Pathways Care Group Limited

Alexandra House and The Lodge

Inspection report

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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

Overall summary

Alexandra House and The Lodge provides accommodation and personal care for up to 14 people who have a learning disability or autistic spectrum disorder. People who use the service may also have a physical disability. On the day of our inspection there were 6 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

Summary of findings

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 safe.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

People had end of life care delivered in a caring, compassionate and dignified manner.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good

Is the service well-led?
The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good

Summary of findings

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Alexandra House and The Lodge

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 24 November 2015 and was unannounced, and was completed by one inspector. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who used the service, we were unable to speak with the other people because they had complex needs and were not able verbally to talk with us we therefore, used observation as our main tool to gather evidence of people's experiences of the service. We also spoke with four care staff and the registered manager.

Following the inspection we made telephone calls to relatives and professionals for feedback about the service. We reviewed four people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People told us they felt safe living at Alexander House and the Lodge. One person told us, "The staff look after me and keep me safe." They also told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One relative we spoke to told us, "I don't worry about [relative], I know they are safe." Another one said, "Oh yes, they are definitely safe they are well looked after."

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. 'CQC records' showed that the manager reported concerns appropriately, and it was clear from our discussions with the manger that they understood and were clear about their roles and responsibilities with regards to keeping people safe.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The assistant manager gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire system and mobility equipment, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. People, relatives and staff told us there was enough staff to meet people's needs and to keep people safe. Staff told us, that they did not use agency staff as the staff worked well as a team to cover for all staff absences. Relatives confirmed that staffing levels were sufficient to support individually assessed needs of their relatives for example, where one to one support was required. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people. One staff member told us, "When I started working here I shadowed other staff and worked at building up a relationship with the residents, before I did any personal care." The manager told us that this was her policy, as she felt it was important for people to know the new staff before they were involved in delivering any personal care.

Medicines records and storage arrangements we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Where medicines were prescribed on an as required basis, such as medicines for epilepsy that were given when someone had a seizure, there were clear instructions about when the medicine was needed. Staff were trained by an external agency and then they had to complete a competency assessment to evidence they had the skills to administer medication safely.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided One person told us, “The staff know me and know what help I need and I only have to ask if I want them to do something for me.” One relative told us, “The staff know [relative] very well they know what they are doing.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and dementia awareness. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people’s needs. One member of staff told us, “We are always encouraged to do training and to keep it updated.” Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice. The staff told us that at their monthly staff meetings the manager carried out a quiz about the care and support each resident needed, this was a way of ensuring all staff were up to date with any changes in people’s needs. On the day of our inspection we observed staff carrying out safe practice whilst moving a resident who was in a wheelchair.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. The plans showed us that the food offered was balanced and nutritional and people were offered choice. We saw that people who needed support to eat and drink were supported by staff in a respectful way they were offered re-assurance and encouragement and not rushed. One person told us, “The food is good, I choose what I want to eat.”

People’s care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. Referrals had been made when required. For example, a referral had been made to the dietician and speech and language therapist because of concerns around weight loss and swallowing difficulties. One relative told us, “The staff keep a good eye on [relative] and call the doctor if needed. They always ring us and let us know about any appointments.” Details of appointments were documented in people’s care plans. We saw that people’s health needs were reviewed on a regular basis. A healthcare professional told us that staff contacted them if they had any concerns at all and that staff all knew people needs.

Good

Is the service caring?

Our findings

People told us staff were caring towards them and always treated them with dignity and respect.

One person said, “They are lovely, I like living here.” Staff had developed positive caring relationships with the people they supported. This was evident from the interactions we observed.

Wherever possible, people were involved in making decisions about their care, and if this was not possible their families were involved with their consent. We saw that people had access to Advocates where necessary. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

There was a warm and friendly atmosphere in the home with lots of laughter and humour shared amongst the staff and people living there. We observed the care people received from staff. All the interactions were polite and respectful. Staff knew the residents well and waited for a response when a question was asked or a choice was given without rushing the person. Where people were unable to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

People were observed to have their privacy respected. For example, staff would knock on the door of a bedroom or bathroom wait for a response before entering.

People’s choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. People told us how they had been supported to go on holiday to places of their choosing. They also expressed how staff supported them to do the things they wanted to do and when they wanted to them therefore, respecting their individual choices.

Relatives told us that staff treated people with respect, dignity and kindness and as individuals. One relative told us, “[my relative] is happy there. We could not ask for more and it is reassuring to know they are so well cared for.”

People told us they had visits from family and this was confirmed by the relatives we spoke with one relative told us, “We visit twice a week and are always made to feel welcome by the staff.”

Staff told us that each person’s keyworker supported them maintain contact with their family and friends and this included supporting them to buy presents and cards for special occasions.

During the past year the manager and staff have supported people with end of life care. People told us, “The manager was so compassionate and supportive, nothing was too much trouble [manager] stayed with them night and day.” A relative told us, “I would like everyone to know the amount of love, care and dignity and compassion [relative] received has been second to none, the manager spent most nights in [relative] room so she did not die alone.”

The manager told us and showed us photographs of personalised themed funerals herself and the staff had arranged if relatives wanted them to. This included ensuring the theme was relevant to the life of the person. For example, one person loved jelly babies so all of the staff wore brightly coloured clothes representing these colours. A cake was made using the jelly baby theme. Another person loved cats so donations were asked for to give to the local cat charity as it was felt that this would have been important to this person. When returning to the home the other people that lived in the service were supported to release some balloons to say goodbye to the person. Staff said they felt this really helped people to understand that this person had gone and would not be returning to the home. We saw the residents and staff had drawn pictures with messages to say goodbye to people.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen portrait' in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan and the keyworker supported other staff to build up relationships with this person.

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were regularly reviewed and updated to reflect people's changing needs.

Staff spoken with knew the individual they supported well. They were able to outline what they liked to do and what areas they needed assistance with. They spoke about each person's preferred method of communicating and this was documented in each person's care plan. For example, when a person did not verbally communicate they made their needs known by different noises or hand gestures and facial expressions.

Handovers took place at the beginning of each shift and they told us that these were a good way of passing on information and making sure that the team communicated effectively.

Records confirmed that everyone had access to and took part in a variety of community activities according to their personal preferences. For example, trips to the shops, lunch out and to pottery classes. One person told us, "The staff take me to church on Sundays when I want to go."

On a monthly basis an outside entertainer visited the home in the evening and played music and sang songs which people joined in with.

On the day of our inspection the home had a music and movement session booked from an external facilitator this person interacted with each person interacting and encouraging them to join in and take part. People were moving in time with the music and facial expressions and noises showed they were enjoying themselves. The manager told us that the music facilitator had approached her and after discussion it was decided people may benefit from individual sessions as well as a group session, this was because people's needs had changed as they had got older, therefore each person who wanted to had a 1:1 session each week with the facilitator giving them time to experience different activities on an individual basis.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. They advised us that they dealt with any issues as and when they arose. People and relatives confirmed this and told us that they had a good relationship with the manager and staff and could speak to them about any concerns and things were dealt with immediately.

Good

Is the service well-led?

Our findings

We saw the manager talking to the people in the home in a warm and friendly manner. One person told us, “I would talk to [name of manager] if I wanted anything.” Staff told us, “We can talk to the [name of manager], she has an open door policy.” The staff told us, [manager] goes above and beyond in supporting us, especially during the difficult year we have had with two people needing end of life care.”

Staff told us the service was well organised and they enjoyed working there they said the manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that she treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem.

They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported This enabled consistent care from staff who knew them and with whom they had built up meaningful relationships with.

The manager carried out a range of audits to monitor the quality of the service. These audits included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded. The company carried out their own quality auditing and we saw that actions were given with specific timescales in which things needed to be done by in areas that were identified as requiring improvement.

The provider used a range of ways to seek the views of people who used the service. They had sent surveys to relatives and professionals to seek their views and opinions. We noted from the most recent surveys that there was positive and complimentary feedback from relatives and professionals. Comments included, “This is the best home we visit.” Other comments included, “Superb staff team, always happy.” Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the people who live in the service.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people’s private information.