

Pathfinders-Care (Ollerton) Limited

# Pathfinders Neurological Care Centre

## Inspection report

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19 April 2017

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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

This inspection took place on 18 & 19 April 2017. Pathfinders Neurological Care Centre is registered to provide accommodation, nursing and personal care for up to 78 people. The services caters primarily for people neurological conditions. On the day of our inspection 75 people were using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. There were sufficient staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people and the staff who cared for them. Staff promoted people's right to make their own decisions and respected the choices they made. People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place which provided information about the care people required, although some sections required updating. People knew how to make a complaint and there was a clear complaints procedure in place.

There was an open and transparent culture which enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. There were robust quality monitoring procedures in place.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Pathfinders Neurological Care Centre

## **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.

We visited the service on 18 & 19 April 2017, this was an unannounced comprehensive inspection. The inspection team consisted of two inspectors, a specialist advisor with experience of providing nursing care and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with eight people who were using the service, three relatives, three members of care staff, a ward clerk, two nurses, the HR administrator, a pharmacy technician, the maintenance manager, a representative of the provider and the registered managers. We looked at the care plans of eight people and any associated daily records such as the daily log and medicine administration records. We also looked at a range of records relating to the running of the service such as training records and quality audits.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at the home. One person said, "Yes it is safe." The relatives we spoke with also felt that their loved ones were safe living at the home. One relative said, "Yes we think that this place is safe and we're happy that [relative] is safe." During our visit we observed that the atmosphere was calm and relaxed and staff intervened quickly when anybody showed any signs of distress.

The staff we spoke with were aware of their responsibility to protect people from the risk of harm and abuse and could describe the action they would take if they suspected abuse. Staff told us they would not hesitate to report any concerns about people's safety to either of the registered managers and felt they would be taken seriously. The provider ensured staff were provided with the required skills and training to understand their role in protecting people. There were clear procedures in place for staff to follow when they wished to report anything of concern.

Risks to people's health and safety were assessed and care plans put into place to reduce the risks, whilst also respecting people's right to remain as independent as possible. For example, one person's falls risk assessment indicated that they were at risk of falling and they had mobility equipment to use when walking. However, the person did not wish to use the equipment and often walked without it. Staff respected the person's wishes and remained vigilant when the person mobilised to try and reduce the risk of them falling. Steps were taken to ensure that the building was kept in a good state of repair and appropriate safety checks were regularly carried out.

The people and relatives we spoke with provided mixed feedback about whether there were sufficient staff to meet their needs in a timely way. One person said, "Not nearly enough last night. Seven helpers and one nurse." Another person commented that they felt there were sufficient staff and they had not had to wait unduly for any help or support. The registered managers ensured that there were enough staff available to meet people's assessed needs. Any planned appointments and activities were taken into account and staffing levels altered accordingly and we saw staffing rotas to verify this. The staff we spoke with told us that they felt there were sufficient numbers of staff to be able to meet people's needs in a timely way.

We saw that appropriate systems were in place to ensure that people received their medicines as prescribed and at the correct time. Each person's medicines were stored securely in their bedroom and staff administered them in accordance with the home's procedures. Some people had been assessed as being able to administer their own medicines and were supported to be able to do so. A pharmacy technician oversaw the ordering, disposal and administration of medicines and this had resulted in improved working practices, such as the reduction of recording errors made by staff. The medicines administration records we looked at had been appropriately completed to confirm whether the medicines had been taken or not.

## Is the service effective?

### Our findings

People were cared for by a staff team who receive appropriate training and felt well supported. One person told us, "Yes, staff are well trained, in fact too much. They're always training and writing things down. Staff are absolutely brilliant." The relatives we spoke with also felt that staff were competent and had provided effective care and support to their loved one. The staff we spoke with were very complimentary about the training they received and felt it was relevant and helped them carry out their role. One staff member said, "The training is excellent, we can ask for any training and it will be provided." The records we looked at showed that staff received relevant training as well as regular supervision with their line manager.

People were supported to provide consent for the care they received. We observed staff asking people for their consent before providing any care. People, or where appropriate, their representative could be involved in the creation of their care plan. We saw that, where possible, the person had signed their care plan to confirm their consent. If the person was not able to do this, their representative had provided consent on their behalf.

Systems were in place to ensure that where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests should the person not be able to make the decision for themselves. 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). There were systems in place to ensure people were not deprived of their liberty unlawfully.

We received mixed feedback about the quantity of food available. One person said, "Food and drink is restricted because of the money, there is a menu. I tend to have salads, there is no room for spares, last night's tea is in my fridge but I can eat it today." Another person told us, "I think the food is lovely, always enough to eat." Despite the mixed feedback we saw that people were supported to eat and drink sufficient amounts to maintain their health. Where people required assistance to eat their meals, this was given in a calm and unhurried manner. Kitchen staff had access to information about people's specific dietary requirements and catered for these. A pictorial menu was being developed to help people better understand the choices available to them.

The people we spoke with confirmed that they had access to healthcare support and advice when required. One person said, "They are not too bad at getting a doctor when you need one." The staff we spoke with told us that they would not hesitate to contact emergency services should somebody require more urgent treatment. The records we viewed confirmed that people had regular access to a variety of healthcare services and that staff followed any advice and guidance provided to them. For example, one person had some difficulty chewing and swallowing food and had been seen by a Speech and Language Therapist. The advice that was provided had been incorporated into the person's care plan and was being followed. The service had recently gained access to SystmOne (the NHS electronic patient record) and was using this, where appropriate, to gain relevant information about people's medical history.

## Is the service caring?

### Our findings

There were positive and caring relationships between people living at the home and staff and we received positively feedback about staff's caring attitude. One person said, "Staff are fabulous." Another person told us, "I get on with them, have a bit of banter, some are more officious." The relatives we spoke with were also complimentary about the way in which staff cared for people. One relative said, "They are kind and caring and treat people with dignity and respect, they welcome us as a family member." The staff we spoke with told us that they valued the relationships they had developed with people. One staff member said, "Yes, 100%, staff are caring."

Staff offered people choices and respected the choices they made and understood the importance of doing so. Staff also made efforts to meet people's diverse cultural and religious needs. For example, one person had asked for food to be provided that was appropriate to their culture. Kitchen staff contacted the person's family and obtained recipes and had tried different dishes which the person had enjoyed. People were able to take part in religious services should they wish to.

People's care plans provided information about their likes and dislikes and how this impacted on the way staff provided their care. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered. For example, one person had limited vision and so it was important for staff to position themselves in front of them before speaking. This was detailed in the person's care plan and understood by staff. The staff we spoke with understood the importance of offering people choices and understood the different ways that people could be involved in making decisions. For example, one person used an electronic device to communicate and staff ensured that this was charged overnight and that the person had it with them.

People told us they were treated with dignity and respect by staff. One person commented, "Staff are kind and caring and treat you with dignity and respect." There was a 'Staff Shout Out' board where people using the service and visitors had posted several positive comments about the staff. We observed that staff were polite and respectful when speaking with people and also gave people space when it was apparent they wished to be left alone. The staff we spoke with could describe the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. Where necessary, there was clear information in people's care plans about any personal care that needed to be carried out and how this should be done. This took into account people's wishes and preferences.

## Is the service responsive?

### Our findings

The people and relatives we spoke with told us that they were happy with the care that staff provided. One relative told us, "We are happy that [relative] is safe and well cared for, nothing is too much trouble, we give notice we are coming and they are always clean and tidy and well presented." Another relative said, "[My relative] is safe and well cared for." We were also told, "They keep us informed as far as they can, they talk to us and tell us what is happening." During our visit we observed that staff responded to people's needs and carried out regular checks where people remained in their rooms.

The staff we spoke with had a good understanding of people's care needs and how these had changed over time. A series of daily records were completed by staff to confirm the care and support they had provided to people. This included any time specific support such as assisting a person to change their position. There were care plans in place which detailed any assistance people required as well as tasks they could carry out independently. These were regularly reviewed, however we saw that some sections of care plans contained contradictory information. For example, one person's care plan contained a falls risk assessment and a report by an occupational therapist. These documents contained contradictory information about their risk of falling. This was immediately updated following our inspection. Staff told us they were informed about any changes in people's needs at the start of each shift they worked.

The people we spoke with provided mixed feedback about the provision of activities. One person said, "The activity coordinator is very good fun, they work more hours than they are paid for, we suggest loads of activities." However, another person commented, "Activities, oh dear. They will be downstairs in the atrium, using something like bocchia, chunky rubber balls that occupy your mind just for a few seconds, other than that it is lacking." Despite this feedback, we saw that a range of activities were provided within the home and people were sometimes supported with activities or trips to places in their local community and further afield. Some people also had designated 'one-to-one' time where staff could assist them with an activity of their choice. Work was ongoing to provide additional activities in line with people's interests and hobbies.

There was a clear complaints procedure in place and the people and relatives we spoke with knew how to complain. One person told us they had made a complaint and were waiting for the outcome, which we verified by looking at the complaints file. A relative said, "I have never seen anything that gave us concern or cause to complain. I would be confident to raise issues if they arise." People and their relatives were provided with a copy of the complaints procedure when they first started to use the service and it was also displayed in a prominent place in the home. We looked at the records of complaints received during the calendar year to date. We saw that they had been investigated and responded to in a timely manner. A full response and apology had been provided to the complainant and a face to face meeting offered if required.



## Is the service well-led?

### Our findings

There was an open and transparent culture at the home and staff were observed working closely as a team during our visit. One relative commented, "They (staff) are good and easy to talk to." The staff we spoke with also commented positively on the ethos of the service and told us they enjoyed working there. One staff member said, "I've worked in other homes before, I do feel well supported here. You can talk to the managers." The staff we spoke with said that they would have no hesitation in reporting anything of concern or if they had made a mistake. There were regular staff meetings and staff were encouraged to provide feedback and make suggestions for improvements that could be made.

The provider and registered managers worked in partnership with local and national agencies to develop their training strategy. There was a willingness to learn from others in order to improve the quality of the service that was provided. Staff also attended a regular meetings with the local NHS trust where the care and treatment of selected service users was discussed. The aim of this forum was to reduce the number of hospital admissions made from the service.

There was a clear management structure in place and the registered managers led by example. One person said, "[Name] is the manager, there are quite a few managers here." The registered managers were supported by other members of the management team and they shared responsibility appropriately. One of the registered managers told us that, due to the size and complex nature of the service the provider had decided that two registered managers would be required to provide sufficient oversight and support for staff. 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.

The staff we spoke with understood their roles and what they were accountable for. They told us that the management team provided clear leadership and led by example as well as listening to their views. The provider ensured that sufficient resources were available to enable to smooth day to day running of the service as well as investing in improvements to the home. For example, work was scheduled to take place on revamping the garden area.

People and relatives were regularly asked for their views on the quality of the service being provided. Satisfaction surveys were available for completion at any time and the results were displayed on the provider's website. These indicated a high level of satisfaction with the service that was provided. People and their relatives were also able to be involved in the on-going development of the service. For example, there was a consultation underway about improvement works planned for the garden area.

A series of audits and reports were completed on a regular basis to check the quality of the service being provided. For example, a falls audit was carried out which identified any patterns and trends and ensured that appropriate action was taken to reduce the risk of similar incidents happening again. Any issues that were identified were then acted upon and checked for improvements the following month. For example, a

medicines audit was carried out regularly and this had identified the need for better record keeping. Subsequent audits showed that there was an improvement in staff practice in this area.