

Mr Sudath Leon Dias

Pathways Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Pathways Care Centre is a supported living service providing personal care to people in their own homes. At the time of the inspection the service was supporting seven people in three properties in the Colchester area which provided single and shared accommodation. There were sleep in arrangements in place in each of the properties.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were supported by a consistent team of staff who knew them well. Checks were undertaken on staff to ensure that they were suitable. Staff received training in supporting people and were clear about what they should do if they had concerns about people's welfare.

There were clear systems in place to support people with their medicines and staff attended regular training on the administration of medicines and areas such as health and safety. Additional training on dental care, autism and positive behaviour management was planned.

The provider had assessed the risks to people's health and support and staff were clear about the steps they needed to take to minimise risk and promote people's independence. Staff were well motivated and told us that they were well supported by the management of the service.

People were supported with shopping, and where required meal preparation. The service worked with a range of health professionals on promoting people's health.

People's support plans provided people with clear guidance on their preferences. People decided when they got up, went to bed, when they did their cleaning or participated in whatever activities they decided to do.

Staff were aware of how people communicated and any support that they used. 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 independence was promoted, and they were supported to achieve individual goals which were meaningful to them. Relatives told us that the registered manager and support staff communicated well with them and kept them up to date with any changes to their relative's wellbeing.

There were systems in place to check on the quality of the service. This included annual satisfaction surveys to ascertain the views of people and relatives. Responses received were reviewed to identify improvements.

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

Rating at last inspection

The last rating for this service was Good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pathways Care 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 ●

Pathways Care 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 team consisted of one Inspector and an Expert-by-Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in three 'supported living' settings, 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last 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.

During the inspection

We spoke with five people who used the service, three relatives, the registered manager, the provider and four staff.

We reviewed the care records of three people. We also looked at records relating to the overall quality and safety management of the service, staff recruitment files, staff training records, meeting minutes and medicines management.

After the inspection

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people.
- Staff received training on safeguarding and were clear about the action that they should take to protect people if they had concerns.
- People and relatives expressed confidence in the staff and management of the service. One person told us that if they had concerns they, "Would talk to my keyworker and they would sort it out."
- There were clear processes in place to safeguard people from financial abuse which included the oversight of receipts and auditing.

Assessing risk, safety monitoring and management

- Risks were assessed, and plans were in place to reduce the likelihood of harm.
- One person had been assessed as being at high risk of skin breakdown and we saw that they were sitting on a pressure cushion and had been provided with creams to help protect their skin.
- Another person had been identified as being at risk of poor nutrition. Staff told us that they were monitoring the person's food intake but were not following their own guidance as to how often the person should be weighed. The registered manager agreed to immediately address this and subsequently confirmed that they had done so.
- We saw examples of positive risk taking to encourage people's independence. One relative told us, "There is a fine line to be drawn between my relative having independence, but also keeping safe, and the staff who support, are excellent at knowing where that line has to be drawn."
- Staff told us that they supported people to complete safety checks on their homes and raise any areas requiring repair with the landlord.

Staffing and recruitment

- Staffing levels were based on people's individual needs. Staff told us there were enough staff and there were clear arrangements to access advice or support outside of office hours.
- Relatives told us that their family members received the support they needed from staff.
- Each of the supported living units had a member of staff overnight and people had additional individual hours to support them. When people's needs had changed the registered manager told us that the hours were reviewed and gave us examples where this had been undertaken.
- The provider told us that there was a low turnover of staff and some staff had known the people they supported for many years.
- There were robust systems in place to recruit staff which included taking up references and disclosure and barring checks to check the suitability of staff.

Using medicines safely

- Processes were in place for the timely ordering and supply of medicines.
- Medication administration charts were maintained, and the amounts of medicines tallied with these records.
- Handwritten entries were double signed to reduce the likelihood of errors being made.
- There was a protocol to guide staff when administering PRN or as and when medicines, but this was not maintained alongside the medication administration charts. This was immediately addressed by the registered manager.
- Staff completed training on medication administration and their competency to administer was checked at regular intervals.
- Peoples excess medicines were stored in the staff sleep in room in one of the supported living services which was not totally secure. The registered manager subsequently confirmed that they had worked with people to ensure that they had adequate safe storage in their own home.

Preventing and controlling infection

- Staff had been provided with infection control training and were clear about the steps that they needed to take to keep the people they supported and themselves safe.
- People were supported to keep their personal spaces clean to reduce the likelihood of infection.

Learning lessons when things go wrong

- Staff understood the importance of reporting accidents and incidents. These were logged on the providers computerised system.
- The registered manager had oversight and reviewed incidents and accidents to identify if further steps were needed. Any learning was discussed with staff.

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 now 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's needs were assessed on admission and on an ongoing basis.
- People were supported to take part in activities in the community.
- New technology was supported, and one person had a home hub which they used.

Staff support: induction, training, skills and experience

- Relatives expressed confidence in staff knowledge and skills.
- Training records showed when staff had completed training on areas including first aid, health and safety and fire safety.
- Most training was face to face, but staff also had access to eLearning.
- The provider had their own trainer which enabled them to adapt the training to staff needs. Staff also attended external training and one member of staff told us that they had attended training on autism. The provider told us that they were sourcing further training on positive behaviour management and autism.
- New staff completed the care certificate which is a recognised induction programme for staff new to the care sector.
- Staff told us that they enjoyed the training and were well supported in their role. One member of staff told us, " They are very good with training, it is all throughout the year."

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

- Where people required support with cooking and meal preparation this was provided.
- People were supported with shopping and told us that they could choose what they had to eat. One person told us about what they liked to cook, they said, "We do a weekly shop, plan a menu and write a list."

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

- Peoples healthcare needs were monitored by staff. One relative told us, "They are very on the ball when it comes to making sure that my relative has the appropriate appointments booked for either the dentist, doctor or anybody else." Care plans however did not always specify the oral support people needed. The registered manager told us that the trainer had recently completed training on 'smiling matters' and they intended to develop this further.
- Staff worked with health professionals such as occupational therapy, physiotherapists and GPs to promote people's wellbeing. One person's mobility had recently changed, and staff were working with health professionals to access the equipment they needed.

- Staff received training on how to support people with specific health issues such as epilepsy and how to administer emergency medicines. One person told us that when they went out they always took their rescue medicine to enable staff to support them when they needed.
- People had a hospital passport which helped to ensure that the hospital had the information they needed should the person be admitted to hospital in an emergency.

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.

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.

- Staff were observed obtaining consent from people before supporting them.
- Care plans contained detailed information about how to support people with decision making.

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

- Relatives told us that their loved ones were well cared for. One relative told us, "Nothing is ever too much trouble for the staff. My relative wasn't feeling very well a few weeks ago, and was beginning to run out of food, so one of the staff asked them what they would like and then went out in their own time and got the food shopping for them. Now that member of staff didn't have to do that, they could've just called me to ask me to do it, but they didn't, and I was particularly grateful for their support at that time."
- The interactions that we observed were friendly and respectful. People using the service were comfortable and relaxed in the company of staff.
- Staff knew people well, their preferences and personal histories. One relative told us, "Most of the staff have been there a long time, so they know exactly what they're doing, and they have been able to get to know my relative really well and importantly my relative knows and trusts them."
- Staff described how they supported people who became distressed and anxious, to reduce the impact on them and others. One person told us, "My relative does have quite severe behavioural difficulties, but because the staff have been with them for some time now, they have all learnt to see the early warning signs and they know how to calm my relative down without it escalating into something more drastic."

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

- People were supported to express their views about their daily routines. People decided when they got up, went to bed, when they did their cleaning or participated in whatever activities they decided to do.
- One relative told us, "Compared with where my relative was living for most of their adult life, they have so much freedom to choose what they would like to do, that to begin with it was quite hard. The carers have worked extremely patiently to build up confidence and trust. My relative can make choices about their own life now and they are now beginning to flourish as a result of it."
- Annual satisfaction surveys were undertaken to ascertain the views of people. Responses received were analysed to identify improvements.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's right to privacy and understood the principles of supported living. We saw that they respected the fact that people lived in their own homes and asked people their permission before entering.
- One person told us, "Over the past few months they've been working with my relative to help them to become a bit more independent and be able to travel on the bus on their own. It has been going really well and we've been amazed by the progress they have made, which is mainly due to the patience and

dedication of the staff who work with my relative."

- Another person told us, "Being able to go to the local shops has been a goal of my relative for some time now so I've been really pleased to see that they have got there, and they really enjoy that bit of independence."

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; 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

- Care plans were informative and included information on people's preferences and how best to support them. Care plans had recently been transferred to an electronic format and staff accessed them using hand held devices. Staff were working with people to develop individual personalised folders.
- Staff knew people well and could tell us about their needs and their personal goals.
- People were supported with their hobbies and interests. During the inspection people were coming and going to activities of their choice. One person told us, "I go to college and do gardening."
- A relative told us, "Living independently has really given our relative the chance to maintain and build friendships, which they never had the opportunity to do before." Another said, "We have seen a huge change in our relatives outlook to life as well as their keenness for going out and about and getting to know different people in different settings. I can honestly say that their quality of life now is 100% better than it used to be in this respect."

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 had been assessed and some people were supported to access a range of technology to support them. One person did not hear well, and they had technology to support them including a mobile telephone which vibrated.
- Staff knew people well and communicated with them effectively.
- Documentation such as questionnaires were provided in different formats to assist people.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. The registered manager told us that no complaints had been received since the last inspection.
- Relatives expressed confidence in the system. One told us, "Yes, I know to pick up the telephone to the manager and in fact, I have their telephone number which I've been told I can use at any time day or night if I have any concerns. I've not had any complaints about the service that my relative gets as I am very happy with it all."

End of life care and support

- At the time of the inspection there was no one receiving end of life care. Detail in care plans varied and while some end of life plans were highly individualised others had less detail. The registered manager agreed that this was an area that could be further developed in conjunction with people and their relatives.

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; Working in partnership with others

- People were supported to achieve good outcomes. People were empowered to be as independent as possible and people and relatives were complimentary about the way the service was run.
- Relatives told us that there was good communication between them and the service and they were regularly updated with any changes to their relative's support.
- Staff told us that they enjoyed their role and felt valued.

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 provider and registered manager were aware of their responsibility to be open and honest.
- Staff told us that the registered manager was approachable and supportive. Important information changes in people's wellbeing was shared.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had recently invested in a new electronic recording system to help with recording and oversight. This collated information on a range of areas, but information was not always easy to find, and the provider was working on improving this.
- Quality assurance checks were undertaken on records such as medication.
- There was a management structure in place and staff performance was monitored through observations and regular contact.
- Staff were clear about their roles and responsibilities.

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

- The staff worked in partnership with a range of external professionals, this included health and social care and voluntary groups.
- People's equality characteristics were considered as part of the preadmission and care planning process.
- Feedback was requested from people who use services, relatives and health and social care professionals.
- Regular staff meetings were held, and staff told us that there was a wide ranging discussion and they were encouraged to contribute.