Pathway For Care Limited

Pathway for Care

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

Pathway for Care is a service that provides personal care for adults who have a learning disability, physical disability or mental health conditions living in supported living. The service has been registered with the Care Quality Commission (CQC) since February 2017. Four people lived at the supported living location but not everyone received the regulated activity of personal care. At the time of our announced inspection on 19 July 2018, the service was providing personal care to one person. This was the first inspection of this service. This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 assisted us with our inspection.

People's rights were protected in line with the Mental Capacity Act 2005. People's medicines were stored securely.

People's care and support was planned in partnership with them and they had opportunity to take part in activities that reflected their interests. People were supported by sufficient numbers of staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. Staff had been recruited through an appropriate recruitment process which helped ensure they would be suitable for the role.

Where people had incidents or accidents these were recorded and lessons were learnt from them. Individual risks to people were identified and guidance and action taken to minimise risks, whilst continuing to allow the person freedom. People were protected by the measures in place to manage infection control.

People could make choices about the food they ate and staff engaged healthcare professionals when people required it. Staff worked with external organisations and professionals to help provide the most effective care to people. People's needs had been assessed prior to moving in to the service and transitions arrangements were in place to help ensure a safe move.

People were cared for by staff who were kind and caring towards them. Staff treated people with respect and maintained their dignity. People were supported to remain as independent as possible and make choices about their care. There was sufficient information in people's support plans to enable staff to provide the most appropriate care to people.

People and staff benefited from good leadership provided by the registered manager. Staff said there was a strong team and staff said they received good support from their colleagues. They told us they had received appropriate training for their role. The whole staff team had a drive to continually improve the service. Should someone wish to complain there were appropriate procedures in place.

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's medicines were stored securely however some medicines management processes required improvement. These did not have a direct impact to people.

People received care from staff who had been recruited through appropriate processes.

Staff knew how to keep people safe from abuse and who had identified risks to people. People were kept free from infection by staff.

Accidents and incidents were recorded and steps taken to prevent reoccurrence.

Is the service effective?

Good

The service was effective.

People's rights were recognised as staff had followed the principals of the Mental Capacity Act (2005).

People had a choice of foods and were supported to access healthcare professionals to help keep them healthy.

People's needs were assessed before moving in. Staff were trained and supported in their role to help ensure that when people did move in they received the most appropriate care

Is the service caring?

Good

The service was caring.

People's care was provided to them by staff who knew their needs well and understood people's individual characteristics.

People were shown respect and dignity and given privacy when they wished it. People were supported to be independent and make choices in their care.

Is the service responsive?

Good

The service was responsive.

People could access individualised activities.

People's support plans contained sufficient information to enable staff to provide responsive care.

There was a complaints procedure in place in a format people would understand.

People's end of life care plans needed to be developed to include their wishes.

Is the service well-led?

Good

The service was well-led.

There was strong management presence and staff felt supported and involved in the service.

Quality assurance monitoring enabled management to identify where improvement was needed.

Staff worked in partnership with external agencies.

Pathway for Care

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 checked 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.

The inspection took place on 19 July 2018. This was a comprehensive inspection that due to the size of the service was carried out by one inspector. This was the first inspection of Pathway for Care and we announced our inspection as we wished to ensure there was someone at the service when we visited.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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 the PIR prior to our inspection.

During the inspection we met the person who received the regulated activity, spoke with five members of staff, which included a team leader, positive behavioural support lead and service development manager as well as the registered manager. We observed the care people received and the interactions they had with staff. We looked at one person's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed and reviewed two staff recruitment files. We also looked at health and safety checks and quality monitoring checks.

Following the inspection, we obtained feedback from one relative.

Good

Is the service safe?

Our findings

People's medicines were stored securely, however we found improvement was required to some medicine management processes. Medicines were stored in a locked cupboard; however, staff were not checking the temperature of this to help ensure medicines were being stored at their optimum. Each person had their own Medicines Management Record (MAR). Their MAR included their name, date of birth, GP information and any allergies they had. We saw that this information was in line with a person's support plan. However, we found gaps on the MAR charts where it appeared that staff had not followed the prescription guidelines. These related to topical creams (medicines in cream format). The registered manager explained to us that these creams were PRN (as required medicines) and as such did not need to be applied every day. They told us they had planned to contact the person's GP to ask that the prescription was changed to reflect this information. We will check medicines storage and records at our next inspection.

People were helped to stay safe from identified risks. Risk assessments had been carried out to keep people safe while supporting them in areas including activities and eating and drinking. One person would undo their seat belt whilst in the car and either attempt to stand up or get out. As such staff used a specialist seat belt lock which meant they were kept safe when travelling to and from their activities. This same person had severe allergies to particular foods and there was clear guidance in place for staff which covered the foods in question, how the allergy would display itself in the person and what treatment was needed. A relative said, "He has two to one when out and about so I feel he is safe." A staff member told us, "I wouldn't take [name] on any rides (in a theme park) that had flashing lights because of his epilepsy."

People were cared for by staff who understood their roles in keeping people safe. A staff member told us they would inform their manager should they identify any bruises or scratches on someone. They said, "I would raise it with the manager and up the ladder." Staff had received safeguarding training and told us they had never had cause for concern.

People were cared for by a sufficient number of staff. One person required one to one support for most of their day when indoors and two to one support when outside of the service. Staff told us these levels were always met. This was confirmed by their relative who told us, "I am always checking up on it and as far as I'm aware he has the staffing levels he needs."

Where people had accidents or incidents staff took action to help ensure they did not reoccur. Staff used these incidents as lessons learnt. For example, one person had left the service unbeknown to staff. This was because the key lock on the gate had failed. The mechanism on the lock was repaired and since that time staff carried out a daily 'perimeter' check to ensure the service was secure. A staff member told us, "When [name] left the service (unaccompanied) we learnt from that. We much more regularly check the perimeters to check no locks are lose or maintenance is needed." A staff member told us, "I will be meeting once a fortnight with [name's] keyworker to review any incidents of behaviour, both positives and negatives, so we can start to put strategies in place."

People were protected by the provider's recruitment procedures. Prospective staff were required to submit

an application form. The provider obtained references, proof of identity and a Disclosure and Barring Service (DBS) certificate. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Where prospective staff's DBS certificate had not been received prior to the staff member starting work, a risk assessment was drawn up and the staff member did not work alone.

People had individual personal evacuation plans within their support plan which detailed the support they would require should the fire alarm activate. For one person, it was clearly recorded they required one to one support to evacuate and that they would sit in their car to keep them safe. There was an on-call rota in place for management should staff need support out of hours.

People were protected from the risk of infection. We read in one person's support plan clear instructions to staff to ensure they were, 'Wearing the appropriate PPE (personal protection equipment) when carrying out personal care'.

Good

Is the service effective?

Our findings

People were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw capacity assessments for one person for not being able to leave the service without support, free access to foods and the risks of unhealthy eating, finance, medicines, two to one support and the listening device in their room. However, there was no evidence of best interests discussions to demonstrate that the least restrictive options had been considered for this person. The registered manager provided us with evidence that before this person moved into the support living setting a meeting was held to discuss the possible restrictions that were in place. We discussed with the registered manager the need to ensure that each individual specific decision was accompanied by a best interests discussion.

Staff were aware of the importance of seeking consent from someone and recognising that they may have capacity to make some decisions. A staff member told us, "We assume everyone has capacity. [Name] has capacity to understand what is being said to him."

People's needs had been assessed before they moved into the service. The assessment included meeting the person's previous support workers and working alongside them to help ensure they understood the person's needs. The person then had the opportunity to visit the service prior to moving in to help their move go smoothly.

Staff had access to the training and support they needed to carry out their roles. This included training that was specific to the needs of people living at the service. A staff member told us, "The training was good, very good. I've had safeguarding, epilepsy, EpiPen, moving and handling and first aid. These would ensure I would know how to react to any incident that occurred." Staff told us they had the opportunity to meet with their line manager regularly and records confirmed staff training as well as staff supervision. A staff member told us, "I meet with [registered manager] monthly and we have weekly catch ups." The provider's service development lead told us they had identified some shortfalls in staff training and were currently working on ensuring courses were booked for those staff. Some of the gaps related to new staff who were still working through their training. We read that one person required all staff to be competent in using an EpiPen (for allergic reactions) when supporting them. We saw that some staff had not yet received this training. However, this person was supported by two staff when outside of the service and as such there was always at least one staff member trained in its use.

People could choose the foods they ate and people had opportunities to eat out when they wished. We reviewed the menu for one person which showed a good range of foods. The menu was developed by trial

and error with the person, together with the knowledge of their family members. A staff member told us, "I've put together a menu with his favourite foods, but of course he has choices on the day." The person was supported by staff to go shopping and choose items they wished to put in their basket. Where people had specific food requirements these were known by staff. We read that one person had severe allergies to particular foods, such as strawberries and nuts. All the staff we spoke with were aware of this and it was clearly recorded throughout their support plan.

People were supported to stay healthy and to obtain treatment when needed. People had input from healthcare professionals including the GP, continence nurse and psychiatrist. Where people needed treatment in relation to their oral health staff accompanied them to the dental clinic. Each person had a hospital passport which included important information about the person should they be admitted to hospital. We read one persons was in line with their support plan. A relative said, "They (staff) took him to the GP last week, they took down all the information and phoned me."

Good

Is the service caring?

Our findings

A relative told us they felt staff were kind and caring towards their family member. They said, "[Staff name] is very good. He is always trying to find new things for him to do. They (staff) keep a much closer eye on him. I have no issues."

There was a caring atmosphere at the service. Staff knew people well and were able to describe to us people's individual characteristics. We heard a staff member say to someone as the person held their arm, "Alright mate, what would you like to do?" We saw the person lead the staff member to another part of the room to show them what they wanted.

People were encouraged to make decisions about their care and express their views. One person would lead staff by the hand when they wished something to happen, or they needed something. We saw this happen when a person wished for a drink and they took the staff member to their kitchen sink and got out a cup. A staff member told us when this person started to get a bit restless that this was the sign they were ready to go out.

People's privacy was respected by staff. People could spend time in their rooms when they wished on their own. A staff member told us, "Sometimes he makes it clear he wants his own space - he pushes us away. We recognise that and let him have privacy."

People's dignity was upheld. We saw one person appropriately dressed for the weather. They were wearing clean clothes and were well groomed. A staff member told us, "I respect his privacy when he is being showered. I am a big advocate with hygiene and because he is not keen on showering I have introduced some sensory items to the bathroom which help to calm and distract him." Another staff member said, "I always talk through everything and make eye contact, going at the pace they want. I would ensure that during personal care a person wasn't undressed longer than they needed to be."

People were encouraged to be independent. We read in one person's support plan, 'ask him to stir food or throw away peelings, etc." We saw this person go to get their bag and shoes themselves when the staff member told them they were going out. A staff member told us, "We look for new opportunities. We're here to support and promote independence. He can decide what he wants to wear and he knows who he wants to interact with."

People's individual communication methods were known by staff. A relative told us, "Staff are able to foresee things that he'll do." The registered manager described one person to us. They said, "He uses facial expressions and smiles or frowns. If he rolls his eyes and walks away you know he doesn't want to do something." A staff member told us, "If [name] really grabs or pinches someone we know that as a sign he is getting anxious and wants to go somewhere else." This same person liked to rip pieces of paper and roll them into a ball. Again, staff knew about this and told us, "It relaxes him and is a good distraction for him." This was clearly recorded in this person's support plan.

Information was provided to people in a way they would understand. For example, one person had a board in their room which pictures could be placed on to show them what was happening during the day. The person removed or added pictures as they wished. Staff used objects of reference for this same person. For example, their shoes were a sign to let them know they were going out. As such they did not wear shoes when indoors which we saw on the day.

Good

Is the service responsive?

Our findings

People's support plans contained sufficient information in order for staff to provide responsive care. We noted however that there was a lack of information on the person's background for staff. Staff had this knowledge but had not written it down. We discussed the importance of recording this with the registered manager. Staff approached people in a consistent way which had helped people settle into the service. One person had particular behaviours and their keyworker (a member of staff dedicated to one individual) had written out a clear summary on how best to support the person, which staff were following. Support plans included information about a person's mobility, personal care, likes and dislikes and care needs. We found staff followed support plans. For example, one person needed to have their allergy and epilepsy medicines with them when leaving the service. We saw a staff member open the medicines cupboard for the person so they could get their 'medicine' pack and put it in their bag. A staff member told us they got to know what care a person needed by, "Going on shift, working with support workers and shadowing."

People had a one-page profile at the beginning of their support plan. This detailed important information about the person and was useful as an aide memoir for new staff. We read essential information about one individual was included in their one-page profile, such as their severe food allergies.

People were supported to receive input from appropriate professionals to help ensure their individual needs were met and they could have more control over their lives. One person was currently using incontinence aids, however staff felt this person had the ability to use the toilet and as such were working to promote their independence in this respect. They had engaged the continence nurse to advise them. A staff member told us, "We look at progression for people in relation to their well-being, attitude and independence." Another said, "We never think [name] won't be able to or can't, we think let's try it and see."

Where people had particular behaviours the positive behaviour support lead had drawn up a care plan. We read this for one person. It included the behaviours, possible triggers and distraction techniques for staff. Staff were aware this was in place and were able to describe some of the techniques they used, such as giving the person sheets of paper to rip which relaxed them.

People were enabled to participate in the past-times of their choosing. One person liked walking, going to theme parks and eating out. We reviewed their activities plan which showed a range of activities in line with their preferences. This included visits to National Trust locations, Chessington theme park and leisure centres. We read they also went out on a horse and cart, to crazy golf and bowling. When they remained at the service their support plan outlined what they liked to do. This recorded they liked to watch particular programmes on their electronic device and their favourite programmes were listed. A relative told us, "He has loads to do now. He is out and about all the time."

People were supported to maintain relationships with those close to them. One person's family visited regularly and spent time with the person either in their flat or taking them out. In addition, staff took the person to their family's home for visits.

People and families were provided with information on how to make a complaint. Staff told us it would be difficult for one person to understand how they could complain as they were non-verbal, however they said it was clear from their body language if they were unhappy with something and staff would respond to that. The service had not received any formal complaints since they had opened. A staff member told us, "Someone could complain to a team leader or myself. We have a complaints log and either myself or [the registered manager] would investigate." A relative told us, "I would have no problem with raising anything. I will say if something is not right."

There was no one at the service in receipt of end of life care, but was there other information in people's support plans about their cultural and special needs.

Good

Is the service well-led?

Our findings

A relative told us they felt the service was well managed. They said, "[Registered manager] is very proactive. We had a few teething problems at the beginning and she was straight on it and sorted out the issues."

Staff told us they felt there was a good staff team at Pathway for Care and that they worked well together. A staff member told us, "We have people (staff) who talk to each other." They also said they had good support from the registered manager. One staff member said, "I feel supported, very supported." Another said, "I am definitely very supported. [Registered manager] has done a lot of the role so she understands what it is like and how hard it can be." A third staff member commented, "It's such a great team and everyone really cares." In turn the registered manager told us they felt supported by senior management. They said, "Really supportive and he tries to attend meetings and take time out for staff."

Staff had the opportunity to feel involved in the service through Monday morning meetings, staff meetings and handovers. A staff member told us, "We have a staff meeting regularly and we talk about everything, including incidents."

Staff worked with external agencies to ensure they were following best practice and to gain new skills. A staff member told us, "I am looking at Level 2 and 3 Surrey Skills Academy for staff and Skills for Care to see what training they have."

The registered manager was keen to learn and to improve the service. They told us they were setting up a 'critical friends' forum which would have a parent, occupational therapist and social worker involved. This forum would review anonymised safeguarding incidents, accidents and incidents and support plans, to discuss learning and new ideas. In addition, the service had access to a central support network to share best practice.

Various audits were carried out to help ensure the service that was being provided was the best it could be. The registered manager carried out an overarching audit which identified shortfalls and actions. This included safety, human resources, support plans, training and development and outcomes and learning. In addition, team leaders were to start a weekly audit reviewing any actions to check they had been addressed. There was an operational meeting every week at which the registered manager gave a progress report.