

Bayrose Limited

# Pathways Support

## Inspection report

Office 12 Fratton Community Centre  
Trafalgar Place  
Portsmouth  
Hampshire  
PO1 5JJ

Tel: 02392873005

Website: [www.pathways-support.co.uk](http://www.pathways-support.co.uk)

Date of inspection visit:  
22 January 2019

Date of publication:  
28 February 2019

## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Pathways Support is a domiciliary care agency which provides personal care and support to people living with a learning disability, in three 'supported living' properties owned and managed by the local authority. Although the service had been registered since February 2016, they had only begun to provide personal care in August 2018. At the time of our inspection they were providing personal care to eight people.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- The service needed to make improvements because the provider lacked effective governance systems to identify concerns in the service and drive the necessary improvement; The management of medicines for people was not always safe and we could not be assured people received their medicines in line with the prescriptions; At times there was a lack of clear and accurate records regarding people's support and any potential risks to them or others.
- Whilst we saw when incidents occurred, the provider took action we were not always confident from the records that learning had taken place or that the appropriate external bodies had been notified.
- However, people were happy with the service they received and felt supported by kind and caring staff to do what they wanted and make their own decisions.
- There were enough staff to meet people's needs and staff's knowledge and understanding of the people they supported was good. Staff recognised people's abilities, encouraged their independence and supported them in times of distress.
- No one had any complaints and felt the management team were open, approachable and supportive. Everyone was confident the provider would take the necessary actions to address any concerns promptly.
- The registered manager and office staff demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

Rating at last inspection: This was the first inspection since the service became registered with CQC.

Why we inspected: This was a planned inspection to ensure the provider was meeting the requirements of the legislation.

Follow up: We will ask the registered provider for a clear action plan to address the breaches of regulations. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

## 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 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Pathways Support

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 three 'supported living' properties owned and managed by the local authority, 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:

We gave the service three days' notice of the inspection site visit to ensure that people using the service had time to consent to us visiting them in their own homes.

Inspection site visit activity started and ended on 22 January 2019. We visited the office location on this same day to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse to give some key information about the service, what the service

does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we visited the office and one of the houses where four people lived. We spoke with three people using the service. We also spoke with four members of staff and the registered manager. We looked at the care records for three people in detail and sampled a further one. We also looked at the medicines records for four people; five staff recruitment records; staff supervision and training records and records relating to the quality and management of the service.

After the inspection we requested feedback from relatives, staff and other professionals. We received this from one relative and two staff.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and records about risks and medicines lacked clarity. There was an increased risk that people could be harmed.

Using medicines safely:

- Medicines were stored securely in people's rooms and where they needed support to take these, this was provided by staff who had received training but had no record that their competence had been assessed.
- Of four people's medicines records we looked at we identified concerns with all of these. Two people's records contained gaps where signatures should be recorded. For one of these people who was prescribed a supplement drink we found several entries recorded 'NR', meaning not required. However, this was prescribed to be given three times a day and there was no recorded explanation for it being 'not required'. One medicine for a third person's the record stated 'X' with no explanation as to what this meant.
- The gaps, 'NR' and 'X' had not been investigated and so we could not be confident the medicines had been administered as prescribed.
- The registered manager investigated these concerns after our feedback and addressed recording issues. Further training was arranged with staff.
- No guidance was in place for medicines, including creams prescribed on an as required (PRN) basis, meaning staff did not have access to clear information about when this should be used, how to monitor its effectiveness and when to escalate concerns or the medicines usage to a health professional.
- One person's MAR indicated that they had not been administered any medicines which was used to help manage their anxiety and behaviours. However, we found another record which recorded this had been given but contained no times of administration, meaning staff would not be able to identify the period of time between doses.
- The failure to ensure safe management and administration of medicines placed people at risk and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- Risks associated with people's needs were not consistently assessed and plans implemented that would guide staff in how to reduce these risks.
- For example, one person was prescribed a cream which contained a flammable substance, however no assessment of this risk or mitigation plan had been implemented. Another person was taking medicines to help a potential health problem but their care records contained no information to identify the risk or management of this.
- Where a risk choking for one person had been previously identified, this was recorded however, there was conflicting information between records. The registered manager could explain this but the records left an element of uncertainty about the risk for this person. Staff knew what to do if a person choked and had received face to face first aid training, however the records needed to be clearer about the recognition and management of choking to ensure they could access clear guidance should they need this.
- People were supported by staff who had a good understanding of their needs and of the risks associated

with their needs. Whilst this minimised the risk posed by the lack of clear and accurate record, a potential risk remained if people were supported by unfamiliar staff.

- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of risk were clearly identified and plans developed. Where necessary the provider and staff had worked alongside external professionals to develop clear, proactive plans to reduce the likelihood of behaviours that could pose risks presenting and to manage these situations effectively if they occurred.

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

- People were mostly protected against the risk of abuse; Staff had received training and the provider had a policy in place to guide staff.

- Staff recognised the signs of abuse and were confident to report any concerns and felt these would be listened to and acted upon. However, they were also confident to escalate the concerns further if they felt they were not responded to.

- Records demonstrated that some referrals had been made to the local authority and notifications sent to CQC when appropriate. However, we found incidents when people had suffered a degree of physical violence by another person living in the service. Whilst we saw action had been taken to manage these situations and proactive approaches discussed to prevent reoccurrence, these incidents had not been reported to external bodies including CQC meaning agencies that needed this information to ensure people's safety and to monitor of the service were not always aware.

Staffing and recruitment:

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

- However, the registered manager recognised once we discussed with them, the need to always ensure gaps in employment were clearly recorded and a check of staff's physical and mental health was completed.

- The registered manager assured us these were discussions held with potential candidates during interviews but were not recorded. They planned to ensure better recording in the future.

- There were sufficient staff to meet people's needs. A core number of staffing was provided in each of the three houses and in addition to this people received one to one support, based on the local authority assessment of their needs. The registered manager and office staff were clear that if needs changed and staffing needed to be increased, this would take place and they would discuss an increase in the package with the local authority.

Preventing and controlling infection:

- Staff received infection control training.

- Staff had access to and used appropriate personal protective equipment.

- The house we visited was clean, tidy and free from bad odours.

Learning lessons when things go wrong:

- The provider had a system of reporting incidents and although we saw reports made and signed off, it was not always clear what action or learning had been taken as a result of these. For example, where people displayed behaviours it was not clear that these incidents had been used to ensure strategies to prevent behaviours and manage them were effective. The registered manager told us they would be reviewing this system.

# 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

People's outcomes were 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and from discussions with the registered manager the principles of the MCA had been applied, but the recording of this was inconsistent.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. They were aware of what decisions people were able to make independently and where they may need further support to do so.
- People told us they made their own decisions and choices day to day.
- Some people had moved from a residential service to supported living. The registered manager told us whilst in the registered care home some of these people had previously been under a DoLS. We saw for one of these people that a further MCA had been undertaken and determined that the person lacked capacity and would be unable to leave the house without support. They had notified the local authority responsible for applying for a DoLS.

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

- Prior to starting with the service, a member of the office team undertook a thorough assessment of the person's needs. This involved gathering information from other professionals, the person and their relatives where appropriate.
- Once this information was gathered, it was used to develop people's support plans and risk assessments. The registered manager told us they accessed national guidance such as the National Institute for Health and Care Excellence (NICE) and the British Institute for Learning Disabilities (BILD) to encourage best practice.

Staff support: induction, training, skills and experience:

- Staff told us they were supported well. They said they were comfortable to approach any member of the management team, who they described as always available to them.
- New staff undertook a period of shadowing experienced staff and were required to complete an e-learning



training package before they could work unsupervised with people. One staff member told us their shadowing had been four weeks and this gave them time to get to know people.

- Staff who were new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Since the service had started operating near the end of August 2018, every staff member had received a supervision session. Staff described these as two-way discussions where they had a formal opportunity to give feedback and share concerns.
- The provider offered a variety of training to staff and had identified certain subjects they considered mandatory. All staff had completed these and some staff were being supported to achieve further vocational qualifications in health and social care.

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

- People's dietary needs and preferences were met and people were involved in choosing their meals. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.
- People were encouraged and supported to participate in the choice, shopping and preparation of their meals as much as possible.

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

- People had a Health Action Plan (HAP) in place this gave an overview of people's healthcare needs.
- Healthcare professionals such as GP, dentists and the intensive support team (IST) had been contacted to support people to achieve positive outcomes. Speech and language therapists were involved with one person to work with staff and build on the person's communication system.
- People's health and medication was reviewed at regular check-ups with their GP.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked the staff that worked with them and they said they were looked after. The relative told us, "Staff are brilliant. Pathways are brilliant". They told us, "All the staff are very kind, caring and compassionate. My only criticism is they will do too much for [person] sometimes".
- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. Where people chose to be in a relationship with each other this had been supported.

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

- Staff supported people to be involved and make decisions about their care and support. They were knowledgeable about how people expressed their decisions and each person's differing forms of communication. At the time of the inspection they were working with external professionals to develop a specific communication system for one person and we observed staff using an alternative communication system with another person.
- The service was working in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided guidance to staff on how to communicate with people as effectively as possible. Documents could be given to people in other formats for example, easy read, large print, audio recordings.
- People's rooms were personalised; staff and people confirmed people's involvement in the decorations and objects in their rooms. We saw that people's rooms reflected their personal interests and preferences.
- House meetings took place with people and they were supported to discuss meal options, activities and anything else relevant to their day to day lives. We observed one staff member discussing an upcoming event with people. People were obviously confident and encouraged to decide if they wanted to participate.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to be as independent as possible and to develop their skills to achieve this. Support plans to guide staff included people's abilities and how to ensure people could be as independent as possible with managing money, shopping etc where this was appropriate.
- We saw staff encouraging people to participate in maintaining their house.
- People's dignity and privacy was respected and supported. Staff listened to people, used people's preferred form of address and recognised promptly when they were becoming anxious by a situation, using

distraction and re-directional support to help reduce this for them in a discreet manner.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff involved people and their relatives where appropriate in the support package. They gathered information from a variety of sources to ensure that the support plans implemented were based on the individuals needs and preferences.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans.
- Staff responded to people's needs and sourced external input from other professionals to ensure their needs could be met. For two people, external input around the positive management of potentially challenging behaviours was sourced to ensure a smooth transition to their home.
- People participated in a range of activities of their choice. One person attended college and their relative told us how they were working with staff to look at alternative activities during the college holidays. Other people attended social clubs and event as they wanted. Where people wanted to, they were supported to go swimming and access gyms. One person told us they liked what they did during the day.

Improving care quality in response to complaints or concerns:

- No one we spoke with had any complaints. People said they would talk to staff if they were worried about something and the relative confirmed they would know who to speak to. They said "[Pathways] have always said if there is anything I'm not happy with to tell them and they will work with me to change things". They said they were very confident they would be listened to.
- Records of complaints were maintained and reflected these had been managed appropriately and responses provided to the person who raised the complaint.
- The registered manager and their team of staff recognised that complaints and feedback was an opportunity to learn from and make changes for the benefit of the people they supported.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- Documents to record arrangements, choice and wishes people may have for the end of their life were made available to people and their families for completion so that staff could start to consider these wishes at an early stage.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Quality performance, risks and regulatory requirements:

- Registered providers are required to notify CQC of certain significant events that had occurred in the service. We found some incidents that may be considered as potential abuse had not been notified to CQC. A failure to notify CQC meant we did not have access to relevant information to enable us to accurately assess any risks in the service.
- This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered manager told us this had been an oversight and that they would be reviewing their systems of reporting to ensure this did not reoccur. They had begun to review the systems during the inspection visit.
- There were limited systems in place to assess and monitor the quality and safety of the service. As such, some areas of concern we found had not been identified by the registered manager or provider.
- For example, although we were told medicines were checked regularly and we saw these were looked at during provider visits no formalised medicines audits took place and the concerns we found regarding the management of medicines (reported in safe) had not been identified, and no action plan had been implemented to drive improvement.
- Although the provider visits recorded that care plans and risk assessments had been seen these were not effective as they recorded that all appropriate risk assessments were in place, however we found some were not (reported in safe). In addition, these had not identified the inconsistent recording of mental capacity assessments.
- The registered manager told us that there had been no incident/accident analysis completed at the time of the inspection but they planned to do this. They told us that each incident was looked at as they occurred. A number of incidents had occurred and we found that some of these should have been reported to the local authority and some to CQC, despite having been reviewed.
- In addition, we found two incidents that raised concerns to us about the support approach. These had been reviewed and signed off but no further investigation of these had taken place. The registered manager assured us these would be looked at and reported back to us following the inspection, however an effective governance process regarding incident and accident analysis would have identified these concerns and taken action before we needed to raise them.
- Whilst we saw the principles of the MCA were applied and people were supported to make their own decision and have control over their lives, the records to support decision making and best interests required some improvement as these were not always present.
- Whilst staff delivered person centred support based on people's needs, some care records needed to reflect the individual to ensure that where people may not be able to communicate their needs, staff could access guidance that would support them to understand people at all times.

- A failure to ensure effective systems and processes to ensure the safety, well being and quality of the service, and ensure clear and accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 1014.

- The registered manager and office staff commenced exploring systems and processes to aid their oversight and governance of the service during our inspection. They identified some audit tools and were able to tell us how they would be using these to improve their systems following our inspection.

- The registered manager told us that as the service had only been operating for five months no formal development plan had been completed. However, they assured us they had plans to produce this, including ensuring the areas we found of concern were addressed.

Managers and staff being clear about their roles; Planning and promoting person-centred, high-quality care and support; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- A clear staffing structure was in place and everyone knew and understood their roles and responsibilities.

- The registered manager and office managers were very much involved in the day to day running of the service and were available to staff, people and relatives.

- Management and all staff expressed an ethos for providing good, quality care for people, that was based around their needs, wishes and future aspirations.

- There was a good communication maintained between the registered manager and staff; Regular meetings with staff took place to share and encourage feedback. Staff were recognised formally for their achievements in supporting people to achieve their goals, whilst also reminded of the providers expectations of them whilst at work.

- Staff felt respected, valued and supported and that they were fairly treated and able to talk to any member of the management team at any time. They were confident they were listened to and felt that the everything that could be done to make improvements for people using the service, would be. Systems and communication supported staff to remain motivated and feel valued.

Working in partnership with others; Continuous learning and improving care

- The service worked well with other professionals. At the time of the inspection they were working with the local authority to development a dating agency for people living with a learning disability. The aim was this would support people to have the same opportunities to meet others and develop relationships, in a safe way.

- People were encouraged to be involved. Staff supported people during key worker meetings to give feedback about areas they wanted to change.

- Relatives confirmed they were asked for feedback and encouraged to make suggestions. The relative told us how the service was working with them to look at one person's timetable of activities to ensure this was a positive experience for the person.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person had failed to notify CQC of significant incidents in the service. Regulation 18.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had failed to ensure safe management and administration of medicines. Regulation 12
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person had failed to ensure effective systems and processes were in place and operated to ensure the safety, well being and quality of the service, and to ensure clear and accurate records. Regulation 17