

## Springfield Home Care Services Limited

# Pathways to Independance

### 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

This inspection took place on 1 and 2 September 2016 and was announced. We gave the registered provider '48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and people would be available in their homes to speak with us. This is the first time the service has been inspected since it was registered on 3 February 2015.

Pathways to Independence is a domiciliary care service that provides personal care to people in their own homes. This includes care and support for people with learning disabilities and autistic spectrum disorder. At the time of the inspection the service provided personal care services to four people. One of which received 24 hour support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were happy with the support they received and felt safe. Staff showed a good understanding of safeguarding adults and were confident in how to keep people safe.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staffing levels were consistent with people's needs. Staff were recruited in a safe and consistent manner with all appropriate checks carried out.

Accidents and incidents were recorded with details of any action taken to deal with the issue.

Staff had up to date training in mandatory areas and either had completed, or were in the process of completing the care certificate. Staff felt supported in their roles and received regular supervisions as well as annual appraisals.

The service provided personalised support to each individual. People had personalised care plans in place that included information around their preferences. Staff demonstrated a good knowledge of each person and knew how to support them in a way that met their specific needs.

People had access to a range of health and social care professionals when required, including GP's, consultant psychiatrists, psychologists, the challenging behaviour team and social workers.

People and relatives knew how to raise concerns if they were unhappy and were confident their complaints would be investigated and actioned.

The registered provider had quality assurance arrangements in place to regularly assess the quality and safety of the service provided. They were effective in identifying issues and required improvements.

## 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.

People and relatives told us they felt safe with the service they received.

Staff were confident in their role of safeguarding people.

People had appropriate risk assessments in place.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had up to date training in mandatory areas.

Staff felt supported in their roles through regular supervisions and annual appraisals.

People had access to health professionals as and when necessary.

People were supported to meet their nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy with the service and felt comfortable with staff members providing support.

People were encouraged to maintain their independence.

People were treated with dignity and respect.

People had access to advocacy services

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to receiving support.

People had personalised care plans in place that contained sufficient detail to guide staff. They also included people's personal preferences.

People and relatives were aware how to complain if they weren't happy with the service. Complaints were investigated and actioned.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff attended regular staff meetings and contributed to the improvement of the service.

The registered manager operated an open door policy. Staff felt comfortable to speak to management with any queries.

The registered provider completed regular audits on the service which were effective in identifying issues and required improvements.

# Pathways to Independance

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 of September 2016 and was announced. We gave the registered provider 48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and people would be available in their homes to speak with us.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

During the inspection we spoke with three people and one relative. We also spoke with the registered manager, the service manager, two supervisors and one support worker. We looked at three people's care records and medicine records. We reviewed three staff files, including records of the recruitment process. We also reviewed supervision and training records as well as records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe with staff. They told us the service made sure new staff were introduced to them by other known members of staff. They never received visits from new staff alone. When we asked a relative if they felt their family member was safe receiving care they said, "Oh my god yes, one hundred percent."

Staff showed a good understanding of safeguarding adults and knew how to report concerns. Staff said if they were concerned about a person they would report it straight away. One member of staff said, "It's something you are always conscious about and looking out for little things." Staff were also aware of the registered provider's whistle blowing procedure. They said they felt concerns would be dealt with appropriately. One staff member said, "I would approach my supervisor first and foremost. If it wasn't dealt with I would report it to the manager. If I still wasn't happy I would report it to the police." The registered provider had an electronic record of safeguarding concerns. Records included alerts sent to the local authority, investigations carried out and actions taken.

During our inspection we looked at the service's process for administering medicines and found medicine administration was managed appropriately. All records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. Competency checks were completed regularly to ensure staff administering medicines were safe and experienced to do so. Records showed monthly medicine audits were carried out by senior staff. No errors had been identified from the audits.

There were enough staff on duty to meet people's assessed needs. One staff member told us, "Yes, as far as I'm aware there's enough staff and I know they're still taking on (on an ongoing basis). There's a good mixture of staff."

Records in staff files demonstrated staff were recruited with the right skills and experience. Recruitment checks had been completed before new staff started working with vulnerable people. These included checks on their identity, health, references and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people and to check that they were not barred from doing so.

People had risk assessments in place where required. Risk assessments were reviewed and updated in line with people's changing needs. Care plans were in place for all identified risks which contained adequate detail of how people should be supported to manage those risks. For example, a person was assessed as being at risk of demonstrating behaviours that challenge. They had a specific communication care plan in place, a mental capacity assessment and involvement from the behavioural team and psychiatrist. Strategies were also in place to guide staff how to support someone during times when they presented behaviours that challenge.

Records of accidents and incidents were recorded in appropriate detail. Information recorded included details of those involved, where the incident had occurred, what had happened and what the outcome was.

When an incident occurred the registered provider completed a behaviour questionnaire. This documented current intervention with the person such as social workers, learning disability nurse and members of the behaviour team. Records and questionnaires were sent to the registered provider who reviewed them to ensure all necessary steps had been taken to reduce the risk of a reoccurrence.



## Is the service effective?

### Our findings

People and relatives we spoke with said they felt staff had the skills to do their job. A relative told us staff were skilled, "(Which is reflected in) how they look after [family member]. I can't fault them."

Records showed staff training was up to date in most cases. The registered manager informed us that where training was overdue for some staff, they had scheduled refresher training courses. Some staff who's mandatory training was not detailed on the matrix had actually received the training as part of their induction and through ongoing completion of the care certificate. One staff member we spoke with said, "I have my care certificate which I'm really proud of. I've just signed up for an NVQ two in health and social care."

All staff received a structured induction at the beginning of their employment which then led to the care certificate. The care certificate is a set of standards that social care and health workers work to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager told us and records confirmed that new staff received a five day induction delivered internally by the regional training manager. The induction included all mandatory training and at least 15 hours of shadowing experienced staff. Shadowing was observed by the supervisors who assessed the practical delivery and approach staff had towards people and the support they received. One staff member told us, "The induction was brilliant. I thoroughly enjoyed it. It was a good base to start from."

Staff told us and records showed that staff received regular supervisions. One staff member said, "It is important for me personally to know I'm doing a good job and doing it right. I would feel comfortable asking for support if I wasn't sure." We looked at supervision records and found that discussions included staff roles, any concerns and training.

As part of the supervision process spot checks were carried out on staff members to assess their performance around interaction with people. One staff member told us, "We get spot checks and supervisory sessions as well. [Supervisor] always says, if anything crops up in between (supervision) sessions, I can ring up and have a chat." The registered manager explained the observations were more in-depth and focussed on how staff engaged with people, how they demonstrated knowledge of people's needs and quality of the care they provided.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Records showed that appraisal discussions covered main duties and responsibilities, good and bad practices, any issues with their roles, training received, objectives and future learning and development.

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. We checked whether the service was working within the principles of the MCA. The registered manager and staff understood the principles of MCA, best interest decisions and gaining consent before care and support was provided. At the time of our inspection there weren't any people receiving a service who lacked capacity to make specific decisions. The registered manager told us they work with people and their relatives to tailor their support to meet their needs and wishes included specific goal plans for levels of progress they hope to make. The registered manager told us they would work with relevant professionals and appropriate advocates to make best interest decisions around people's support needs if they lacked capacity to make the decisions themselves.

Records showed people had received support from a range of health professionals including GP's, consultant psychiatrists, psychologists, the challenging behaviour team and social workers.

People were supported to meet their nutritional needs. One person said, "They (staff) make my meals." Another person told us, "They make my breakfast." A third person told us, "They (staff) do my tea for me." One member of staff told us, "We help [person] prepare their breakfast." Staff also encouraged people to have a healthy diet. One staff member told us, "[Person] has a food diary that we fill in. I always advise them on healthy options and try to encourage (healthy eating)."

## Is the service caring?

### Our findings

We spoke with people and relatives about whether they thought the service was caring. They told us they were happy with the care they received at the service. One person said, "I am 100% happy. (The service is) great; more than happy with them (staff). They're brilliant." Another person told us, "Staff are fabulous." A third person told us, "I think they're nice." A relative said, "I'm so satisfied with what they do with [family member]. The staff are great; very patient."

Staff supported people to meet their individual needs and preferences. One person said, "On a morning I get a shower and they (staff) help." Another person told us, "They help me get a wash." A relative told said, "Staff do everything for [family member]. I'm so satisfied with what they do for [family member]. From getting them up on a morning to going to bed, they (staff) support them."

Staff told us they felt the service was very caring and they really enjoyed their jobs. Staff spoke about their role as care workers in a compassionate way. One staff member told us, "I'm enjoying it. I'm over the moon that Pathways have given me this opportunity."

Staff supported people to help them maintain their emotional wellbeing. People's needs had been assessed and appropriate strategies had been implemented to guide staff how to support people's wellbeing. We viewed people's care files and noted staff recorded daily notes. Records included details of support provided as well as people's mood and conversations staff had with people. For example, if they had any issues. One person we spoke with told us they had an issue with one care worker. They spoke to other care staff and the care worker in question never returned to their property.

People were supported to be as independent as possible. People accessed the local community with staff support, with tasks such as shopping as well as activities to meet their social needs.

People told us staff treated them with respect and maintained their dignity while supporting them with personal care. Staff had access to information in people's care records about their needs and preferences, including their likes and dislikes. For example, one person's care plan stated, 'I like to do certain tasks like wash my hair but staff need to finish things off for me.' People told us staff asked them specific questions relating to their care and support. For example, what they wanted to eat at meal times.

At the time of the inspection none of the people we spoke with required an advocate. The service had contact information relating to advocacy services available. The registered manager understood the importance of advocacy services and why people may wish to access them. They told us, if people required or appeared to require advocacy services they would support people to access appropriate advocacy services.

## Is the service responsive?

### Our findings

People's needs were assessed prior to receiving support from the service. The assessment was entitled 'All about me' and consisted of detailed information about each person, including preferences and behaviours. For example, what makes them happy and sad. Assessments also included details around how to support people in different situations.

People had personalised care plans in place to guide staff as to how they wanted their care provided. Care plans included details about people's specific preferences and wishes. For example, one person's care plan for personal care stated, '[Person] likes their hair washed first.' Care plans also stated what support each person needed from staff. For example, to involve a person in meal preparation where safe such as buttering bread/toast, putting milk in a cup or making juice. One staff member we spoke with said, "I always make sure I come in (to the office) and read the file and speak with a couple of workers who have worked with [the person]. That's important for us to read the personal file for the people we work with so we know the support (required). Then updating ourselves with them to make sure we're aware of any changes."

Records confirmed care plans were reviewed on a regular basis, in line with people's changing needs. People also had agreed plans in place for specific goals such as developing coping strategies to reduce behaviours that challenge and to engage in more activities. The registered provider completed regular reviews to monitor people's progression towards meeting their individual goals.

People and a relative told us they felt involved in the planning of their care. A relative told us, "We have regular meetings with Pathways and the social worker. I feel very involved in the planning (of family member's care)."

People and a relative knew how to raise concerns if they were unhappy about their care or the service. One person said, "I have to wait until half past nine for my breakfast (but I have reported it) and [registered manager] is going to see if they can change the times to earlier." Another person told us, "I'll tell them I want to put a complaint in." They went on to tell us about a complaint they had raised which had been investigated appropriately and they were happy with the outcome. A relative told us about concerns they had previously with specific members of staff they didn't feel their [family member] bonded with. They explained that managers reviewed the support and considered their thoughts which resulted in different care workers being allocated to support their family member. The relative told us, "This is how accommodating Pathways are. [Family member] has got a really good team at the moment."

We viewed the registered provider's complaints log which contained five complaints about the service in the last 12 months. We saw the complaints were recorded, investigated and outcomes were fed back to complainants and other relevant parties. Action the registered provider took was also recorded and included actions such as discussed in supervision with staff and applying the disciplinary procedure.

## Is the service well-led?

### Our findings

People told us the service was well led. They felt that the provider was approachable and felt confident in the organisation of the support they received. One person told us, "I've been with pathways for nine years. I love it. I feel comfortable with them (staff). I know [service manager], [registered manager] and [supervisor] all right. I feel comfortable raising any issues (with them). If I've ever had an issue or a problem it's always been sorted out straight away." Another person said, "[Service manager] is good." A relative we spoke with told us, "[Staff] are absolutely fine. They're absolutely great and well organised." They also said the service was "very efficient".

We received similar feedback from staff who gave positive comments about the service. They spoke highly of the management and told us they felt comfortable about raising any concerns or going to them for support. One staff member said, "Six months in (post), I feel like part of the family. On the whole I love the people I work with." They went on to tell us management were "generally very good, very supportive". Another staff member told us, "I'm sure if there were any issues we would be brought into the office. It is important for development."

The home had an established registered manager who had been in post since March 2016. The registered manager was proactive in meeting their responsibilities in relation to submitting statutory notifications to the Commission.

The registered manager told us they operated an open door policy at the service to enable and encourage staff to approach either themselves, the service manager or the supervisors with any requests, concerns or issues and requests for any guidance. Staff told us they could approach management whenever they needed to. One staff member told us, "They are very good, very supportive. I know I can come and talk to them (management) anytime if I have any concerns or issues, which I generally don't. But they have been there when I've needed them. I have a good relationship with them. All the management are very approachable."

Staff had the opportunity to give their views through attending regular staff meetings. One staff member told us, "It helps to come up with fresh ideas. I'm always looking to make sessions for people as good as it can possibly be." We viewed minutes of staff meetings and noted discussions around people, strategies for supporting people presenting with behaviours that challenge, specific activities to introduce and any concerns.

The service also held regular senior team meetings to discuss areas such as staffing structures, people's needs, complaints, compliments, care practice issues, safeguarding, recruitment and health and safety.

The registered manager regularly circulated memos to staff to share information about the service and the corporate provider as well as acknowledging staff member's hard work and contribution to the service. One staff member we spoke with said, "When we get a memo they're always very good at thanking us for our efforts for things like covering extra shifts, which makes you feel appreciated."

The registered provider kept a record of compliments received. The service had received four compliments in the last 12 months. The compliments included words of thanks from people and their relatives, to staff, for supporting and protecting them. Compliments also stated how people and their relative were very happy with the service and how great it was to see staff engaging with people.

The registered manager completed audits on the quality of the service. These included safeguarding, medicines and incidents. In addition to these checks, the operations manager visited the service fortnightly to review specific areas of the service, including people's care files. Any actions identified were recorded and action plans were generated. The registered manager reviewed action plans and revised practices to improve the quality of service.

The service regularly sought views from people and their relatives in relation to the quality of the service. Surveys were sent out to people and relatives on an annual basis and feedback fed into the development of the service. The main themes related to personal care and support with meals. All feedback received was positive.