

Pathfinders Community Support Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pathfinders provides care and support to people with a learning disability living in supported living accommodation. At the time of our inspection the service was supporting nine people, however, only two people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Though people using the service were empowered to assist in the staff selection process, staff who had been employed had not had gaps in their employment history discussed or any potential risk involved assessed. Most other risks were assessed and updated regularly, however, we noted there were no personal evacuation plans in people's care plans. People were supported to have their medicines in the right way and at the right time. However, staff recording of some occasional or medicines were not using the designated codes on the recording charts.

People were supported to be safe and protected from discrimination. Safety was a high priority for managers and staff, systems and processes to identify risk or potential abuse were robust. People's freedom was respected, and they were supported to be as independent as they could be.

There were enough staff with the right skills to meet people's needs and support them to stay safe. People liked the staff and had confidence in them to develop as individuals within the community.

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.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support: The model of care and how that is based in people's own flat which maximises people's choice, control and independence over their lives.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights

Right culture: The ethos, values, attitudes and behaviours of the provider is clearly stated in the vision and values documents and the Statement of Purpose. They explain to people the level of service they can expect and ensure care staff promote people using services to lead confident, inclusive and empowered lives.

People were supported in a person-centred way. The overall culture of the service was empowering and inclusive. Staff promoted people's human rights and protected people's privacy and dignity. People were consulted and included in decisions about their care and support and about the development of the service.

Staff knew how to communicate with people effectively and understood people's needs well. People led independent lives and were empowered take part in the running and development of the service.

There was a strong framework of accountability and systems to monitor the quality of the service were well embedded into the running of the service. There was a clear organisational structure and staff understood their responsibilities. People, staff and relatives told us the senior managers were supportive, approachable and accessible.

Rating at last inspection

The last rating for this service was Good (published 17 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good 

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good 

Pathfinders Community Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a registered 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be the registered manager and care staff to speak with us.

What we did before the 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

We spoke with two people who used the service, one family member and four staff. This included the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) and registered manager. We visited the office on 5 August 2021 and spoke with people who used the service. We made calls to a relative and staff in the days following the office inspection.

We reviewed a range of records. This included two people's care records. We looked at three 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 asked for further records to be forwarded to us which included training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Effective recruitment procedures were not in place to fully check the applicant's past performance and behaviour. We saw two staff's employment histories had gaps which were not checked out at interview or risk assessed. This leaves the potential for unsuitable candidates to be employed and place people being supported at risk.
- One person spoke to us at length about how they were empowered to assist in the selection process to select staff who would support them following their move from long stay hospital.
- The working party [people using the service] has been closely involved and assisted in reviewing staff job descriptions and created interview questions and are included in interviews to develop value-based recruitment that is most important to the people being supported. That means the people being supported were included in discussions to decide whom they feel had the right values and experience for a role in the company.
- Disclosure and Barring Service (DBS) checks were completed appropriately. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.
- There were enough staff working to meet people's needs. We heard from staff that when last minute shortages occurred, the gaps were quickly filled with staff who knew the people being supported.

Using medicines safely

- Medicine administration records (MAR) were not coded in line with the codes provided by the supplying pharmacy. Where people had been provided with medicines to self-administer, the code used on the MAR chart was not used in the way the pharmacy record had been produced. The provider agreed to change the MAR record to ensure there was no confusion in the records.
- People were supported with their medicine in a person-centred way. People were encouraged to be independent with their medicines where appropriate.
- Where people were prescribed 'as required' medicines, there were clear policies in place about recording medicines given.
- Staff were trained to manage medicines safely. Staff told us that they had received training and were 'confident in my ability and my colleague's ability' to give medicine safely.

Assessing risk, safety monitoring and management

- Staff did not have information readily available about what to do if there was a fire in a person's home. Personal evacuation plans (PEEPS) were only available electronically which may not be available in an

emergency.

- Risk assessments were person centred, detailed and easily accessible to staff.
- Staff continually assessed risks in people's homes. The registered manager told us about a maintenance issue which was recognised and quickly rectified by staff. Staff confirmed and stated, "I made it safe, risk assessed and let my manager know."

Systems and processes to safeguard people from the risk of abuse

- We asked people's relatives if they felt their relation was safe. One relative said, "[Named] is relaxed with the staff and the structure that Pathfinders provides. The structure helps support [named] and has helped bring their anxiety levels down."
- Staff understood safeguarding and how to recognise signs of abuse. Staff informed us they knew how to escalate their concerns if they needed to and were confident the management would take action to keep people safe.
- Staff had a good understanding of what to do to make sure people were protected from harm. Staff told us they have received regular training in safeguarding issues.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was opportunity to learn lessons when things go wrong. The service regularly held team meetings and individual supervision for reflective practice.
- Lessons are learnt when behaviour that challenges occurs, and restrictive practices are used. Incidents and near misses are scrutinised each week and monthly analysis looked for patterns and any contributing 'triggers'.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in identifying people's care needs and then in the ongoing development of the care plan. The registered manager used this information to ensure staff had the skills and understood how people chose to be supported.
- Assessments were comprehensive and reflective of the Equality Act, considering people's individual needs, which included their age and disability. Information about the person's learning disability were clearly documented and included information as to how this impacted on a person's day to day life and the support required.

Staff support: induction, training, skills and experience

- Staff completed induction and essential training for their role and worked alongside experienced care staff to gain practical experience. Staff who had not worked in care were required to complete the care certificate. This provided staff with the basic knowledge and skills needed to provide safe care.
- People who were supported by the service were also empowered to provide training for staff. The provider has developed a 'working party'. This is made up of people who are supported by the service and senior staff and was involved in many areas of staff development and recruitment. The person we spoke with said they felt as they were 'Pathfinders expert by experience'.
- Training information showed staff had completed training in topics related to people's health and safety and promoting person-centred care. Staff competencies were regularly assessed to ensure they supported people in line with training supplied.
- Staff told us they were well supported, had regular supervisions and could attend and fully take part in discussions at meetings.

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

- People were encouraged to be fully involved in decisions about their dietary requirements. Staff supported people to budget and shop for what they liked to eat and drink. One relative said, "I am happy with staff group they all have [named] best interests at heart."
- Where people required dietary support their care plan described the level of support required.
- Staff told us, and records confirmed they were trained in food hygiene.

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

- People were supported to lead healthier lives and accessed health care services when needed. Everyone was confident staff were vigilant and would act quickly if they had any concerns about people's health.

- The service worked closely with health care professionals and care plans provided clear guidance for staff and included instructions provided by health care staff.
- A family member confirmed their relative regularly attended health checks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service worked within the principles of the MCA.
- People's ability to make informed decisions had been assessed or in the process of being assessed. Where people had restrictions placed on them there was a copy of Court of Protection paperwork and was clearly documented in their care plans.
- Staff were trained in this area. They gave examples of how they encouraged people to be fully involved in decisions made about all aspects of their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us and a relative confirmed staff were kind and caring.
- Staff were knowledgeable about people's preferences, routines and gave examples of how they promoted and respected the things that were important to them. This indicated staff had developed caring and positive relationships with people they looked after.
- Relatives told us about their loved ones needs and wishes in relation to their values and culture. Care plans contained information about people's beliefs and their friendships and close relationships.

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

- People were empowered in the planning of their care. People were supported to make decisions about their care and their individual preferences were recorded and reviewed regularly.
- People were supported by a small team of support staff who they felt comfortable with.
- Staff were employed on a 1-2-1 basis, so had enough time to meet people's individual needs at a pace and order suited to the person.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff protected their privacy and dignity, for example, by closing the curtains and doors and knocking on doors before entering.
- People's independence was promoted, and care plans reflected their abilities and detailed the level of any intervention or support when required.
- People's personal information was kept secure. Staff understood the importance of maintaining electronic and paper records securely. All electronic records were password protected and access was restricted to the named individuals. Staff accessed the electronic records from an application on their personal mobile. However, they could only access people's files and records when they were on shift. The records were electronically locked at all other times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were included in planning and development of their personalised care and support plans. This allowed people to fully express their choice and control over how and when their support was to be offered. Records demonstrated the inclusion of health and social care professionals.
- One relative explained, "Staff wear normal clothes, I like that, as it has prompted different fashion choices for [named] and they are more interested in clothes now."
- Care plans were extensive and very well detailed. Plans were compiled and included information from professionals' assessments which backed up the staff files. The majority of documents were supported by pictorial symbols (easy read). For example, the emergency grab sheet and hospital passport were thorough and in depth and included information about the person's family contact.
- Other parts of the care plan included an 'emotional' plan with risk management plan that directed with very detailed and personalised active strategies, reactive strategies and de-escalation strategies if a person suffered an emotional upset. One person said to us, "There is always someone on the end of the phone 24 hours a day. We can phone anytime and there is someone to support us. For example, when I was having a 'melt-down', it wasn't my support day, but the manager was there straight away." This demonstrated staff commitment and support for the people being supported.
- The registered manager and the support staff had a good understanding of people's care, social and cultural needs. Care plans were updated regularly and any changes were communicated to staff through the electronic care monitoring system.

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'.

- People's communication needs were considered as part of their assessment and their care plans described the level of support required.
- The provider had continued changing information into a range of formats. This was assisted by the working party who were helping translate the documents to an 'easy read' format.

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 maintain meaningful relationships with family and friends. They were empowered to decide the level of contact between them and their relatives which cemented the principles

of Right support, Right care, Right culture.

- People are involved in friendship groups which have developed social events such as a monthly meal and assisted in raising funds for a local animal charity and farm park. At a recent festive holiday people from the working party support group and others from the wider community had distributed food to people without needing their own support network or supporting family.
- Positive behaviour support (PBS) was at the heart of the care and support provided and significantly improved people's quality of life and independence. For example, through PBS, a person had experienced a significant reduction in distressed or challenging behaviour. This was achieved through careful analysis and staff debriefing following every incident of aggression or distressed behaviour. In response to the positive support people had started a 'friendship group' which has developed a support network for people from the wider community. This helped people increase their confidence, independence and resilience in providing support to work through personal challenges.
- People's support plans were outcome focused, reflecting their goals and aspirations. People were encouraged and supported to take part in a range of community-based leisure activities, which had been temporarily restricted due to the pandemic.
- We saw pictures of a birthday celebration which had been organised in an open-air environment but still included the person's friends, relatives and staff celebrating with a socially distanced birthday tea.

Improving care quality in response to complaints or concerns

- People were provided with written information about the service and how to complain in a format that was accessible to them.
- Everyone we spoke with knew how to make a complaint and were confident any allegations would be listened to. One relative said, "I have no complaints, but would contact [named] if I did."

End of life care and support

- At the time of the inspection, no one was being supported with end of life care and palliative care needs.
- The registered manager had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care, though no plans had been put in place due to the delicate nature of both people's opinions about their end of life.
- The registered manager told us they would respond to any guidance or advance wishes should they be required. They also said they would contact other appropriate services when appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture was planned to be person centred and achieved excellent outcomes for people from them being introduced to the service. One relative said, "I have friends with young adults (requiring planned support). I would recommend Pathfinders as they gave [named] the best support they have ever had." The provider's ethos was detailed in the Visions and Values statement and was formulated in part by people who were supported by the service.
- People we spoke with were proud of what they had achieved and clearly considered themselves to be an active part of the staff team. People and staff had built positive relationships based on mutual trust and respect.
- People were included and consulted about every aspect of their support. People were supported to contribute to staff meetings and information and any changes were relayed to staff.
- People were involved in decision making and as part of the 'working party' has been a major driver and assisted development of Pathfinders vision, values and mission. That is a promise to the people being supported, their families, Pathfinders staff and stakeholders to uphold and constantly monitor services and improve outcomes for people, delivering excellent care and support to enable people to greater independence.
- The working party adapted the 'whistle blowing' policy into an easy read document with important telephone numbers of who supported people can report any issues on to.

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

- Managers and staff understood their duty of candour responsibilities and took swift action when things went wrong. We were given examples of the support and feedback provided to people following incidents or when things went wrong.
- All accidents and incidents were logged and shared with appropriate professionals and action was taken to reduce any further risk.
- Accidents, incidents and near misses were all reviewed, and any information from lessons learned shared with staff to reduce further risk.

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

- Governance was well embedded into the running of the service and people who used the service were

included and involved in quality monitoring.

- There was a comprehensive range of audits carried out by staff and included people who were supported by the service.

Continuous learning and improving care

- Systems were in place to continually review good practice guidance, and implement changes where required.
- The analysis of incidents and events in the service were used to identify potential themes and trends, so action could be taken to further develop the service as a whole.

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

- The service was being continuously developed by the working party, people's relatives and staff. Through this people who were receiving the care and support had a direct influence and were empowered in decisions and a say in how the service was run and developed.
- Staff meetings were held regularly and provided an opportunity for staff to share information about the people they supported and discuss any changes or improvement to people's care and support. Staff meetings were also used by the registered manager to update staff on key issues, and to encourage staff to share ideas. Any staff not attending were
- People and their close relatives' views were sought about the service. This included sending out regular surveys which were provided in an easy read and letter format. Easy read surveys were used and aided people in understanding the content. Any feedback or comments were considered and built into any planned changes and development of the service.

Working in partnership with others

- We contacted a number of professionals that have worked with Pathfinders staff in the past. One professional said, "Pathfinders are simply excellent in their work with the individuals they support. The management team are also good in working collaboratively with other professionals." They told us about the work staff had done to support a person and reduce their longstanding behaviours that challenged staff. That meant they received care in their own flat, which increased their feelings of worth, where long stay hospital treatment and residential care had been unsuccessful.
- The registered manager and staff worked with key statutory organisations, which included the local authority, children's and young people's services, education department, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of people using the service.