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for staff to follow. For example, we heard how people were supported to follow the religion of their choice if they so wished.

The provider and registered manager demonstrated good insight into the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The management team had assessed people's individual communication and information needs and had, where appropriate, provided them with information in alternative, accessible formats, including picture menus and in easy read formats [information in pictures and symbols used to aid people's understanding].

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found the provider had given information to people about how to raise a complaint in an easy read format so everyone could access help. Everyone we spoke with told us they had never felt the need to make a complaint. A relative told us, "I've not complaints at all."

We saw the provider had sought to gain people's end of life wishes and these were recorded in people's support plans for staff to follow in the event of their death.

Is the service well-led?

Our findings

At our last inspection in December 2015 we rated this service as good in well-led. At this inspection the rating remained good.

A registered manager was in post at the time of our inspection who had worked at the home for several years. 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, relatives and staff all spoke very positively about the registered manager and the difference they had made to the home since their arrival several years ago. One person described the registered manager as "Very nice". One relative said, "[Registered manager's name] does a good job of managing, better than it ever been managed before."

The registered manager had a clear vision of wanting to develop the service. They told us they were keen that staff developed their skills through training so they could deliver the best evidence based care for people. They told us the investment in staff had benefitted the people who lived at the home and had seen a significant reduction of people's behaviour that challenged.

Staff told us, the manager and deputy manager supported them to provide good care. Staff told us they knew what was expected of them through staff meetings and one to one meetings with their managers. A staff member told us, "[Registered manager's name] is so supportive, they are there for you both for work issues or personally. I think they are wonderful." Another staff member said, "[Registered manager's name] goes above and beyond for the people who live here and for all the staff".

We saw the registered manager sought the feedback of people living at the home, relatives and professionals through questionnaires. We saw all the responses were positive. 70% of professionals described the service provided as excellent, 23% very good and 7% good. We saw feedback from one relative which stated, "I would thoroughly recommend this home. The staff and manager are always helpful. ... Staff put the care and wellbeing [of people living at the home] at the forefront of service delivery.

We saw the registered manager and provider had completed checks to make sure people's medicines were administered safely, health action plans and people's support plans were reviewed so they reflected people's current support requirements.