

Pathways Care Group Limited

Westborough Road

Inspection report

388-390 Westborough Road
Westcliff On Sea
Essex
SS0 9TN

Tel: 01702349193

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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 Westborough Road on the 2 February 2016.

The service provides accommodation and support for up to seven people with learning disabilities. There were four 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 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 and other health professionals.

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 holding meetings with people, staff and talking with 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 were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

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

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?

The service was well led.

Staff felt valued and were provided with 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.

Good ●

Westborough 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 the 2 February 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 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 three people and three relatives, we also spoke with the manager and two care staff. We reviewed two care files, two staff recruitment files and their support records, audits and policies held at the service.

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. A relative told us, "[name] is happy here." One person said, "I like living here, I have been here ten years."

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, "I make sure I observe people for any evidence of abuse, if I was concerned I would report it to the manager or area manager." Another member of staff said, "If I had any concerns for people's safety depending on what it is I would report it to my manager or to the police or to the CQC." 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). The manager knew how to report safeguarding concerns to the local authority and CQC and what his responsibilities were to keep people safe.

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. 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. For example one member of staff told us how they supported a person safely with moving and using a wheelchair.

Staff were trained in first aid should there be a medical emergency staff knew to call a doctor or paramedic if required. 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 employed a maintenance person for general repairs at the service and they completed a health and safety check every month and addressed any issues arising from this. On the day of our inspection the fire alarm system was being serviced. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency. For example the manager told us they had a contract with a gas supplier for any emergency call outs.

There were sufficient staff on duty to meet people's needs. This included being able to support people with their individual programs and access to the community. The manager told us that they were fully recruited for carers and when indicated due to need the staffing numbers could be increased. If there was a shortfall due to sickness, regular staff would usually cover these shifts. One member of staff told us, "There is enough staff, for us to do everything we need to do and spend time with people. If staff are on holiday or off sick we cover their shifts between us." The manager told us that they employed a small staff group and did not need to employ agency or bank staff as any shortfalls were covered by himself or the existing staff group. This meant people were cared for consistently by staff who knew them well.

Staff recruited were suitable for the role they were employed for and that the provider had a robust process in place. Files contained appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people. The manager told us that they had not employed any new staff for three years and we noted that staff who were employed had worked at the service for a number of years.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Staff who had received training in medication administration dispensed the medication to people. A relative told us, "[person name] get his medication when he needs it." Another person told us, "I don't need to take medication." The service did have a home remedies policy for people to have medication that was not necessarily needed under prescription for example paracetamol. Staff told us, "If we have any issues with medication we ring and speak to the GP for advice."

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 told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "I finished my national vocational qualification level 3 in health care last year last year." Another member of staff said, "The most recent course I did was a couple of weeks ago on pressure area care."

From records we saw staff received training to help them with their role and to support people living at the service. The manager told us that they accessed courses through the local council and that the provider also employed a training company to deliver training to staff.

Staff felt supported at the service. Although there had been no new staff at the service in the last three years staff told us they had an induction to help them get to know their role and the people they were supporting. One member of staff said, "My probation was for six months, whilst I got to know people and had my training." The manager told us that when staff are initially employed at the service they came in and spent time reading policies and getting to know the people they would be supporting. They in addition completed their training then worked 'shadowing' more experience staff. Staff had also completed the skills for care common induction standards to support them with their role. This was a best practice industry recognised training, which has now been replaced by the Care Certificate.

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 people living at the service were capable of making their own decisions and could communicate these verbally or by using gestures and pictures. If people needed additional support with making decisions the manager could request and advocate for people. This is an independent person who has training to support people with decisions they may need to make about their life.

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 manager understood their responsibilities however there were not currently any DoLS needed. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. One member of staff said, "We sometimes prepare food together as a social activity spending time

together." Each week staff discussed with people what foods they would like to have and planned menus. Where appropriate pictures were used to help people express what they wanted. Throughout the day we saw people had access to food and drinks as they wished, staff told us, "We try and encourage regular drinks and snacks throughout the day to ensure people are having enough to eat and drink." We observed a lunchtime where staff had prepared food and sat and ate with people, offering support whilst engaging in social conversation. One Person told us, "I like pasta, fish and chips and when we have a takeaway."

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 people 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 hospital appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health professionals and their GP. One relative told us, "We like to attend any hospital appointments so we hear first-hand what is happening." Another relative said, "Staff are very good in making sure [person name] have regular blood tests."

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, "All the staff are very caring, they have a very good attitude." One person told us, "I like [staff name] they give me hugs."

During our observations we saw staff had positive interactions with people. We saw staff talking to people, laughing and joking with them and people were animated with their responses. Staff knew people and well and how best to communicate with them. Some people communicated using sign language that had been adapted for their understanding. Staff knew all the different signs people used and also responded to the person's body language, for example they knew when the person was getting excited by the way they moved their body. Staff told us that some people preferred to communicate using single words and others used pictures. The atmosphere was relaxed and friendly between staff and people. Staff told us, "This is everyone's home so we encouraged people to get along as a family." We observed one person assisting another with a drink which demonstrated how people assisted each other with everyday activities under the supervision of staff.

People and their relatives were involved in the planning of their care and support needs. A relative told us, "We discussed [person's name] care needs and staff keep us up to date." Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs.

We saw that people actively wanted to spend time with staff and were smiling and appeared happy whilst doing this. We saw that one person was happy talking with staff about their plans for their birthday, they told us, "I am going to have a birthday party with everyone." Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. We noted recorded in people's care files there were dates, contacts and what and who was important to people. For example when relative's birthdays were and how they liked to be supported to send a card or buy a present. The service was spacious with plenty of room for people to receive visitors. There were no restrictions on visitors or the times relatives and friends could come to the service. One relative told us, "We can visit anytime, we are always welcome."

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. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. One relative told us, "We came to have a look around first, to meet people and see if it was appropriate." The manager told us how they assessed people's needs to make sure they could be met at the service and to ensure people would be happy living there. One relative told us, "[person's name] is very happy living there, the staff are all very good and he has a lovely room with everything he needs in it."

Care plans included information that was specific to the individual. Each care plan included information about the person's health, medication, likes, dislikes and preferences. There was information about their capacity to make day-to-day decisions and their individual ways of communication. Where people did not communicate verbally, staff supported them to use pictures and sign language that was specific to them. The care plan was regularly reviewed and updated with relevant information if care needs changed. Relatives told us they had been involved in reviewing care. Each person had a named key worker and they met with them every month to review how their month had gone and to note any important events or changes needed to their support plan. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interest and hobbies. People were supported to access the local community to attend social and educational activities. Some people attended college and day centres to further develop their independence and life skills. People were supported with social activities of their choice, these included attending local café's, dance clubs and places of interest. One person was interested in cars and they collected these, staff supported the person with buying car magazines they liked to look at and attending car shows. Another person told us they liked going to music school and how they had gone to a show in London. They told us, "I am the best drummer in the world." They also told us, "I like playing cards with [staff name]." A relative said, "[person name] likes going bowling and to the cinema, as well as to a daycentre."

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. A relative told us, "If I had any complaints I would deal with them directly with the manager, but I have never had any need to complain." The manager told us if complaints were raised they tended to deal with them immediately to resolve any issues.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager in place. The manager was very visible within the service, and spent time working hands on with people and staff.

Staff felt very supported by the manager, one member of staff said, "We all work well together as a team, the manager is very supportive and flexible." Another member of staff said, "The manager is always available for advice, I can even text them if I want to." The manager also felt supported by senior management within the organisation, in terms of his development and further training and had peer support from a manager at a sister service.

Staff had regular meetings with the manager in the form of supervisions, and had yearly appraisals, they also had regular staff meetings. One member of staff told us, "We have regular supervision to discuss any training needs I might have or we talk about people's care." Another member of staff said, "During staff meetings we discussed everything about the home and how people are getting on. We also discuss any friction or staff issues so that everything gets sorted out and we can get on with our jobs." Staff told us they thought their ideas were listened to and gave an example of when the manager suggested employing a new member of staff on a zero hour contract to cover sickness and holidays, that when they objected, as they wished to cover the hours between them this was listened to. 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.

Staff shared the manager's and provider's vision for the service. Staff told us, "We aim to support people to live their life as independently as possible." Another member of staff said, "We aim to make this like a home for people to encourage them to get along as a family and to enjoy their life."

People's opinions were sought within the service. We saw the manager held regular meetings with people and sought their opinions on the service they received and if they were happy at the service. The manager also sent a yearly questionnaire to people, their relatives and other professionals to gather their feedback on the service and if any improvements could be made. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.