

# Pathways Care Group Limited

# Newlands

## Inspection report

578 Ipswich Road  
Colchester  
Essex  
CO4 9HB

Tel: 01206844906

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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

### About the service

Newlands is a residential care home accommodating up to eight adults who have a learning disability, are autistic or have mental health needs. Five people were living at Newlands at the time of the inspection.

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

People, their relatives and staff shared concerns about staffing and use of agency. The registered manager provided reassurances, although several staff had left, new staff had been recruited. Where there were vacancies, or gaps in staffing these were being covered by consistent agency staff. The registered manager was in negotiation with the local authority to review funding for three people where their needs had changed to increase staff numbers.

Systems were in place to keep people safe. Risks to people were assessed, regularly reviewed and managed well to ensure their safety and promote their independence. Staff recruitment processes were in place to ensure staff were suitable to work with people who used the service. Training was provided to staff including agency staff to ensure they had the right skills and knowledge to carry out their roles effectively.

Infection prevention and control and medicines were being managed well including risks associated with COVID-19. People and staff had received COVID-19 vaccinations and boosters to help minimise the risk of catching the infection.

People were supported to eat and drink enough to maintain a balanced diet. The registered manager and staff worked well with other professionals to ensure people had access to healthcare appointments and received the right support to manage their health needs.

People's care plans were personalised to reflect how they wanted to be supported and what was important to them. Progress had been made to have conversations with people about their preferences regarding death and dying.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### Right support:

The model of care and setting maximised people's choice, control and Independence. Newlands is a large detached single storey house situated in Colchester and close to all amenities. The premises provide each person with their own individual bedroom and adequate communal facilities. People had been involved in decisions about the refurbishment of their living accommodation to create a more modern and homely

living environment. The environment met people's sensory and physical needs.

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 were supported to access the community, including college and places of interest.

#### Right care:

People's care was person-centred. Staff were observed treating people with kindness, respect and compassion. Staff understood their responsibilities to respect people's human rights, including their right to privacy, confidentiality and to promote their independence.

#### Right culture:

People and their relatives told us the ethos, values, attitudes and behaviours of the registered manager and care staff ensured people using service lead confident, inclusive and empowered lives. Relatives and staff told us the culture in the service had improved under the new registered manager. People using the service were encouraged to take an active role as 'champions' to promote good practice, such as encouraging people, staff and visitors to maintain good hand hygiene.

Improved systems were in place to identify and manage risks to the quality of the service and drive improvement. Regular audits of the service had been carried out to identify what was working well and where improvements were needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 August 2019). The previous inspection identified improvements were needed to the environment, hygiene and cleanliness and to ensure people's care plans were person centred. Additionally, improvements were needed to ensure people were supported to access appointments to ensure their physical and mental health needs were met. The service had not explored how to have end of life conversations with people living with learning disabilities.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Newlands

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Newlands 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.

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 part of this inspection was announced and started on 08 October 2021 as part of our monitoring approach of services. The second part of the inspection was a visit to the service on 10 November 2021 and was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

The Expert by Experience spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager and two members of staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We spoke with two professionals who regularly visit the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People and their relatives shared concerns about turn-over of staff and use of agency. The registered manager confirmed three staff had left in the last year, but new staff had been recruited.
- The registered manager told us agency staff were used to cover absences and sickness, but an experienced permanent member of staff was always on duty when agency was used.
- People told us, they preferred consistent staff, but felt agency staff had enough knowledge to meet their needs.
- Staff told us due to changes in three people's needs staffing numbers were not always enough to provide their care, as well as support appointments, access to college and the community.
- The registered manager regularly reviewed staffing levels and acknowledged there were times of the day which were busier, and this provided some challenges. They told us, "A third member of staff is rostered to support planned appointments and activities and we have learnt to be creative to ensure people go out."
- The staffing ratio of two staff across daytime hours and one waking night had been set according to the commissioned hours funded by the local authority.
- The registered manager told us due to three people needing more support they had contacted the local authority requesting a review of their needs and funding to support additional staff hours.
- The recruitment and selection process ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they had no concerns about safety. Comments included, "I feel safe," and "Staff are very caring which makes me feel my [Person] is safe."
- Staff had a good understanding of safeguarding processes to keep people safe and knew how to report concerns.
- Systems were in place to protect people from the risk of harm or abuse. The registered manager was aware of their regulatory responsibility to raise safeguarding concerns and liaise with the local authority and CQC.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, regularly reviewed and managed well to ensure their safety.
- Each person had a personal safety plan in place. These identified the support they needed from staff and what they were able to do for themselves to maintain their independence, whilst minimising risks to their safety.
- Staff were aware of risks to people's wellbeing and the environment and how to manage them.

- Detailed day and night routines contained strategies to help people live well and supported staff to manage situations which triggered people's anxieties in a positive way. This approach protected people's dignity and rights.
- Staff told us, and records confirmed they had received up to date training in safety systems, including manual handling, fire safety and emergency first aid.
- Equipment and safety systems were regularly serviced and well maintained. This included routine flushing of water outlets to prevent legionella and fire safety checks.

#### Using medicines safely

- People received their medicines when they needed them. One person told us, "I have my medicines every day, and on time."
- Relatives were confident people received their medicines as prescribed by the GP. One relative commented, "My [Person's] key worker is actually very good, we had a recent review and she knew about their medication, they did not have to refer to any paperwork."
- Systems were in place, including regular audits to ensure people's medicines were managed consistently and safely.
- People had a medicines plan in place which detailed how they preferred to take their medicines and the support they required from staff.
- Review of people's MAR found staff were keeping accurate medicines records. There were no missed signatures and staff had used the reverse of the chart to reflect when medicines prescribed on as needed basis were administered, such as paracetamol, with the date, time, amount and reason why administered.
- Staff had completed medicines management training and had their competency assessed on a regular basis to ensure they followed good practice.

#### Preventing and controlling infection

- Our previous inspection in June 2019 identified risks to people's health because of concerns about the environment and cleanliness. At this inspection we found improvements had been made.
- A recent visit from North East Essex Clinical Commissioning Group (EECCG) in February 2021 found the service was managing infection prevention and control well.
- People using the service had designated roles as 'champion's'. A Champion is an individual who on a day to day basis promotes good practice. One person told us they were the infection prevention and control champion. We saw they reminded people, staff and visitors to wash their hands.
- Staff had completed infection control training including specific guidance for managing the risks associated with COVID-19.
- Staff were provided with the appropriate personal protective equipment [PPE]. The provider had updated their infection prevention and control policy detailing the safety measures in place, including regular testing of staff for symptoms COVID-19.
- People and staff had been supported to access appropriate vaccinations, including COVID-19 vaccinations and boosters.

#### Learning lessons when things go wrong

- Staff understand their responsibilities to raise concerns and report incidents and near misses; and told us they felt fully supported to do so.
- The registered manager told us they regularly reviewed the quality of the service via audits and conversations with people, their relatives and staff to assess what was working well, and what needed to improve.



# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People's care records showed prior to using the service an assessment of their health, including their mental health and medical needs had been undertaken to ensure the service could meet their needs.
- Assessments had included relevant professionals, including the learning disability team and an occupational therapy assessment to ensure care was planned in line with evidence-based guidance, standards and best practice.

Staff support: induction, training, skills and experience

- Staff confirmed and records showed they had completed training which gave them the skills, knowledge and experience to carry out their roles effectively.
- People's relatives told us staff had the necessary skills to meet their loved one's individual needs. One relative commented, "They all do a certain amount of training, I know that some have completed extra insulin injection training recently."
- Systems were in place to monitor staff training and ensure it remained up to date. One member of staff commented, "The registered manager checks we have completed the required training at each monthly team meeting."
- Staff had received an induction which included a welcome pack about the service and what to expect. They were also required to complete an induction booklet and a range of training within six months. Where they were new to care staff were required to complete the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- Agency staff completed an induction and familiarisation of the service to ensure they had the information they needed to support people using the service.

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

- People told us they were involved in planning their meals. One person commented, "I need to avoid some foods because of my diabetes, I have a diet sheet and menu which works okay."
- People's relatives were confident their family member received the support they needed to maintain a balanced diet. One relative commented, "My [Person] sometimes leaves their food, or forgets they have eaten, and asks for more food. The staff are good they ensure they are not hungry by giving them snacks throughout the day."
- People told us they had access to snacks and drinks when they wanted them. Comments included, "I like a banana and a cup of coffee," and "I like Marmite on toast."
- People's care plans detailed what food and drink they preferred and the support they needed from staff to

manage their dietary requirements.

- Where people's dietary needs had changed, referrals had been made to appropriate professionals for advice and support. For example, where a person had shown an increased risk of choking, a referral had been made to the speech and language therapist (SaLT) and a choking risk assessment completed.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to their GP or other healthcare services when needed. One person told us, "A chiropodist comes into the home and I have a reflexologist who massages my feet."
- People's relatives confirmed their family members were able to access healthcare services and staff kept them informed of any changes in their needs.
- Each person had a health action plan which included the help and support the person needed to look after their health, a record of their health needs including annual health checks and vaccines.
- Systems were in place for referring people to external services where changes in their health and welfare was identified. The registered manager and staff had acted swiftly making referrals to the local authority safeguarding team, GP, dementia services and the learning disability community nurse to get the right support for a person refusing care and medicines.

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

- The premises had been refurbished since our previous inspection. New furniture had been purchased and accessories to create a more modern and homely living environment.
- The environment was appealing and met people's sensory and physical needs. As part of the refurbishment all shower rooms had been made into wet rooms which were clean and easily accessible.
- People told us they had been involved in decisions about the décor, including personalising their own rooms.

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.

- Staff understood the requirements of the MCA and how to support people to make decisions.
- Where people lacked capacity to make important decisions about their care and treatment, including receiving the COVID-19 and flu vaccination the relevant people had been involved in making best interest decisions to keep the person well.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People told us, staff always treated them with kindness. One person said, "Staff treat me very well, I am very happy here."
- Relatives told us staff were committed to providing the right care. Staff were observed treating people with kindness, respect and compassion. They had developed a good rapport with the people they supported.
- People told us staff supported them well at times when they became anxious or distressed. Comments included, "They [staff] help me make things in order to make me feel calm."
- Staff had a good understanding of people's needs, their likes, dislikes, things likely to trigger anxieties or distress and how to support them to reduce these feelings.
- The provider had considered people's protected characteristics, such as their spiritual beliefs as part of their initial assessment. These were regularly reviewed to ensure people's choices and preferences were followed.

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

- People were supported by staff to make decisions about their day to day care. More complex decisions about their care and treatment were being made in their best interests and the right people had been involved.
- People had detailed routines setting out the support they needed to ensure they had a good day. These included making their own decisions and the support they needed from staff to be as independent as possible. One person told us, "My folder tells staff what I like to be done, staff follow it and are doing a good job."
- People had been involved in making decisions about their home at regular resident meetings. These meetings had also been used to include learning sessions. For example, a recent session had been held about budgeting to help people better understand and manage their personal finances.

Respecting and promoting people's privacy, dignity and independence

- People told us; staff respected their privacy. One person told us, "If I want to talk with the manager, I can talk with them in the office or I can go to my room."
- Relatives were confident staff respected their loved one's dignity. One relative commented, "Definitely, staff always knock and wait to be invited in."
- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. One member of staff commented, "Privacy and dignity are important, I always knock and wait to be invited in and ask permission before I provide personal care."

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People and their relatives told us they had been involved in reviewing care, support and treatment plans. This ensured information about people's needs was up to date and relevant. One person told us, "I have a monthly meeting with my key worker, and we talk about any changes needed."
- People's care plans were personalised to reflect their specific needs, how they wanted to be supported and what was important to them, including the emotional support needed to respond to causes of anxieties and distress.
- Care plans contained a 'My daily routines' grab sheet so new and agency staff know at a glance how to support people using the service.

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 were supported to take part in person-centred activities and encouraged to maintain their hobbies and interests. One relative commented, "From what I have seen my [Person] and the others are happy, they always seem to be doing something not just sitting around."
- People confirmed they were supported to access activities which met their social needs and enabled them to live a full life. One person told us, "I go to college to do pottery. My favourite course was using nail varnish. I can also go out on my own, when I want to."
- Relatives, the registered manager and staff confirmed people were being supported to access a variety of activities in the community, including access to college, bounce ability and eating out.
- Staff had worked with the mental health team developing strategies to support a person using the service to access the community independently.
- People were supported to maintain good relationships with their families.

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.

- Communication plans were in place guiding staff on how to effectively communicate with people.
- Staff were observed communicating well with people, in line with their preferred method of communication, such as Makaton, pictures and photos.
- People had been provided with information in different formats to help them understand the content. For

example, a person's records detailed they had been provided with an easy read version of how to complain, this had also been discussed with them to ensure they had understood.

#### Improving care quality in response to complaints or concerns

- The registered manager told us, and records confirmed there had been no complaints made about the service since last inspection.
- Systems were in place to respond to complaints. The registered manager told us, they had developed a good relationship with people's relatives and any minor issues were discussed and dealt with immediately. More serious complaints would be dealt with using the formal complaints procedure.

#### End of life care and support

- People's care records showed some progress had been made to have conversations about their preferences for end of life care. Decisions about who people wanted to be involved and where they wanted to be at the end of their life had been documented.
- The registered manager acknowledged further work was needed to engage with people and their families to develop end of life care, support and treatment plans to ensure people received quality end of life care which maximised their comfort and wellbeing.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff spoke positively about the registered manager and the culture of the service.
- Staff understood their role and responsibilities, were motivated and had confidence in the registered manager. One member of staff told us "[Name] is a really good manager, they have our backs, nothing is too much trouble, they are very supportive, any issues and they are always there to point us in the right direction."
- Staff told us, leadership, teamwork and team morale had improved since the registered manager started in July 2020. Comments included, "The service flows, everything is in place now, there is more routine everyone is settled. Really good leadership," and "All paperwork is up to date, improved leadership, I feel supported by the manager, I have regular supervision, and I enjoy coming to work."
- Although there had been no complaints about the service the registered manager understood their duty to be honest with people when things went wrong. They had a good understanding of their responsibilities in relation to duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The previous inspection identified improvements were needed to the governance process to prioritise and oversee improvement of the service in line with risk management and regulatory requirements.
- The provider had implemented new governance systems to identify and manage risks to the quality of the service and drive improvement.
- Regular audits of the service had been carried out by the registered manager and representatives of the provider. This had included, external visits by the providers quality team and bi-monthly visits by the area manager.
- Reports had been provided following these visits, with action plans identifying key issues, trends and themes of what was working well and where improvements were needed.
- The registered manager told us, they had worked hard with the support of the staff team to make the required improvements to ensure people received safe, high quality care.
- The registered manager had attended regular training and development sessions, and conferences to keep themselves up to date with relevant guidance and legislation.

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

- People and their relatives told us the registered manager and deputy manager were approachable and they could speak with them if they wanted to.
- The registered manager told us they liaised closely with each person's family members. Conversations had recently been about community presence and getting back out to day centres, days out and college post COVID-19 restrictions.
- People's feedback about the service was gathered through living together meetings and monthly keyworker meetings. One person told us, "We have a residents meeting; I can have my say and I do go."
- Staff had access to 'Blink' a communication platform which kept them up to date with organisational updates and gave them access to policies and procedures.

Working in partnership with others

- Discussions with people and their relatives confirmed the registered manager and staff worked well in partnership with other health professionals.
- Where people's needs had changed referrals had been made for professional assessment at the earliest opportunity. This had included referrals to the mental health team, SaLT, learning disability community nurse and the dementia support team.
- The registered manager had worked with local authorities to review funding arrangements where people's care needs had changed.