

Pathfinders-Care (Ollerton) Limited

Pathfinders Neurological Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Pathfinders is a care home providing personal and nursing care. The service specialises in supporting people with complex health and social care needs. The service can support up to 78 people. At the time of the inspection, 67 people were using the service and living across six different units.

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

Some risks were not always managed safely at the service. Bed rails were not managed safely, which put people at risk of injury. Some medicine was required to be given at a certain time, but the time it was given was not always recorded by staff. Care files had photos of people on the front, so staff could identify who they were supporting. However, we found some photographs of people were out of date and no longer accurately represented people. This put people at risk of not receiving appropriate support.

People and staff told us that at times staffing levels were not sufficient to meet people's routine needs in a timely way (urgent needs were met quickly). We advised the provider of this and they advised they would consider the deployment of staff around the building.

People told us they felt safe at the service. Records showed us that incidents were reviewed, and action was taken to prevent reoccurrence. The service was clean and followed good infection control processes.

People at the service had complex health and social care needs. These needs were supported in line with current standards and legal regulations. Staff received a variety of training and worked with both internal and external professionals to ensure that people received effective care.

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.

People received compassionate support from the staff. People were able to make choices about their daily routines and activities that they wished to engage with. Staff supported people to have privacy and dignity. An on-site therapy team supported people to have rehabilitation goals and aim for greater independence. This had positive outcomes for people.

People were consulted at the service, and able to make complaints if they wished. Those people who had made complaints, had received a full investigation and formal response.

Other than the issues identified in the report, the governance process at the service was effective and ensured that good quality care was provided and maintained.

Staff teams worked hard to ensure that people's diverse needs were recognised and met at the service. People were involved with feeding back about the care they received, we viewed people's feedback and it

was positive about the quality of care they received. This was supported by feedback at the inspection visit, where people reported receiving a good quality service.

Rating at last inspection

The last rating for this service was Good (published 7 June 2017).

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pathfinders Neurological Care Centre

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 occurred over two days. The first day of the inspection was completed by two inspectors, a nurse 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 care service. One inspector and the nurse returned on a second day.

Service and service type

Pathfinders Neurological Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Pathfinders Neurological Care Centre also supported people with rehabilitation.

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

The first day of the inspection was unannounced. We informed them we would return for a second day. We returned three days later.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We had received some concerns about the service from professionals, relatives and people who used the service. We gathered this information and used it to plan our inspection.

The provider is legally required to notify us of events that occur at the service. We considered notifications that the provider sent us.

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 of this information to plan our inspection.

During the inspection

We spoke with one visiting professional. We spoke to staff that worked at the service. This included, ten care staff, two nurses, three therapists, two domestic staff, the head of compliance, and the registered manager. We spoke to seven people who used the service about their experiences. We also completed observations of care, for those people who were unable to communicate with us. We spoke with five relatives.

We reviewed a range of records. This included twenty people's care records and multiple medication records. We looked at three staff recruitment files and a variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Bed rails were not always managed safely at the service, this put people at risk of injury. We observed accurate records were not always in place to guide the safe use of bed rails. We identified two people were at risk of injuring themselves, and this risk had not been addressed in a timely way. When we raised this concern with the registered manager, immediate action was taken to improve these people's care. They advised they would review all bed rails at the service.
- Photographs of people were on the front of their care records. We were told this was in place, so staff could assure themselves that they were reading the correct person's care record. We identified that some photographs were old and no longer represented the person. This is a risk as staff may not support the correct person.
- Other than concerns with photos and bedrails, care plans were comprehensive and regularly reviewed. They provided staff with clear guidance to support people's health and social care needs safely.

Using medicines safely

- Time sensitive medicines were not always recorded appropriately. Some medicines at the service needed to be given at a certain time. It is best practice to record the time it is given. The service had not always recorded the time this medicine was given. When we returned on the second day, the registered manager had resolved this, so it was now recorded.
- Staff gave people medicine in a safe way. When staff gave medicine, we observed staff had good knowledge of the medicine they were giving, and the reason for this medicine.
- Staff providing medicine wore 'do not disturb' identification, this reduced the risk of distractions and mistakes. If errors were made with medicines, thorough investigations occurred to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at the service
- Staff were aware of the signs of abuse, and how to report concerns at the service.
- Where concerns had been raised, the management team had investigated quickly and made referrals to the Local Authority if needed.

Staffing and recruitment

- Before the inspection, we had received concerns that low staffing levels resulted in delays to people receiving care.

- Some staff told us that there were not always enough staff. A staff member said, "we might have to say, just persevere with us. We'll get to you when we can."
- Some people also reported low staffing. They advised that delays tended to occur if staff were otherwise occupied with someone else's more urgent need. They fed-back that their needs were met, but some delays could occur if these needs were not urgent.
- During our visit, we only observed one example of this. A person needed to wait for a staff member to get them a drink for ten minutes. This caused anxiety for the person. Another staff member worked hard to reassure them. The staff member told us that these short-term delays for routine care were a regular occurrence.
- We reported concerns about staffing levels to the registered manager and nominated individual. They advised that staff are flexible to move around the building and can call other staff for support if needed. They reflected that perceived low staffing may be due to deployment of staff around the building, and staff not asking others for support appropriately. They advised they would review the deployment of staff.
- A review of call bells at the service found that, when these were pressed, staff were quick to respond. We observed staff were quick to respond to an emergency alarm.
- Safe recruitment practices were followed, to ensure that suitable staff were employed. For example, having references from previous employers.

Preventing and controlling infection

- Before the inspection, we had received concerns about the cleanliness of the service. We observed that it was clean and staff followed good infection control procedures (for example wearing gloves.)
- There were some people who chose to live in less organised rooms. The provider had worked with these people to ensure that their bedrooms remained a healthy place to be.

Learning lessons when things go wrong

- Where concerns had been reported to the provider, we observed that thorough investigations had occurred to ensure that the service was safe. For example, a complaint was received that a person's room had faeces on the wall. An investigation found this dirt to be damage from a bed frame. The provider had reassured the person and reviewed other rooms to ensure that people were not unnecessarily alarmed about other damage.
- A thorough auditing system ensured that incidents were reviewed and analysed. For example, assessing the number of falls that occurred at the service and whether these occurred at set times that could demonstrate a cause.

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 now 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 followed national guidance, to ensure people received effective care. For example, the service supported people with complex medical health needs by following NICE guidance.
- Staff were aware of the laws and standards that guided their work.
- People's needs were clearly assessed before they arrived at the service. This ensured care was delivered in line with their needs and choices. As their needs changed, guidance provided to staff also changed. This resulted in effective care.

Staff support: induction, training, skills and experience

- Staff received a variety of training, to ensure they had suitable skills to support people.
- Where a person had more complex health needs, staff received training specific to that person's health condition. For example, staff were trained on how to support a person's PEG feed (a feeding device which is inserted directly into the person's stomach).
- Staff reported a thorough induction, which provided them with the necessary skills to begin working effectively. Regular competency checks occurred, to ensure that staff were providing care in a safe and effective way.

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

- The service had recruited a Speech and Language therapist. This professional was available to provide skilled assessment of people's dietary needs and provide guidance to staff. Multiple people at the service were at risk of choking, so had received this assessment to ensure that suitable meals were offered.
- People reported that the food was good quality and they could choose what they ate.
- The service had provided food in a variety of options to meet people's physical health and cultural needs.

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

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

- The service had nurses and a team of therapists on site. These therapists included speech and language, physiotherapy, and occupational therapy.
- We spoke to a staff member from each of these teams. They all fed-back positively about the service. They advised that the care staff were knowledgeable about the support that the nursing and therapy team provided, and quick to approach them for guidance. They reported that this caused their service to be

effective.

- The service is registered with the CQC to provide rehabilitation. There were clear recorded goals from the therapy team, to provide rehabilitation to people that used the service. Records showed that people had improved while using the service and some had improved enough to return to live at home.
- Where people required support from external health and social care professionals (for example social workers or GPs), this was arranged promptly. Advice from visiting health professionals was recorded to ensure that appropriate care was provided.
- Before people arrived at the service, staff met and received training from other health professionals on how to meet people's needs. For example, staff visited the hospital where the person received treatment, to ensure that there was an effective handover of care when the person moved to the service.

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

- The building was purpose built to meet the physical needs of people using it. It had wide corridors to allow the use of mobility equipment. The nominated individual explained that higher ceilings and thick walls were designed to control the level of sound in the building. We observed the service to be quiet.
- People's bedrooms were decorated as per people's preferences. Corridors were less personalised. The nominated individual reported that people had fed-back that the more clinical corridor layout provided them with reassurance of the service having a clinical feel. This was due to the complexity of people's health conditions.

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 service supported people who found some decision making difficult. Comprehensive mental capacity assessments had been completed to assess if they could make decisions for themselves. Then clear best interest outcomes had been completed, so staff were aware of how to support people in the least restrictive way.
- Staff had good knowledge of the mental capacity act and how to support people in a way that respected their human rights.
- Where people were deprived of their liberty, appropriate legal authorisations had been met through DoLS.

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

- There was a clear focus on equality and diversity at the service. People's diverse needs were explored before they arrived at the service and then these needs were supported. For example, one person was supported to have a culturally relevant diet.
- Every person and relative we spoke to, reported that the staff were caring. A relative said, "They have been compassionate to [person] and to me. They are as good as they can be in this situation. I truly think that without them [person] would not be here today."
- In 'safe', we reported that people felt sometimes support was delayed. People at the service were understanding of these delays and felt this did not impact on the compassion shown by staff.

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

- Records showed us that people and/or relatives were included with reviewing care plans. This ensured that planned care was suitable and according to their preferences.
- In a recent survey created by the service, records showed us that 100% of people 'strongly agreed' that staff helped them to plan and arrange their support.
- Some people at the service found communication difficult. With the support from the on-site speech and language therapist, they used multiple communication aids to ensure these people's views could be heard. The therapist explained multiple examples where people arrived without communication and were now able to fully engage with daily decision making. There was a strong ethos at the service of ensuring that people's views were heard.

Respecting and promoting people's privacy, dignity and independence

- People were given privacy at the service. One person explained that when they wish to pray, they make staff aware and they are not disturbed. We observed staff knocked before entering rooms.
- We observed multiple relatives visiting the service, these relatives were given private time with people.
- We observed people were treated with dignity at the service, whereby staff explained what was happening and encouraged their involvement where possible.
- The service is registered with the CQC to provide rehabilitation. There was a therapy team on site, who worked hard to support people's independence. We saw this had resulted in some people's goals being achieved. One person said, "I spent some time yesterday with the physios and that was good. Rehab is very adaptable and I discuss my plan of care and it is updated regularly."

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

- Pathfinder's Neurological Care Centre is a large service; however, each 'unit' had a designated 'unit clerk'. These staff members knew people well and had oversight of people's needs and preferences to ensure that these were met in a personalised way.
- People reported being able to decorate rooms how they liked. One person who was only attending the service for a week, had brought items from home to decorate their room.
- Where people could not make decisions about their care, the home had contacted relatives to ensure that past preferences would be clearly considered, and the person's needs would be met as well as possible.

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 service met the AIS. A speech and language therapist was employed at the service. This therapist provided individualised assessments of people's communication needs.
- Following assessment, people were then supported to use a variety of communication aids, to be able to understand information given to them. This was recorded in people's care plans, to ensure staff were guided on how to communicate with people.
- The therapist also ensured that questionnaires at the service were suitable for people to engage with. They said, "Staff wanted to work out people's preferences for food. They approached me to see if the questionnaire was suitable. We then adapted it to ensure that more people could be involved."

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

- People told us that they were able to take part in activities within and outside of the service. We observed these activities happening at our visit.
- We observed family visiting the service and spending time with people. Family were supported to take people out of the service and maintain social relationships.
- Activities relevant to people's social and cultural needs were well recognised and supported by the service.

Improving care quality in response to complaints or concerns

- Where concerns had been reported to the service, we observed that investigations had occurred, and a

formal response had been given.

- We considered what complaints had been made about. We found that clear action had been taken to resolve any concerns. Records showed us that any identified issues were no longer a risk at the service.
- The service had recently introduced a 'family liaison officer'. This staff member was intended to greet people when starting at the service and be a single point of contact for complaints. The registered manager advised that this was intended to provide a more personalised response to concerns.

End of life care and support

- The service supported people with complex needs, who could require end of life support.
- The service had received accreditation by following a national good practice framework for end of life care. We observed end of life care plans to be good quality, this supported staff to provide effective care.
- Where people required 'anticipatory medicine'; this medicine was safely stored and recorded, in order to be used effectively when the person reached the end of their life.

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.

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

- The service had a clear governance framework to ensure that care was provided to a good standard. Some concerns were identified on inspection (see 'safe' section). These had not been identified before inspection by the current auditing system. However, when these were reported to the registered manager, they were quick to resolve concerns and put action into place to ensure that they were included in the auditing system in future.
- The service supported people with complex health and social care needs. These needs were assessed and supported thoroughly to ensure that the service met regulatory requirements. The registered manager and staff had a good knowledge of the regulations guiding their work.
- Pathfinders Neurological Care Centre was a large service. However, a clear organisation of staff roles and handover of information, meant that people's needs were well known and effectively supported.

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

- The service provided good quality care, which achieved good outcomes for people.
- People were involved with making daily decisions about their care. This was due to a clear recording of their communication needs, and availability of a variety of communication aids.
- Staff were keen to provide high quality care. For example, the speech and language therapy team ate a modified diet for a week and kept a blog on the impact this had on them. They felt seasoning was particularly important with this type of diet. They had therefore passed this information onto the kitchen team, who ensured people eating this diet were provided with additional seasoning to add to their food.
- The service employed a variety of therapists to work with people. These staff members advised that they felt well supported in their role and that they had developed positive relationships with care staff. This resulted in prompt reporting of concerns, which the therapy team could respond to quickly.

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

- Before the inspection we received concerns about the service. Where these had already been reported to the provider, thorough investigations had occurred, and the service had fed-back to the concerned person.
- If these concerns were found to be accurate, then action had been taken to ensure that the concern was resolved and did not re-occur. We considered historical concerns raised and found that any actions taken had been effective and it had not re-occurred.

- The provider is legally responsible for notifying the CQC about events that occur at the service. The provider had sent in notifications as required.
- The provider is required to display their most recent inspection rating at the service. We saw this had been displayed clearly in the entrance of the service.

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

- The service had an equality policy in place, guiding staff to meet people's diverse needs. From the initial pre-admission assessment, through to long term care plans; we saw that people's equality needs had been considered and recorded so staff were fully aware.
- People and staff had been involved with feeding back about the service through questionnaires. Feedback opportunities were adapted to ensure people with communication needs were also engaged with.

Continuous learning and improving care

- The provider completed a thorough review of incidents that occurred at the service. This considered whether themes occurred (for example, whether falls occurred at a similar time of the day). This ensured that any themes could be investigated for a cause.
- The registered manager attended meetings with the Local Authority, to ensure that their skills and knowledge remained up to date.
- The registered manager had changed since our last inspection. The last registered manager was now newly employed to oversee compliance at the service. They advised that they would be responsible for ensuring that the governance of the service was effective in future.

Working in partnership with others

- Records showed us that external professionals were approached to ensure people received high quality care. For example, a GP was contacted to ensure that a resuscitation decision was in place and up to date. We observed this GP in the building, and staff supporting the visit to ensure a thorough handover of information.
- Where external health and social care professionals had attended, their advice was recorded for staff to follow
- Some people moved to the service from hospital. When this occurred, care staff would attend the hospital if needed. This ensured they were fully skilled on the persons current health condition and treatment. This information was recorded in a pre-admission assessment to ensure their needs were met.