

Clear Pathway Care Ltd

Peartree Business Centre

Inspection report

11F Peartree Business Centre
Cobham Road, Ferndown Industrial Estate
Wimborne
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Website: www.clearpathwaycare.co.uk/

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Clear Pathway is a Domiciliary Care 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. There was a central office based in Ferndown.

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

People were not always protected from abuse and improper treatment. Staff had failed to prevent, identify or report abuse when providing care and support. The provider had failed to identify potential abuse or take preventative action in a timely way because the incident had not been recorded or reported by staff. Staff were not always aware of what triggers or control measures were recorded in the persons positive behaviour support plan.

The provider did not always operate a safe recruitment process. Adequate staff personnel records were not always in place. For example, full employment history and details of any health conditions relevant to staff's capability to do the job had not been gathered or recorded for all seven staff.

Quality monitoring systems were not robust or effective. These did not cover areas where gaps were found during the inspection. The provider had failed to ensure people's consent was sought and their rights fully protected as required by the Mental Capacity Act.

The service worked in partnership with other agencies to provide good care and treatment to people. Feedback from professionals regarding partnership working varied. Although there was a referral and admissions process in place which ensured people received pre-admission assessments before using the service, we were informed by a relative that the person's transition had been "rushed".

Although we were told that staff appeared kind and caring the service had not ensured a kind and caring approach was delivered by all staff working for them.

We observed the atmosphere of the home to be relaxed and engaging. The person was supported to have 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.

Medicines were managed safely and administered by trained staff. Staff listened to what the person wanted and acted quickly to support them to achieve their goals and outcomes. Staff offered the person solutions to aid their independence and develop their skills.

The staff team were motivated and there was a strong commitment to the development of their competence and knowledge. Staff worked positively to promote people's health and ensure good outcomes for their physical and mental wellbeing.

Staff were trained and skilled. They worked with people to overcome challenges and promote their independence. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Staff spoke highly about the management and staff. The registered manager, nominated individual and staff team worked together in a positive way to support the person to achieve their own goals and to be safe.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 14 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the time the service first registered with us.

Enforcement

We have identified multiple breaches in relation to need for consent, safeguarding service users from abuse and improper treatment, fit and proper persons employed and quality monitoring systems at Clear Pathway.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

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

This inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because 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.

Inspection activity started on 11 February 2020 and ended on 11 February 2020. We visited the office location during the morning of 11 February and a person's home 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.

During the inspection

At the time of this inspection only one person was being supported. We met this person and observed interactions between staff and them. We spoke with two staff members and 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 reviewed a range of records. This included the person's care records and medication records. We looked at six 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 and policies. We spoke with one staff member and two professionals who had experience of working with the service.

Following concerns shared with us after the initial inspection site visit, we continued to collect further evidence. This included copies of rota, behaviour incident records and an investigation report. We spoke to four further health and social care professionals who had experience of working with the person and service and a relative via the telephone.

We attended the services main office again on 6 March 2020 and met with another three agency staff and one contracted staff member. We also spent time talking to the registered manager and nominated individual.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm

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

- People were not always protected from abuse and improper treatment. Although staff could tell us signs of abuse and who they would report concerns to both internally and externally to the service, an unreported incident of alleged physical and verbal abuse had taken place. Staff had failed to prevent, identify or record and report it to the provider or external agencies.
- The registered manager and nominated individual failed to take appropriate action, without delay, to safeguard people from further potential abuse.
- We found that the person had a Positive Behaviour Support Plan (PBSP) in place. However, staff were not always aware of what had been identified to trigger behaviours or actions they should take in crisis situations. This meant the person and staff could not always be safe from potential abuse or harm.
- Physical interventions were occasionally used by staff with some people using the service. Staff had all received appropriate training. Professionals told us that they felt interventions observed were not always used confidently or in line with approved techniques.
- Behavioural incidents were not always recorded by staff. Staff comments included; "I don't write reports unless I am injured. I don't have to, I just talk to other staff. It doesn't matter because it is usual behaviour" and "I've never written an incident report". This meant other incidents may have gone unrecorded.
- The arrangements for the person's finances was unclear and their care plan for this area of their life was blank. This put the person at risk of potential abuse. The nominated individual told us they would review this.

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.

Staffing and recruitment;

- The provider did not always operate a safe recruitment process. Full employment history since leaving school had not been recorded in every staff members personnel files or employment gaps explained.
- Employment checks were not always robust. For example, the provider did not ensure they had evidence of good character checks for all staff. This was not in place for four staff who had been recruited.
- Details of any health conditions relevant to staff's capability to do the job had not been gathered or recorded for all seven staff. We discussed this with the nominated individual who told us they had recently got staff to complete health questionnaires but could not locate them at the time of the inspection.
- Where pre-employment checks indicated the need for a risk assessment these were not in place. The registered manager told us they had completed these, however, they could not locate them at the time of

the 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.

- Staff worked long hours, some in excess of 100 hours per week. We discussed this with the registered manager who told us they would review this with staff cap hours worked per week from now on.
- Staff told us there were enough staff to support the person's needs. The registered manager told us that they were regularly reviewing the persons staffing needs and had recently increased these with agreement from the local authority.

Using medicines safely; Preventing and controlling infection

- The service had mainly implemented safe systems and processes which meant people received their medicines in line with best practice. However, we found one of three liquid medicines without an open date recorded. This meant the effectiveness could be affected.
- The service had safe arrangements for the ordering and disposal of medicines.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed by the registered manager.
- Where people were prescribed medicines that 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 Administration Records (MAR) were completed and audited appropriately.
- Staff told us they regularly washed their hands and had access to personal protective equipment (PPE) such as disposable gloves and aprons.

Staff had received infection control training and understood their responsibilities in this area.

Learning lessons when things go wrong

- The registered manager told us the shared learning with staff during meetings and supervisions.
- Following the inspection and concerns identified the registered manager confirmed that they were meeting with staff to review the person's PBSP and safeguarding procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The person's rights were not always protected as required by the MCA. The person had assessments which had identified they lacked capacity to make certain decisions. However, the service had not consulted with relevant people, such as family and professionals to ensure they were acting in the person's best interest.
- The person's capacity around behaviour support, consent to care and management of finances had not been assessed or best interest decision meetings held. This meant the service could not be certain that practices and delivery of care provided was in the person's best interests.
- Consent had not always been sought from the person for their care, sharing of information or for use of their photographs. Care records showed that the registered manager had granted consent on behalf of relatives who did not possess the legal authority to do so.
- The person's mother told us, "I have not been part of any best interest decisions or consented to [person's name] care at all". They went on to say, "I have not seen nor do I have a copy of the care plan".

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.

- Staff showed an understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- A community DoLS had been applied for by the person's local authority.

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;

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

- Although there was a referral and admissions process in place which ensured people received pre-admission assessments before using the service, we were informed by a relative that the person's transition had been "rushed".
- Professionals told us that there was no clinical handover before the person moved in. A professional said, "The service didn't have any paperwork initially and were working from the previous providers paperwork". A relative told us, "The placement was made very quickly. I was called on the Friday, had to visit the home on the Sunday and [name] was placed on the Monday".
- People had access to health care services as and when needed. This included an annual health check following best practice guidance for people with a learning disability.
- We were told that a lot of work had been gone into ensuring the person felt confident to attend health appointments which had had a positive outcome.
- Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. For example, hospital passports.

Staff support: induction, training, skills and experience

- Training records confirmed that staff had all received local mandatory training which gave them the skill and knowledge to do their jobs. Training included accredited behaviour support training, first aid and safeguarding. A staff member told us, "We have been fully trained and receive good support".
- The service had linked with a professional to deliver some more specific training to some staff. This included; autism, basic signing and intensive interactions. The professional told us, "The training sessions with staff went well. This formed part of the staff's induction and covered areas such as basic communication and autism".
- The service used agency staff. We spoke to five agency workers who confirmed that they were provided with the information and induction they needed to support the person effectively.
- One agency worker said, "On my first day I was shown around, given information about [name] and introduced to them. This was good for me. I was also given a handover on how [name] had been over the past 24 hours which was useful. I am never left to work alone. I always work with more experienced staff".
- The registered manager told us the induction process included training and shadow shifts. They said, "There is no limit to the number of shadow shifts. It is all down to the staff members confidence and how they are feeling".

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

- Staff told us the person enjoyed the food they ate in their home. We overheard the person discussing meal choices with staff on the day of inspection.
- Staff understood people's dietary needs and ensured these were met. Guidelines were in place and recorded to support staff with this.
- People had their own kitchenettes in their apartments, there was also a communal kitchen and dining area.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Although we were told that staff appeared kind and caring the service had not ensured a kind and caring approach was delivered by all staff working for them.
- Some stakeholders had concerns about the way some staff treated the person. A professional said, "I have concerns [person's name] may get hurt".
- The service did not always ensure staff had the skills to recognise when the person required compassionate support. A professional told us, "Staff don't always give [name] space during crisis situations they crowd them".
- People's cultural and spiritual needs were respected. Staff told us they encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. However, we noted that the cultural and spiritual section of care plans had not been completed. We discussed this with the registered manager who told us they would review this.
- We were told staff were kind and caring. Comments included; "Staff appear to be patient, caring and kind" and "I think they all mean well".
- Training records showed that all staff had received training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- The service had experienced a high turnover of staff since the person had moved in and many agency staff were being used. A professional told us, "They don't seem to be able to retain staff which doesn't help [name]". The registered manager told us that five staff had left since December 2019.
- Distress was not always responded to consistently because the service had not ensured all staff were aware of or followed the persons PBSP.
- Staff told us that during personal care they closed doors and curtains.
- Promoting independence was important to staff who supported people to live fulfilled lives. A staff member said, "We promote independence and encourage personal space. We do active hands on support like pouring kettle and food preparation".

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

- Care and support the person received was based upon their wishes and choices. The person was encouraged to communicate their wishes and make choices throughout the day which were then acted upon.
- We were told that the service had started to use visual social stories to support the person to make choices and decisions for themselves. Social stories are a social learning tool that support people with learning disability and or autism understand the exchange of information. These typically include images and short descriptions about situations, events or activities.

- A staff member said, "Routine is really important. We have found explaining where we start from, our first destination, then next if necessary, then return journey and end by saying they will be back home has proved to reduce anxiety".
- The registered manager told us where needed the service sought external professional help to support decision making for people such as advocacy services.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always assessed.

End of life care and support

- The people's end of life wishes had not been explored by the service. The registered manager told us, "The person is not receiving palliative care. We have not captured end of life wishes."
- We were told that wishes and preferences relating to people's protected characteristics such as culture and spiritual needs would be captured.

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

- During the inspection we identified areas of care throughout the persons care and support plan that had been left blank. These included; finance, end of life, religion and culture. The registered manager told us they would review these areas with the person and their family.
- Although care plans were personalised and updated in response to people's changing needs at the time of inspection, we were told that the service had been working from the persons previous providers paperwork for the first few months of their placement.
- Throughout the inspection we observed a positive and inclusive culture at the service. Staff told us that the introduction of a reward chart and acknowledging positive behaviour had had a positive impact by reducing the number of incidents.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- The registered manager told us that the person had received a four-week review with the family and local authority. The next review was in the process of being arranged.

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

- The person was supported to access the community and participate in activities which matched their hobbies and interests. We read that progress had been made in terms of building the person's confidence to access the community.
- The person's relative told us they had been requesting information about what activities their loved one participated in but had not received anything. The registered manager told us they would send this.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them. For example, family.

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 others. We saw evidence that people's identified information and communication needs were met. Information and procedures were available in easy read format for example, safeguarding, hospital passports and health plans.
- Communication aids were used with people. These included Picture Exchange Communication System (PECS), basic sign language and photographs. PECS is a system which allows people with little or no communication abilities to communicate using pictures.

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "If someone is unhappy these are a way of us investigating and reaching an outcome. I see them as a positive and always look to improve".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- An easy read version of the complaint's procedure had been created for the person to support them understand the information.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service quality systems were not always effective or robust and did not always support the delivery of high-quality, person-centred care.

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

- Audits were not always robust or effective. The registered manager showed us an audit tool they had created which they told us covered all of the regulations and provided them with good oversight and a local rating. However, under the safe section staff personnel records were not included, under effective compliance with MCA was not covered and the responsive section did not review end of life care. This meant that the gaps we found during the inspection in relation to recruitment, MCA and end of life care had not been identified by the registered manager.
- Safeguarding concerns were not always reported, recorded or investigated appropriately.
- Records relating to people employed by the service did not always include all information relevant to their employment.
- Quality monitoring systems were not fully established. For example, staff personnel record audits had not been completed. The nominated individual said an audit of personnel records will be completed this month.

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.

- Staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.

Working in partnership with others; 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; Continuous learning and improving care

- The service worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the local authority, intensive support and learning disability teams.
- Professionals fed back was mixed about partnership working with the service. Comments included; "The management are accommodating but actions aren't always followed through. Plans can take a long time to action", "I'm not convinced the service is transparent. They are always positive and say things are improving but with the number of incidents and staff leaving we can tell they aren't" and "They are fond of [name] and have their best intentions at heart". The provider stated after the inspection that they had always been transparent and had provided all information requested in a timely manner. They went on to say; they

believe all data demonstrates on-going improvement and they were keen to continue working with all local professionals in a transparent way.

- The registered manager and nominated individual attended local forums and network groups where initiatives and best practice was shared.
- The registered manager and nominated individual said they understood the requirements of duty of candour. The registered manager told us, "This means to be open and honest. Talking to all parties, making sure incidents don't happen again and apologising".
- The service discussed practice and learning in regular meetings which led to changes in practice and approach. For example, living environment improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the person they were supporting.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Management listen to ideas and welcome these" another staff member said, "I feel supported by the managers. They are approachable, happy and flexible".
- The registered manager and nominated individual promoted a person-centred culture and felt strongly about making a difference to people's lives.
- Staff and professionals were positive about the management of the service. Comments included, "I can't speak highly enough of the registered manager. A great person, very supportive and professional", "The management team are always available and will be there at the drop of a hat" and "[Registered manager and nominated individual names] are exceptionally good. I have faith and integrity in them".
- Staff confirmed that staff worked well together and said they enjoyed their job. Comments included; "It's a new team, morale is good. we work well together and have good communication" and "We are a strong team and work well together. I think we excel we all understand [person's name] and work well with them".

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure people's consent was sought and their rights fully protected as required by the MCA.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not always protected from abuse and improper treatment. The provider had failed to identify potential abuse or take preventative action in a timely way because the incident had not been recorded or reported by staff.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure quality systems were robust and effective.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always operate a safe recruitment process. Adequate staff personnel records were not in place.</p>

