

Clear Pathway Care Ltd

Peartree Business Centre

Inspection report

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Date of inspection visit:
02 November 2020

Date of publication:
19 November 2020

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

Peartree Business Centre is a supported living service providing personal care to people with learning difficulties, autism and mental health needs. At the time of the inspection the service was providing support to one person at one location in a residential area of Poole. There was a central office based in Ferndown.

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

The service had given safeguarding a renewed emphasis since the previous inspection. Staff knew what signs and symptoms could indicate people are experiencing abuse or harm. Staff felt confident management would listen and act if they raised concerns.

There were enough staff to keep people safe and meet people's individual needs. Staff had a good understanding of people's individual risks and how to minimise them without being unduly restrictive. There were improved processes in place to ensure the safe recruitment of staff.

Staff understood the principles of the Mental Capacity Act 2005 (MCA 2005) and how it applied to the people there. This provided protection for people who do not have capacity to make decisions for themselves. People's consent was consistently sought prior to support being provided.

An improved range of audits and regular checks helped ensure service quality was maintained and areas for improvement identified. Learning was shared with staff and used to develop the service.

People were supported by staff who had received the necessary training and ongoing support to help them meet their diverse needs with confidence. Staff competency was monitored on an ongoing basis through safe practice observations, regular supervision and appraisals.

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's desire to socialise and participate in meaningful activity was met through a varied range of activities tailored to their tastes and abilities. Care included recognition and support for people's spiritual and faith-based needs. This holistic approach enabled people to lead full and active lives.

Staff felt motivated and supported by their colleagues and the management; telling us the service was "like a family." Senior managers had the skills, knowledge and passion to manage the service and work with people, staff and the provider to identify where it could be improved. People, relatives and staff were frequently consulted with their views used to influence what happened at the service. Feedback was unanimously positive.

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 service setting maximised people's choice, control and independence

Right care:

- Care provided at the service was person-centred and promoted people's dignity, privacy and human rights

Right culture:

- The ethos, values, attitudes and behaviours of management and care staff ensured people using the service led confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 April 2020) and there were multiple breaches of regulation. 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 and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peartree Business Centre on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Peartree Business Centre

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 one inspector.

Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was announced. 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 people at the office and supported living setting to speak with us.

Inspection activity started on 02 November 2020 and ended on 10 November 2020. We visited the office location during the morning of 02 November 2020 and the supported living setting in the afternoon.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

At the time of this inspection only one person was being supported. We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We arranged to speak with staff members by telephone to reduce the time we were on site due to the national pandemic. The person told us they were busy so we arranged to speak with them by video call after the inspection.

We reviewed a range of records. This included the person's care records and medication 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 quality audits and health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas, complaints management and policies. We spoke the person via video call, the registered manager, four care staff, two relatives and two professionals who had experience of working with the service. We emailed another professional for feedback so we could use this to help inform our judgements.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from abuse and improper treatment. Following the previous inspection, the registered manager had met formally with staff to emphasise the importance of timely reporting of any concerns or incidents of alleged abuse. The registered manager also introduced regular safety to practice observations for all staff. The person told us, "...I have only just moved in. Feeling safe will come with trust." A relative of theirs told us, "I absolutely feel [name] is safe."
- Incidents that had occurred after the previous inspection had been recorded and reported both internally and externally including to the local safeguarding team and the CQC. Staff had received additional training and there was a renewed focus on safeguarding in staff supervision which included recognising, reporting, whistleblowing and managing disclosures.
- People supported by the service had Positive Behaviour Support Plans [PBSP]. Staff were aware of people's trigger behaviours and actions they could take to prevent or de-escalate crisis situations. A relative said, "I honestly feel we can breathe properly knowing [name] is safe and happy."
- Staff had all received appropriate training in physical intervention techniques and were confident they could use these safely if required.
- People were protected from financial abuse. Arrangements about people's finances and support they may need in this area were noted in their care plan. Staff helped people understand the value of money and encouraged them to budget.

Staffing and recruitment

At our last inspection the provider had failed to ensure adequate staff personnel records were in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 19.

- The provider had made improvements to the recruitment process which was now safe. Full employment history had been recorded in staff files or employment gaps explained. The service had introduced a staff recruitment and induction audit and employed an administrator to deliver this improved oversight.
- Employment checks were robust. Evidence of good character was now sought and recorded. Each staff member now had a health check to ensure their capability to do their role.
- Where pre-employment checks indicated the need for a risk assessment this had taken place.
- Previously staff had worked long hours; some in excess of 100 hours per week. Staff hours were now monitored closely to prevent staff burnout and any adverse impact on the quality of support people received. A staff member said, "I get offered overtime, but we can always decline this."
- At the previous inspection the staff team was supplemented by the use of agency staff. Agency staff were no longer used which gave a consistency of approach. A staff member said, "We have a stable staff team."

Using medicines safely

- The service had safe medicines systems and processes which meant people received their medicines on time and in line with best practice. Regular medicines reviews took place. The service supports an approach which helps to avoid the over medication of people with a learning disability, autism or both (STOMP).
- The service had safe arrangements for the ordering and disposal of people's medicines.
- Staff were trained to administer medicines and had regular competency assessments.
- Where people were prescribed medicines they only needed to take occasionally guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine records clearly detailed what medicines people required and the reason it was prescribed. Medicine records were legible, complete and audited appropriately.

Preventing and controlling infection

- The service had an infection control policy and all staff had received training in infection prevention and control. This had included attendance at a local authority video seminar.
- The service had a specific Covid-19 policy, including an easy read fact sheet, and had introduced procedures and processes in line with current government guidelines. This had helped to keep the person and staff safe from infection. Staff had worked with the person to help them understand the need to apply hand gel and wear a mask when in the community.
- The supported living environment was visibly clean. There was a plentiful supply of PPE. This was used in accordance with government guidelines.

Learning lessons when things go wrong

- Since the previous inspection management had emphasised to staff the importance of reporting safeguarding incidents both internally and to relevant external agencies. An increased focus on safeguarding had been introduced to staff supervision and further training had been provided.
- The registered manager checked incident reports daily and monitored monthly accident summaries to identify types of incidents, de-escalation strategies used and trends. Debrief meetings were held with staff and the person affected. Learning was shared during supervision, team meetings and the service's lessons learnt file. This approach helped to reduce recurrence.

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.

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.

At our last inspection the provider had failed to ensure people's consent was sought and their rights fully protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's rights were now protected as required by the MCA. The person had timely assessments which had identified their capacity to make specific decisions. This included: diet, finance, medicines, care planning and sharing information. Where the person had made, what some may consider unwise decisions, the service respected this in line with the principles of the MCA. Staff had a good understanding of the principles and how to apply them.
- All staff had received training to understand their responsibilities under the MCA and DoLS and were able to confidently tell us how they sought consent and worked in people's best interests. A community DoLS had been applied for by the service.
- Consent to care was sought by staff on each occasion. Where the person gave consent, input was also

sought from family members.

- Staff involved the person in decisions affecting their daily life including health, dietary intake, sharing of photographs and how they chose to spend their time.
- People were offered meaningful choice in line with their needs, wishes and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service took a holistic approach when supporting people. This included working with the person and relevant professionals in order to ensure all aspects of their life were appropriately considered. A relative told us, "The change in [name] has been incredible. [Name] is like a different person. I'm blown away with what they have achieved. I can't get across strongly enough how they've changed [name's] life and ours frankly." A professional expressed, "They genuinely want to help [name]."
- Another relative had feedback in a survey response, "[The management] and their team have worked wonders... [they] have supported [name] to settle in brilliantly... they have faced challenges but have been able to work with [name] to find solutions that work for [name]. From what I can see, they've done a fantastic job."
- Where it had been determined a person's placement at the service was not working, management and staff had worked closely with relevant professionals and had an integral role in achieving a smooth transition to alternative accommodation. A professional had feedback, "I have heard the transition for [name] went really well which is great news and a nod to your excellent planning for this event."

Staff support: induction, training, skills and experience

- People were supported by staff with the skills, experience and knowledge to meet their individual needs. Staff spoke positively about the training which included medicines, physical intervention techniques, Covid-19, safeguarding, autism and first aid. A staff member told us, "The training is second to none. I have never been so well trained."
- Staff had an induction into the service which comprised two weeks of classroom-based activities, e-learning and shadow shifts.
- The service had accepted an offer from a person's relatives to deliver personalised training for staff. One of the relatives said, "The staff were really engaged and interested. They were absorbing what we were saying." The other relative told us, "Some of the staff came up with ideas. They were engaged and enthusiastic which was such a relief."
- Staff competency was monitored via competency checks, appraisals and supervision.
- Relatives spoke positively about staff competence. One relative had feedback in a survey, "Their knowledge of [name] and their experience of supporting people with complex [type of condition] is obvious. Despite the challenges they still see the person not the condition. Well done everyone." Another relative said, "The staff team are amazing."

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

- Staff were working with the person to help them understand the importance and benefits of a varied, healthy diet.
- Staff supported the person to make choices about food and drink in a way that did not overload them.
- Staff supported the person to develop skills around preparing different types of food and drink.

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

- The service is a two-level house in a residential area. It can accommodate a maximum of four people. People are informed prior to moving in that the house supports multi-occupancy. The management recognised the importance of people's compatibility before agreeing to new placements. They had

developed a robust pre-admission process and peer compatibility assessment form to support this process.

- Staff had supported the person to make choices around how they wanted to decorate their part of the accommodation.
- The house is designed in a way that supports communal living, including a lounge and secure garden, as well as the opportunity for people to enjoy their own private space.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health by timely access to relevant health professionals. This included community nurses, GPs and a consultant psychiatrist.
- Staff had registered the person with a specialist optician and dentist. This meant if the person required these services, they would receive tailored support.
- People had hospital passports. These included information on people's communication needs, family and GP contact details, medical history, and how to support them if feeling anxious or in pain.

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

- The person spoke positively about how staff treated them at the setting. They said they wanted "to stay here because I have freedom and am treated like an adult." A relative had feedback, "They have made [name of person] feel valued and cared for. My main concern was that [name] was happy and settled and they've done that." Another relative said, "They have made [name] feel secure."
- People were supported to live their life how they wanted to. Training records showed that all staff had received training in equality and diversity.

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

- People were encouraged to express their views and wishes and be driving decisions about their day to day lives. A relative said, "I love the way they are involving [name] in all the decision making. [Name] is encouraged to determine what [name] does and how it's done." Records also confirmed this. Where a person had expressed a preference to be supported by more female staff this was provided.
- People's cultural and spiritual needs were respectfully acknowledged, actively explored and supported. A relative said, "[Name] is over the moon they acknowledge [name's] spiritual needs." The person and their care plan confirmed this.
- Where needed the service sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was recognised and respected. People had the opportunity to spend time alone when they chose and with the knowledge that staff were available should they need them.
- Staff interacted with people in a way that was dignified and respectful. A relative said, "They have given [name] dignity and respect; a sense of self value, that [name] is deserving of appreciation, affection and care."
- Promoting independence was important to staff and supported people to live fulfilled lives. The person told us, "The best thing is I have my freedom. I can choose what to do. They treat me like a grown up not a child." One staff member said, "If you did everything for a person it could lead to a decline in their abilities." A relative told us, "They have encouraged [name] to be an individual. That helps [name] feel important and valued."

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's individual care needs were assessed, monitored and regularly reviewed with their involvement (as their abilities allowed), with input from people important to them and health professionals.
- Staff knew people's likes, dislikes and preferences. They used this information to support people in the way they wanted. The person had weekly meetings with the registered manager where they could express their wishes and adjust their care plan if required. The person told us, "They help me change the guidelines. They give solutions. They listen to my ideas."
- People's relatives and professionals felt consulted and listened to. A professional told us, "I've been very impressed with how they are supporting [name]. Things have gone really well so far." A relative said, "What's comforting is they know [name] so well. They are great with coping up with strategies that work for [name]."

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.

- The person's communication needs were identified, recorded and highlighted in their care plan. These needs were shared appropriately with relevant others.
- People's identified information and communication needs and preferences were met.
- A relative said, "They have been amazing with the way they communicate with [name]. They adapt to [name]."
- Information and procedures were available in easy read format for example, safeguarding, hospital passports, Covid-19 and complaints.

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's desire to participate in meaningful activity was met through a varied range of activities tailored to their abilities and tastes. This gave them the opportunity to lead full and active lives.
- The service were helping build the person's confidence to access the community and have mutually beneficial interactions with local people. A professional said, "They are taking [name] out every day which is really positive, helping [name] build relationships with the community."
- Where community activities had been limited by the national Covid-19 pandemic, the service had created specifically tailored alternatives to lessen the impact on the person. These were noted in the person's

pandemic monthly impact assessment.

- People were supported to follow religious and spiritual activities important to them and maintain regular contact with their family. A relative had feedback, "Staff support us to talk to [name] on a regular basis. Our phone calls are always full of enthusiasm for the activities [name] has taken part in and it is lovely to see for ourselves the communication between [name] and the staff supporting [name]."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. This detailed the nature of each complaint and steps taken to acknowledge, investigate and resolve the identified issue. The person said, "If I had a problem I would speak to [name of registered manager and nominated individual]."
- Since the previous inspection there had only been one complaint from a person supported by the service. This was followed up in line with the provider's complaints policy. Responses to complaints were offered in an easy read format if preferred.

End of life care and support

- The service had sensitively explored, and recorded people's end of life wishes with them. This included what was important to them, where they would prefer to be supported at that time and faith-based considerations.

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.

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

At the last inspection the provider the provider had failed to ensure quality systems were robust and effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality systems had been improved since the previous inspection. The service had introduced an audit schedule and monthly tracker to ensure better oversight of quality. The registered manager carried out audits and competency checks which helped ensure that quality performance, risks and regulatory requirements were understood and managed. These included infection prevention and control, dignity, weekly performance meetings, restrictive practice, accidents and incidents and safeguarding.
- The service was well led. The registered manager and nominated individual worked closely with the staffing team. They were both passionate and committed to providing quality care and having a motivated and resilient staff team. The registered manager and nominated individual felt supported by the owner. A relative expressed, "I think the service is incredibly well led. [Names of registered manager and nominated individual] role model so well. They told us about the staff and how they work as a team. It's such a family feel."
- The registered manager had a good understanding of CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and DoLS authorisations. This is a legal requirement.
- Staff told us they were praised and recognised for the work they did. The service had an employee of the month award. Staff said this had made them feel "valued and appreciated" and "happy that the work I'm doing has not gone unrecognised." Minutes from a team meeting noted, "We want to say a massive thank you for your hard work."

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

- The service had a positive and supportive culture. Staff felt happy in their roles and told us they got on well with their colleagues. Staff comments about the culture included: "Friendly, welcoming and caring" and "It is

like a family here. I feel respected at all levels." The registered manager felt the culture was "warm, open, caring and transparent."

- Staff told us they felt supported by the service. The nominated individual told us, "If we invest in the team they'll flourish." A staff member expressed, "I love it here. Making a difference to someone's life...nothing compares to it." Another staff member said, "I definitely feel supported by the management. They put service users and staff before themselves."

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

- The registered manager had a good understanding of the duty of candour. They explained, "If a mistake is made we discuss it with the service user, apologise if needed, explain why it happened and take steps to minimise it happening again."

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

- The service had surveyed the person, relatives and staff in September 2020. The person had scored the service 16/16 for well led. A relative had feedback, "[Name] is cared for by an extremely knowledgeable and nurturing staff team who are led by a management team who support them consistently."
- Staff also spoke positively about the management of the service with one commenting, "[Name of provider] are amazing and I couldn't have hoped for a better set of managers to work for."

Continuous learning and improving care

- Regular team meetings were held. These covered topics including safeguarding, health and safety, infection control, care plans and training. A staff member said, "We discuss solutions. The mantra here is there is always a solution."
- Staff were encouraged and supported to increase their skills, knowledge and understanding. This included suggesting additional courses and qualifications that may help improve their practice and further their career in care. A staff member told us, "Management are more than willing for us to do further training and they suggest training ideas."

Working in partnership with others

- The service worked in partnership with other agencies to provide good care and treatment to people. This included commissioners and a local multidisciplinary team. A professional said, "I have confidence in [names of registered manager and nominated individual]." Another professional told us, "The management are very helpful. Their heart is in the right place. The service is flexible and always works hard to achieve good outcomes for people."
- The service was developing good links with the local community and key organisations, reflecting the needs and preferences of people in its care.