

Pathways of Hope Ltd

# Pathways of Hope

## Inspection report

12 Northgate  
Chichester  
PO19 1BA

Tel: 01243964500

Date of inspection visit:  
04 May 2023

Date of publication:  
14 June 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Good** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●



# Summary of findings

## Overall summary

### About the service

Pathways of Hope provides personal care to people living in their own homes. At the time of our inspection there were 39 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Improvements had been made since the last inspection. When staff were recruited, checks were completed to ensure they were safe and suitable to support people in their own homes. The registered manager had sought advice and guidance from other providers and healthcare organisations to improve the service. Information within people's care plans had been reviewed, and risks assessed. Work was in progress to ensure information about people was current and person-centred.

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. Staff were trained to understand the importance of gaining people's consent when delivering personal care. Staff completed a range of training to support people as needed. Staff had contact with a range of health and social care professionals when people required their services.

Feedback from people and their relatives about their experience of the service had been obtained. Comments were positive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 16 January 2023).

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. At our last inspection we recommended the registered manager sought advice and guidance on how consent from people was sought and documented within care records. At this inspection, the registered manager had acted on our recommendation, improvements had been made and consent was gained lawfully.

This service has been in Special Measures since 16 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected



We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 19 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We undertook a focused inspection to review the key questions of safe, effective and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pathways of Hope on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.



## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.



# Pathways of Hope

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 2 inspectors.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 May 2023 and ended on 9 May 2023. We visited the location's office on 4 May 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and



improvements they plan to make. We reviewed the actions taken by the provider in the form of monthly reports they had sent to us. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 3 relatives about their experience of the service. We spoke with the registered manager and care co-ordinator.

We reviewed a range of records including 4 care plans. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

At the last 3 inspections, the registered manager had failed to ensure staff were recruited safely. 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 requirements of the warning notice had been met.

- At this inspection, a system had been implemented to ensure new staff were recruited safely, and checks had been completed to show staff were suitable to deliver personal care to people in their own homes.
- We reviewed 5 staff recruitment files. These showed all necessary checks had been completed, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Care staff were recruited through the government's sponsorship programme. A checklist had been implemented to show the progress of staff through the recruitment process, and recorded when documents such as references, had been received.
- People were protected from the risk of abuse or harm. One person said, "I do feel safe with staff. I think it has got better. I was getting a different carer every day, but now we're back where we were with the same guys coming for a few days at a time. We know the staff so it's not an issue".
- Staff completed safeguarding training. One staff member said, "I have done this training. It's about protecting our clients. We mostly work with adults, to make sure they are safe from abuse and their rights are protected".
- People told us staff arrived on time. One person said, "They have got a lot better with being prompt on calls. I can call the office and change the call times if I need to and they always call me if they are going to be late".

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- A staff member said, "The risk assessments are on the system. I do have time to read them. I check what's needed. If around mobility, it will tell me which sling to use and which colour coded loop".



- Care plans provided detailed information and guidance for staff on how to mitigate each particular risk. For example, one person was at risk of skin breakdown due to their poor mobility. Their care plan documented how carers needed to apply prescribed topical creams to which area of the person's body. Carers were to record and report to the office any concerns relating to this person's skin integrity, so appropriate advice could be sought.
- Accidents and incidents were recorded and any necessary actions taken. A staff member explained, "On our app we have a system where we can raise concerns. It pops up an alert and anyone at the office will see. We write full details of the accident in the app".

#### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- A relative told us, "I put all the medicines in a container with a spoon, then staff will give them and provide a drink".
- Staff completed training in the administration of medicines. One staff member said, "There is Medicines Level 1 and 2 online. I have done both. Last year we had face to face training. I have had my competency assessed twice, and it's done every year".

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Lessons had been learned when things went wrong.
- Following the last inspection, the provider had contacted other care agencies for advice and guidance. The registered manager said, "We visited other care providers to check what it is we are doing wrong so we can address it and learn from others. Last week we visited the care show in London to get tips from other professionals".
- A mock inspection had been completed by an external consultant. Actions advised as a result of this mock inspection had been followed by the provider and implemented.



# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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 MCA 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.

We checked whether the service was working within the principles of the MCA.

At the last 3 inspections, we recommended the registered manager sought guidance from a reputable source to ensure staff had a sound awareness of what to do if a person was unable to give their consent.

At this inspection, improvements had been made.

- People's consent to care and treatment was gained lawfully.
- One person said, "Staff don't need to ask me as they know my routine and I tell them what to do anyway".
- Staff had completed training on the MCA. One staff member said, "We had MCA training on line about supporting clients and helping them express their own decisions. If they lack capacity, we support them to make decisions where possible by making sure everything is explained fully. Unwise decisions should be allowed but assessed for safety. At the moment, everyone we support has capacity to make specific decisions".
- Care plans documented when people had given their consent. For example, one person had a capacity assessment when they were discharged from hospital about their decision to go home. This assessment recorded their understanding of the consequences of going home rather than accessing residential care.

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

- Assessments were completed to identify people's care and support needs before they received a service.
- Care plans included information about people and what kind of support they required from staff. For



example, one person was discharged from hospital and required help from staff due to their reduced mobility. They now needed help with daily tasks including personal care, food preparation and continence care.

Staff support: induction, training, skills and experience

- Staff completed a range of training including safeguarding, mental capacity, medicines, and on other topics which the provider considered necessary for their job role.
- One person said, "I think some staff have learned as they go along. Because they didn't do a proper care plan when they started, staff weren't aware of my health needs. They are more aware now, they just about get it". A relative told us, "Well Mum has no special needs, so staff just make sure she is okay with toileting and clean pads, things like that".
- A staff member said, "My induction covered most of the things I needed to know and shadowing boosted my confidence. I got to find out more about clients, although the information was on the system, it was helpful to be shown. After shadowing, we went to meet new clients. I believe the care plans have improved since last year and we make full use of the app".
- Staff had regular supervisions with their line manager. A staff member said, "I have had a couple of supervisions and these have been to review my progress. Most supervisions are scheduled to discuss and reflect on our practice".

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to eat and drink according to the information held on their care plan. A relative told us, "He's not really eating at the moment, it can vary. The carers encourage him to drink".
- Care plans provided guidance for staff on people's dietary needs. For example, a speech and language therapist had advised one person received a pureed diet and thickened fluids, as they had difficulty swallowing. Their relative prepared their meals and drinks in line with this guidance, and staff supported the person to eat and drink when they undertook their visits.
- Referrals were made to healthcare professionals such as district nurses, occupational therapists, and speech and language therapists, and care plans confirmed this.
- If a carer noticed any changes in people and had concerns, they would call their GP, or if it was an emergency, call 999. The registered manager said, "We work with the hospitals. If clients are to be discharged, then they will provide updates with medications, etc., and what needs to be done. Hospitals will also do their own assessment when people are discharged, to make sure everything is up to date".



# 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

At the last 3 inspections, the registered manager had failed to ensure effective oversight of people's care and staff actions. There was ineffective leadership and management of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, some improvements have been made, and these need to be sustained and embedded over time. In addition, more work needs to be done with regard to the completion of care plans, risk assessments, and audits. The requirements of the warning notice have been met.

- The registered manager recognised areas for improvement such as care plans and risk assessment completion, ensuring people had copies of care plans in their homes, and monitoring the service to drive improvement. Actions had been taken and this was work in progress.
- One person said, "I had a meeting with the senior guy and social worker, and that my care plan needed to include what to do in an emergency. There were notes to tell staff what to do, but I still haven't received my care plan. It's meant to be arriving any time soon". Another person told us, "I don't want to complain in case I lose the care we receive. One staff member didn't know how to change a catheter bag, and I had to tell them. I've had to make complaints about one of the girls, but some are quite good".
- People and their relatives felt improvements had been made since the last inspection. One person said, "I think the company leaves a lot to be desired, but the carers are very good. The company has been disorganised, but they have got better lately". Another person told us, "I am happy with them and they produce good care. The only time we felt unhappy was when my health wasn't good and they haven't known what to do. They fell down on themselves".
- Incidents were reported and reviewed. These related to staff arriving late for calls, 2 occasions when people felt uncomfortable with allocated care staff, and another incident where personal care was not delivered to a good standard. For each incident, actions were taken as needed and steps taken to prevent



reoccurrence.

- The registered manager understood their responsibilities under duty of candour. Concerns were raised by family members about the standard of care their loved one received. A meeting was arranged with the family to discuss the concerns. After improvements had been made, a further meeting took place to check the family were happy with the changes that had occurred.
- Notifications that the registered manager was required to send to CQC had been received.

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

- The registered manager had sent out satisfaction surveys to people who received a service; we reviewed 4 completed surveys. Feedback was positive. A homecare review website showed comments from people who were supported by the service. In January 2023, 1 person had written, 'I have received excellent service from all. Carers are kind and efficient'.
- People's diverse needs were identified, assessed, and catered for. People were generally complimentary about the care they received and the attitude of staff. A relative told us, "Mum's been using the service a few months now. There was a bit of a patchy start and there were some staffing issues, but now it's settled down. Staff are quite punctual and very polite. Mum prefers a lady carer for personal stuff which they have provided".
- Staff meetings were held monthly on-line or when needed. One staff member said, "We have team meetings for the office staff weekly, usually Monday. I go to each one unless I'm out in the community. Full team meetings are held monthly. I believe they are useful in the sense we are all brought together. We discuss general concerns, for example, client or carers' complaints. It's a general chance to ask questions. Anything personal is discussed at supervision".

Working in partnership with others

- The service worked with a variety of health and social care professionals such as commissioning authorities, district nurses, occupational therapists and social workers.
- The registered manager told us of the support they had received since the last inspection. For example, they had received advice from the local authority about how to complete a person-centred care plan, and information that should be included. The registered manager said, "We review care plans every 3 months to make sure information is current and meets the client's needs".
- Meetings were arranged regularly with local commissioning authorities such as Hampshire, West Sussex, and Portsmouth City Council. The registered manager said, "We also meet with other providers and discuss similar challenges, and if we raise any issues, we receive a response".
- The service was a member of the United Kingdom Home Care Association, and had received advice and support from this organisation following the last inspection.