

Pathways 4 Care Ltd

Coalway Road

Inspection report

54-56 Coalway Road
Wolverhampton
West Midlands
WV3 7LZ

Tel: 01902341204

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22 February 2017

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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 22 February 2017 and was announced. Coalway Road provides personal care to people in their own homes. At the time of our inspection one person was receiving support from the service.

There was a registered manager in post at the time of our inspection. 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 were supported by staff who were able to recognise the signs of abuse and knew how to raise concerns. Risks to the person's safety were assessed so that risks were minimised. There were sufficient numbers of trained staff to meet people's needs effectively. The provider had conducted recruitment checks prior to staff starting work. There was a system in place to manage medicines to ensure people received their medicines as prescribed.

The provider and staff had an understanding of the principles of the Mental Capacity Act. People were supported to meet their nutritional needs and they were supported to access appropriate healthcare professionals when required.

Relatives described staff as kind and caring. Relatives were involved in decisions about their family member's care and support needs. Care plans were personalised to reflect people's individual needs and provided clear guidance on how people should be supported. Systems were in place to ask people for their views about their care. Staff knew how to raise concerns on people's behalf and the provider had processes in place to address any complaints or concerns.

The service was well-led. Staff understood their roles and responsibilities. Systems were in place to monitor the service provided to ensure people received quality care.

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 understood their responsibilities in protecting people from harm. Risks to people's safety had been assessed and were managed by staff. People were supported by sufficient numbers of staff. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and received training relevant to their roles. Staff understood their responsibility to protect people's rights. People's nutritional needs were met and people were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Relatives said staff were kind and caring and said people had a good relationship with the staff that supported them. People were cared for by a regular group of staff who had a good understanding of their likes and dislikes. People's dignity and privacy was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's individual requirements. Care plans were personalised and reflective of people's needs and developed with family members. Relatives felt confident to raise concerns and said they would be listened to and issues addressed by the provider.

Is the service well-led?

Good ●

The service was well-led.

Relatives felt the service was well-run. Staff understood their

roles and responsibilities and felt supported in their jobs. The provider had systems in place to monitor the quality of care people received.

Coalway Road

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.

This inspection took place on 22 February 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

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. Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority for information they held about the service.

During the inspection we spoke with two relatives. We also spoke with three members of staff and the registered manager and care co-ordinator. We reviewed a range of records to check how people received their care and how the service was managed. These included one record of the person who used the service, two staff files and records relating to the management of the service.

Is the service safe?

Our findings

Relatives told us their family member received safe care. One relative said, "[Person's name] is in totally safe hands." Staff we spoke with had a clear understanding of how to keep people safe from the risk of harm or abuse. Staff knew how to recognise the different types of abuse, the signs they would look out for and the action they would take. One member of staff commented, "If I saw any form of abuse I would report it straight away to [manager]." Staff spoken with and records we looked at confirmed that staff had received training on how to keep people safe from potential harm or abuse. We spoke with the registered manager of the service who demonstrated an awareness of safeguarding procedures and reporting any concerns of potential abuse or harm to the local safeguarding authority. This meant the provider had systems to report any allegations of abuse or harm to keep people safe.

Risk assessments were carried out to minimise the potential risk to people's safety. One relative commented, "[Staff] know [person] risks they know what they have to do." Staff we spoke with were able to tell us about the risks the person they supported might have. They explained to us how they managed known risks such as mobility. Staff explained they shared information with other members of staff to ensure the person was cared for safely. Records we looked at identified the risks the person might have and we saw guidance was available for staff to refer to in order to reduce these risks. Staff knew what they had to do to report any new risks they said information and guidance would be reviewed and updated when the person's needs changed with any risks to their health and well-being updated.

Relatives we spoke with said their family member received care from a consistent group of staff. They told us they knew the staff well and they stayed with them for the required length of time. One relative said, "The same group of [staff] they are with [person] all day, it is a team of [staff]. I have no concerns with staffing levels." Staff we spoke with confirmed there were sufficient numbers of staff to meet the person's needs; one member of staff said, "Between us we cover the package we cover annual leave and sickness." This meant the person continued to receive care from staff that they were familiar with. We saw there was sufficient numbers of staff employed to meet the needs of the person using the service.

We looked at the provider's staff recruitment systems and saw appropriate pre-employment checks had been carried out prior to staff starting work at the service. Records we looked at indicated staff had completed an application form, attended an interview, had reference and Disclosure and Barring Service (DBS) checks completed. DBS checks help employers reduce the risk of employing unsuitable staff. This meant the provider had recruitment systems in place to ensure people employed met the required conditions in order to keep people safe.

The person received their medicines as prescribed. The relative commented, "[Staff] gives medicines I have no concerns." One member of staff said, "I feel confident with administering medicines as I have had training." Staff said they had received training to administer medicines and their competency had been assessed to check they completed this safely. We looked at records and saw information about how and when to give medicines was clearly documented. Medicine Administration Records were completed correctly and additional information was available for staff to refer to which helped to reduce the risk of staff

administering medicines incorrectly.

Is the service effective?

Our findings

The relatives we spoke with said staff were skilled and trained in their roles. One relative commented, "[Staff] know what they have to do. They do all the checks they do a [good] job." Staff told us they had the skills to meet the person's needs and had access to any training should they require it. For example, Dementia care. Staff told us they had received an induction when they first started working at the service. This included meeting the person they were going to support and working alongside experienced members of staff to ensure they understood how to meet the person's care and health needs. Staff told us they received one to one and team meetings and said they had regular contact with their manager. This showed staff were supported by the provider to gain the knowledge and skills required to support people safely.

Staff said they sought consent before providing care. One member of staff said, "[Person] will let you know if they are not happy with something you are doing. I would stop and talk to them and explain why I needed to do something. If they refused I would stop and try again later."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was.

Relatives said their family member's nutritional needs were being met appropriately by the staff that supported them. Staff told us they followed the advice provided by healthcare professionals to safely manage the person's nutritional requirements. We looked at the care records to see what information had been recorded about how the person should be supported with their diet. We saw nutritional assessments had been completed and professional advice sought from speech and language therapy (SALT), this confirmed what staff had told us.

Relatives told us staff were knowledgeable about their family member's health needs. One relative said, "[Staff] respond quickly to person's health needs." They continued to explain that staff were aware of what action to take to support a particular health need and said they did not have any concerns about the management of this and staff acted quickly to address any concerns. Staff we spoke with explained how they monitored the person's health and the actions they took if they noticed any change in their health needs. For example contacting the doctor. Records we looked at reflected the information staff shared with us and also gave clear guidance how to meet particular health needs in order for the person to remain safe. We saw where there were concerns about the person's health these were escalated appropriately.

Is the service caring?

Our findings

Relatives told us staff were very kind and caring. One Relative commented, "Staff could do no more if it was their own [family member]. [Staff] are extremely caring." Relatives said staff did not rush their family member when providing care and worked at a pace which was suitable to the person. Relatives told us staff listened to their views and wishes and provided care so that it was in line with their expectations. One relative commented, "[Person] is totally dependent, needs routine, peace and quiet and love and care. That is what [they] get." Staff were able to explain the person's different care needs and how they communicated with the person to make sure they were providing care in the way the person was happy with. Staff said they got to know about the person's life and how they liked to be cared for by talking to their relatives and reading through their care plan. This showed staff knew how to support and meet people's individual needs.

Relatives told us their family member was supported by a team of people all of whom they knew and had built strong relationships with. This meant the person was provided with a continuity of care and led to satisfaction with the service received. Records we looked at showed regular contact between the provider and the relatives; we saw the person's care was reviewed regularly to ensure it continued to meet their needs and expectations. The records contained details of the person's needs and of their preferences and wishes on how they wanted their care to be delivered. This meant people were supported by staff who they knew well.

Relative's told us their family member's dignity and privacy was respected. One relative said, "[Staff] make sure they protect [person's] dignity [staff] cover them when providing [personal care]." Relative's also told us staff always treated their family member and themselves with kindness and spoke to them in a respectful way. They explained staff were in their home at all times and said they respected when relatives wanted to spend periods of time alone with their family member. Staff gave us good examples of how they ensured privacy and dignity was maintained. For example, one member of staff said, "When providing [personal care] I will always cover [person] with a towel and make sure the door is shut. We only have two people in the room when personal care is being given." Other staff said they made sure the person was supported to dress to their individual taste. This demonstrated people's dignity and privacy was respected.

Is the service responsive?

Our findings

Relatives told us staff providing care were responsive to their family member's needs. One relative commented, "[Staff] respond very quickly to [person] needs." Staff we spoke with were very clear about how to deliver the care the person needed to ensure they remained safe and as comfortable as possible.

Relatives told us they were involved in developing their family member's care plan. One relative commented, "I am involved in everything about [person's] care." They also said they were involved in regular reviews of their family member's care and support needs. The person's needs required staff to be with them for the majority of the time staff we spoke with had knowledge of the person they supported which included their likes, dislikes and personal histories. One member of staff said, "I have got to know [person] well and have built up a relationship with [person] and their [family]. I know what [person] likes and the [family] are about should you need to check with them." Staff told us they shared information straight away with senior staff and the provider if they noticed a change in the person's need. Any action was taken quickly to respond to the change. For example, the person required regular health checks to be completed throughout the day. Staff responded quickly to changes and where required contacted external professionals. Staff also told us information was shared with each other at the start of a shift this ensured staff had up to date information about any changes in the person's needs or any other issues they needed to be aware of. This showed a system was in place to ensure any changes in people's needs were responded to in a timely manner.

Records we looked at were written in a personalised manner and provided up to date information and clear guidance about all aspects of the person's health and personal care needs for staff to refer to. We saw where there were changes to the person's care or health needs these were recognised by staff, the provider was informed and care records updated. This enabled them to provide care in a personalised way which was responsive to the person's needs.

Relatives confirmed to us they knew how to contact the registered manager if they needed to. We saw in the records we looked at there was regular contact from the provider to ensure the person was happy with the service they were receiving. Relatives told us they knew how to complain if they were not happy about any aspect of their care or support. They said they had been given information about how to complain when they first began using the service. One relative commented, "I would speak to the manager or shift supervisor and anything would get sorted straight away." Staff were aware of how to deal with any complaints they received and were confident the provider would address any concerns raised. The provider had a system to record any complaints they received. The records showed one complaint had been made in the past twelve months. Records demonstrated this had been dealt with appropriately in line with the provider's complaints policy. This indicated that people's complaints would be listened to, taken seriously and addressed by the provider.

Is the service well-led?

Our findings

Relatives we spoke with were positive about the service they received and about the provider. They thought the service was well-run. One relative commented, "Outstanding service staff are dedicated to [person]." And "It is unique care and is provided to [person] at home." Relatives expressed confidence in the staff who supported their family member and said they knew who the registered manager was should they need to contact them. Relatives said they felt listened to, and any issues they had were dealt with straight away. This showed people were able to share their views about the service they received.

Staff told us they understood their roles and responsibilities and felt supported in their job by their manager and the provider. They said they received support from their manager which included one to one and team meetings. These provided an opportunity to discuss any issues they had regarding their role, the person they cared for or their own personal development. Staff told us they would raise any concerns they had with the provider and felt confident these would be addressed. They said they were aware how to whistle-blow if required. Whistle-blowing means raising a concern about a wrong doing within an organisation.

Before our inspection we asked the provider to send us a Provider Information Return (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed appropriately. Information provided was consistent with what we found during the inspection for example, spot checks were completed for each member of staff to check their competency to administer medicines. The registered manager and care co-ordinator demonstrated a good knowledge of the person who was being supported by the service and of the responsibilities to submit notifications to CQC when certain events occurred such as serious injury. We saw the provider had systems in place to assess and monitor the quality of the service people received. For example, regular checks had been completed of medicines and care plans. We saw any changes to the person's care and risks were recorded and monitored for trends and patterns. For example incidents were reviewed for any possible trends that would help improve a person's safety.