Care Quality Commission

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

The inspection took place on 21 March 2017, 24 March 2017 and 30 June 2017 and was announced.

Pathways Care Centre is a domiciliary service that provides people with learning disabilities the support required to enable them to live independently in their own homes. People had complex needs and 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. The registered manager worked alongside the provider to provide strong management.

People were safe because the management team and staff understood their responsibilities to recognise abuse and keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.
There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People were supported effectively with their health needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and we found that the provider was following the MCA code of practice.

The management team supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.
People were treated with kindness and respect by staff who understood their needs and preferences. People were supported to access the local community so that they were not socially isolated.

Staff had good relationships with people who used the service and understood their needs. People's privacy and dignity was respected.
There was an open culture and the management team supported staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The management team were visible and actively involved in monitoring people's care and supporting staff. Staff were positive about their roles and their views were valued by the management team.

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

Staff knew how to recognise and safeguard people from abuse or poor practice. There were clear processes to address people's concerns

There were sufficient staff with the skills to provide safe care and who had been recruited appropriately.

Systems were in place for managing risk and for supporting people safely with their medicines.

Is the service effective?

Good

The service was effective

Staff received the training and support they required so that they had the information to provide effective care for people using the service.

There were processes in place to support people to make decisions and where people did not have the capacity to make a specific decision the correct processes were followed to make the decision in the best interests of the person.

People's health and social needs were met by staff who were familiar with their individual needs and preferences.

Is the service caring?

Good

The service was caring

Staff were thoughtful and kind in the way they provided people with care and support.

Staff were attentive to people's needs, treated them with respect and delivered care in a dignified and caring way.

Staff knew how to support people in ways that reduced their anxieties.

People and their representatives were encouraged to be involved in decisions about care and support.

Is the service responsive?

Good

The service was responsive

People's preferences were taken into account and their choices respected when staff provided care and support as set out in the individual care plans.

Staff provided support that took into account people's social needs as well as their care needs. Staff maintained good relationships with families and others that were important to people using the service.

The service had processes in place to deal with people's concerns and the information was used to make improvements.

Is the service well-led?

Good

The service was well led.

The service was well managed by a competent management team whose skills complemented one another.

The management team demonstrated a commitment to provide care and support that was tailored to individual needs and which put the person at the centre of what they did.

Staff were valued and received the support they needed to develop their skills and provide good care and support.

There were strong systems in place to monitor the quality of the service, to listen to people and use their feedback to develop the service and make improvements.

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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 24 March 2017; telephone interviews with relatives and staff took place on 22 March 2017. The inspection was announced. The provider was given 48 hours' notice because they provided a supported living service and we needed to be sure that someone would be at the office to provide support with the inspection. A visit to meet the people supported by the service took place 30 June 2017.

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 social care services. The Expert by Experience supported the inspection by carrying out the telephone interviews before the inspector's visit to the office.

Before the inspection we reviewed the information we held about the service including information received, any safeguarding concerns and statutory notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the visit to the service's office we spoke with the provider, the registered manager and a member of staff. We also spoke with one person who visited the office when we were there. We examined three staff files and records related to the management of the service including training records, quality monitoring audits and information about complaints.

We visited the supported living service and observed interactions between staff and two of the people living there. We looked at one person's care plan.

Good

Is the service safe?

Our findings

Relatives told us that they thought their family members received safe care and support.
They said that they were kept informed of any changes or issues with their family member. One relative said, "They keep in touch via phone mostly and they let us know if [our family member] has had any appointments or if [they] need anything." Another relative confirmed that they were kept informed and said, "They will let me know if [my family member] has had a bad day or anything."

The provider explained that the development of the service from a residential setting to supported living had meant changes to how staffing levels were assessed. The priority was to increase people's independence and provide safe care. There was always one core member of staff on and each of the people living at the service had additional individual hours. This meant the number of staff at any one time depended on what people were doing on that day. A relative told us they felt there were sufficient staff. Another relative said that on a couple of occasions when they went to pick up their family member there was only one member of staff on duty.

Staff understood about abuse and poor practice and knew who they should report any concerns to. One member of staff said, "I would take it to management and if I felt it wasn't being dealt with properly I would take it further. I have never had any reason to [do this]." Another member of staff explained about the different types of abuse such as physical abuse, psychological abuse and bullying. They said, "We have had training on how to recognise signs of abuse. We would look out for changes in behaviour, depression and also physical signs. I would contact the management if I had any concerns." Staff were confident the management team would deal with any concerns robustly.

None of the people who lived at the service had the capacity to manage their finances independently. Relevant assessments were carried out and relevant processes were in place to manage people's finances and protect them from financial abuse. These measures included management by a local authority service which handles the financial affairs of people who do not have the capacity or no suitable alternatives exist. Best interest assessments were carried out before money was released for significant purchases. Other people's finances were managed by a person appointed by the Court of Protection to act on the person's behalf. We saw that the service supported people with their day-to-day spending and there were clear processes to record spending and to audit individual financial records.

The management team told us that they had a low staff turnover and they had a good core staff team. There were clear processes in place to recruit staff safely and these included a face-to-face interview. Applicants did not commence work before all the necessary checks were completed. All the documents required by regulation were in place including proof of identity and written references. Disclosure and Barring Service (DBS) checks were sought before a newly recruited member of staff commenced work. DBS checks were carried out to confirm that people were not prohibited to work with vulnerable people who require care and support.

Training records confirmed that staff had received training in supporting people with their medicines.

Although not all people supported by the service had prescribed medicines, we saw when we visited that each person had a secure cabinet where any medicines could be stored. If a person requires medicine on an 'as required' basis there was a clear protocol to guide staff so that they knew when the medicine needed to be administered. For example, a specific medicine that needs to be administered in an emergency situation to control an epileptic seizure. Staff were knowledgeable about the protocol for using this medicine. The pharmacy dispensing people's medicines also provided clear guidance for the use of homely remedies and this information was clearly available to staff.

Good

Is the service effective?

Our findings

The registered manager and provider explained how the service had developed and changed from when it was a residential service with communal areas. People now had their own self-contained flats in a supported living setting. The management team said that this transition also meant a big change for staff and before people transitioned to the new service, staff followed a programme of training called "My Front Door". This was designed to help staff understand challenges they might face and how to support people to adjust to the changes.

Relatives told us that staff had the necessary skills to meet their family member's needs. Training records showed that staff had received a range of core training that included infection control, moving and assisting, first aid and care planning. The provider had their own training room where meetings could take place and training could be delivered. There was a training co-ordinator in post who had completed an accredited training course to deliver son of the in house training. Other training was delivered by an external training provider.

Staff told us they were confident that the training they received gave them the information they needed to carry out their role. One member of staff said, "We have lots of training that helps us do our job – health and safety, fire training, food hygiene and MAPA (the management of actual or potential aggression)." Other staff said, "We do lots of training and we are always doing refreshers as well." Staff also said that in addition to actual training you needed to have common sense and, "The most important thing is to be compassionate."

Newly recruited staff underwent an initial five-day induction course to introduce them to the service. They then shadowed experienced members of the core staff team until they were confident in their knowledge and understanding of how to support people's individual needs. During the first 12 weeks of their employment the newly recruited staff were supported to complete the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff told us they felt well supported and received regular supervisions. They also had opportunities to discuss any issues at team meetings. A member of staff said, "I feel really well supported. I have my team leader and we get supervision every two months." A member of the care team said, "I do feel I am well supported and I have been to team meetings."

Records confirmed that staff had received a range of supervisions. Staff had individual formal supervisions approximately every six to eight weeks as well as observations of their practice. We saw that performance, personal development and training were discussed as part of the supervision process. In addition there were regular staff meetings to discuss issues relating to the care and support of people using the service. For example, if a person developed a health issue, a staff meeting would be called to discuss what support was needed.

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. The registered manager and provider understood their responsibilities under the MCA to carry out assessments and we saw records of appropriately completed MCA assessments For example there were MCA assessments in place for people's capacity to manage finances and the local authority had carried out independent financial assessments.

A relative explained that the service had changed to supported living and each person using the service had their own self-contained flat. They said, "When it first changed, because they all have their own kitchen I found that they had started using ready meals. I raised this as [my family member] can cook and in fact enjoys doing it and the whole purpose of the supported living is to progress with these sort of skills. They have taken that on board and prepare more fresh food with [my family member] now." Another relative told us, "I think the food [my family member] gets on the whole is good. In the past we had one incident where a relatively inexperienced staff member had packed a lunch box for a train journey and the food they had put in was not particularly healthy but we raised that and they have put things in place to make sure this doesn't happen again." People's care plans contained information about the food that people liked and how they were able to choose what they wanted.

Relatives told us that their family members accessed health care professionals as and when necessary. They said, "The staff sort this although [my family member] doesn't go very often as [they are] quite healthy." And "They sort all that and let me know how [my family member] has got on."

People's health conditions were managed with input from health professionals and there were clear care plans in place to give staff the information required to provide appropriate support for conditions such as epilepsy. Relevant equipment such as an alarm was used to alert staff in the event of a seizure occurring. Training records confirmed that staff had received training on how to manage specific health conditions and how to administer rescue medicines in emergency situations. Staff were able to demonstrate a good understanding of people's specific health needs.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring. One said, "Yes, I think the staff are good."

A relative told us that their family member did not communicate verbally but they said, "I think staff have a good handle on recognising [my family member's] needs." Another relative told us, "[My family member] is fairly verbal but is more concerned with asking you questions than answering questions put to [them]."

Relatives were confident that their family members were treated with dignity and compassion and told us that they had no concerns about that at all.

Relatives told us that they were made welcome when they visited. A relative said, "I can go when I want there is no problem with that and I always feel welcome."

Staff were able to tell us about how they used their training to provide care and support at times when people became anxious so that they could relieve the person's distress in a caring manner. A member of staff told us that there were care plans in place for when these behaviours occurred and they understood how to recognise the triggers. One member of staff said that by talking calmly and rationally the person would usually become calmer. We saw from one person's care plan that there was detailed information about the best way to support the person if they became unsettled or distressed.

During our visit, we observed staff interacting well with a person; they spoke calmly to the person and knew what to say so that the person was satisfied with the response. Another person arrived home during our visit and we saw friendly interactions.

Good

Is the service responsive?

Our findings

Relatives told us that they were involved in the development of their family member's care plan. A relative told us, "Yes we were involved and it was updated recently." Another relative explained that the local authority usually was involved with the care plans but that they were, "Involved and consulted."

A relative told us that their family member was unable to make many decisions or express views about how they spent their time. They said, "The staff are aware of what [my family member] likes and dislikes, [they] do not like change and this can affect behaviour." Another relative said they thought their family member was as involved in making decisions as they could be. They told us, "They seem to have lots of activities [my family member] can get involved in. They do lots of stuff like bowling, going to the pub, for meals and days out, which is very good."

One of the tools used to help people to be involved in their care and support was a personal planning book that people went through with staff support so that they could be encouraged to make choices to the best of their ability.

A relative explained that their family member had more interaction before they moved to a supported living setting with their own living areas but where there were no communal areas. They said, "[Our family member] likes interaction and they don't mix as much as they used to. They go to college, discos and other activities." They added that this depended on staffing levels.

The management team listened to relative's concerns about whether the service met their family member's needs. One relative said, "The only issue we have is that there is no communal living area or kitchen. We feel the [self-contained] accommodation itself is not suitable for [our family member] as [they like] to be with others and watch what they are doing and join in if [they] like. I feel without these communal areas [our family member] is missing out on that." The management team explained that they were working with the family and care commissioners to explore other options for the person that may meet their emotional needs better.

Staff were able to demonstrate that they knew people well, including their personal history, likes and dislikes. One member of staff told us, "We are a very small team so we have built up good relations with the service users and know them really well." Staff explained that they have a handover sheet that sets out to whom each member of staff are providing support, if there are any appointments booked for individuals and what activities people have planned for the day.

Staff demonstrated an understanding of people's needs and they were knowledgeable about people's individual care plans. One member of staff said, "The managers do the care plans but we have input into them and we discuss them at team meetings. " Another member of staff said, "Each person has a specialised care plan. I don't really have much to do with [writing them] but we have meetings to make sure they are up to date and fit for purpose."

Relatives told us they knew how to make a formal complaint and said they would be comfortable doing this if the situation arose. There had been one recorded complaint which had been addressed appropriately by following the provider's complaints procedure. Relatives told us that they knew who to speak with if they had any concerns. One relative said, "They always put things in place when I've raised anything." Another relative told us, "I've never had cause to complain. I find the team are very approachable if I have any issues and resolve them without hesitation." They also said were confident they could make a complaint and it would be addressed. One relative said, "I would have no problems if I had to."

Good

Is the service well-led?

Our findings

Relatives told us they were kept up to date with any changes or when anything was happening with the service. They said that the manager was approachable. One relative said, "We have no issues at all." Another relative said, "They keep us informed. I can contact the manager, no problem, and they always try and address any concerns."

Staff were confident that if they raised concerns or questioned practices they would be listened to. One member of staff said, "I feel supported by the management. Whistle blowers would be supported." Another member of staff said, "I am confident that I would be supported and whistle blowers would be protected."

The provider and manager explained that they had a plan in place to develop and improve the service. One of the developments planned was a cloud-based care planning system that would produce what the provider described as "real time care planning", which would enable them to update people's care plans in response to changes as and when they occurred.

Relatives confirmed that their feedback about the service was sought both informally and through a more formal process by completing surveys. One relative said, "We often give feedback." Another relative confirmed, "We get them [surveys] every so often." At the time of our inspection we saw that surveys were being prepared for distribution to people who used the service, relatives, health and social care professionals, day services staff and the staff team.

The provider explained that important aspect of their development plan was a workplace charter for staff. They told us, "You have to invest in the wellbeing of staff. We have the first step in place. It is important for the retention of staff." Staff told us that they were happy working for the service and they felt valued. They said, "I feel it's a really nice place to work and the service users are really well looked after."

The provider was looking at how they delivered training to staff; they were considering how training improves development and what is the best way to assess knowledge? They are considering the range of dementia and autism training now available which enable staff to experience what these conditions feel like for people.

Other aspects of the development plan covered developing 'areas of interest' for staff and making leadership and management training available. An annual review to be shared with stakeholders was part of the development plan.

There were systems in place for managing records and the management team had clear arrangements for monitoring and auditing care plans, training and staff files. Records examined during our inspection were up to date and well organised. All documents relating to people's care, staff and to the running of the service were kept securely when not in use so that people could be confident that information held by the service about them was confidential.