

## Pathways to Opportunities Ltd

# Pathways to Opportunities

### Inspection report

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Date of inspection visit: 08 and 16 December 2015

Date of publication: 15/03/2016

### 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?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

We undertook an announced inspection of Pathways to Opportunities on the 4 December 2015 and spoke with people who use the service and their relatives on the 16 December. The inspection was announced 48 hours prior to our visit to ensure that the registered manager or other responsible person would be available to assist with the inspection.

Pathways to Opportunities is a service that provides care to people within their own home or out in their local community. The main office is situated centrally to Oldham and support is provided to people in and around

Oldham. The services provided include personal care, assistance with medication, cooking meals, daily activities and shopping. At the time of our inspection 15 people used the service.

The service had 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.

# Summary of findings

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives were confident they would be listened to and any action would be taken to resolve their concerns. However the register manager did not have a formal method of recording complaints.

Support workers who had been recently recruited told us they had been through a robust recruitment process. We saw that Pathways to Opportunities recruitment and selection policy had been followed in the recent employment of support workers. We looked at the training records for all support workers. Newly recruited support workers had received induction training when they started their employment and had shadowed existing staff.

Care plans were in place that reflected the needs of the people. This included information about how people wanted to be supported, their likes and dislikes, when support was required, and how this was to be delivered. We saw evidence of people and their relatives being involved in the decision making process throughout the initial assessment and during reviews of their care.

We looked at the medication administration record (MAR) charts for all the people who used the service. The recording of medicines was done in line with current guidance.

Information regarding people's dietary needs was included in people's care plan, and detailed guidance for support workers was provided in order to ensure that they met these requirements. Any specific dietary requirements were clearly documented, and all allergies were written in bold so support workers were aware of any risk to a person's health.

Support workers were able to respond to people's individual needs by following care plans. We spoke with three people who confirmed they received support to access the community to participate in leisure activities. One person confirmed that their support worker's would accompany them to attend health appointments or request health professionals to visit the home if needed.

All support worker had undertaken training in the Mental Capacity Act (MCA) or were allocated a date for completing training in MCA; this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager explained that they worked alongside the local authority and would agree people's capacity to consent to the care and treatment prior to any service being commenced. This was evidenced and documented in the care plans.

People who used the service provided positive feedback about the staff who supported them. During the inspection we noted warm, friendly and respectful interactions between the support workers and the people they were supporting.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe. Support workers had received training in Safeguarding Vulnerable Adults and Children

Risk assessments were in place to identify and mitigate risks to people's safety and wellbeing.

Systems were in place to help ensure the safe administration of medicines.

There were sufficient staff available to ensure people were cared for appropriately.

Good



### Is the service effective?

The service was effective.

Support workers received training, support and supervision. The training was specific to the needs of the people who used the service.

Clear guidelines were in place to meet people's nutritional and hydration needs, and support workers liaised with health professionals to ensure these needs were being met.

People had consented to their care and support workers protected people's rights and choices.

Good



### Is the service caring?

The service was caring.

People felt that the support workers were caring, and treated them with dignity and respect.

People and their relatives were involved in planning their care.

Support workers supported people to be as independent as possible.

Good



### Is the service responsive?

The service was responsive.

People and relatives were encouraged to give feedback on the quality of care provided by the service.

The service was responsive to people's needs. People who used the service told us they had control over the support they received and that it was flexible to meet their needs.

Complaints received at the service were addressed however the registered manager had no formal method of recording complaints.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was well led.

Quality assurance processes were in place to monitor the service; however analysis of these processes needed to be feedback to support workers and people who use the service to improve the development of the service.

People told us that they thought the registered manager was approachable and the overall quality of service was good. Support workers told us they felt supported by the registered manager.

Good



# Pathways to Opportunities

## 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.

We told the provider one working day before our visit that we would be carrying out our inspection. This was to ensure the registered manager and support workers would be available to answer our questions. On the 8 December 2015 we visited the registered office and spoke with the registered manager, five support workers and one person who used the services. On the 16 December we spoke on the telephone with one person and five relatives, in order to gather their views and opinions about the service. We also spoke with two community based healthcare professionals.

The inspection team consisted of two adult social care inspectors. Before our visit we had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local commissioning team and the local Health watch organisation to obtain their views about the service. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Health watch and local commissioners told us they had no concerns regarding the service.

During the inspection we looked at the care records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included five support workers personnel files, training records for all support workers employed and policies and procedures that related to the organisation.

# Is the service safe?

## Our findings

Relatives we spoke with told us they felt their family member was safe when support workers entered their homes and supported them with their care and support needs. One relative told us, “The support worker will always make sure [person’s] is left safe”. Another relative told us, “The support workers are very helpful and go above and beyond.” A support worker told us, “I always make sure I have the correct footwear on and gloves and apron if I’m supporting with personal care.” Another support worker said, “I make sure the door is locked and the house is secure before I leave, but family are usually around.”

The registered manager told us that the agency provided a service to 15 people and employed 12 support workers, who were responsible for the delivery of personal care to these people, in their own homes or accessing the local community. The records we reviewed confirmed this. People and relatives felt that there were enough support workers and they had the skills and knowledge to meet people’s individual needs. Relatives said that support workers were consistent and they knew when they were coming to their family member’s home; this helped to provide continuity for people and consistency in the care provided. A relative told us, “We have regular support worker. [Relative] has two regular support workers and they are punctual. They come the same time each day, and if they are late then they call us so we can start our daily routine.”

Support workers told us they received safeguarding training. The training records we saw confirmed this. Support workers were able to describe the different types of abuse and the signs they might observe that may indicate that a person was at risk of abuse or was being abused. For example, signs of bruising change in the person’s behaviour and body language. Support workers told us they were aware of the provider’s policy on safeguarding adults and procedures to report their concerns to their senior support worker or the registered manager. One support worker said, “Part of my job is to check the service users I care for are safe in their environment” Another support worker told us, “If the person had bruising that I had not seen before, I would tell the office straight away and inform the family too.”

Relatives we spoke with told us their family members had received a risk assessment and a detailed care plan. One

relative said “The manager and care worker came out before the service started and completed some paperwork.” Another relative told us, “I am very hands on with [relative’s] support, the support workers and I work together to support [relative] and if any part of the care is changed the manager or senior support worker will come out and complete a new risk assessment”.

People’s files showed that risk assessments were carried out for each person and they were updated as required. The registered manager wrote the risk assessments. We saw that risk assessments were comprehensive, for example, covering areas such as a person’s health condition, including the effects of the condition and signs to look for if the person’s health began to deteriorate. We noted that a detailed risk management plan relating to epilepsy and seizures had been devised for one person. There was a clear step by step guide for support worker to follow which included, when to seek medical help or to call for an ambulance. Risk assessments were also in place for medication and moving and handling.

The registered manager had developed new individual environmental risk assessments, to check for any obstacles or hazards that could place people and support workers at risk when supporting a person in their own home and out in the community. This demonstrated the provider took appropriate actions to reduce the risk of accidents and incidents during the delivery of their care.

There were appropriate arrangements in place to protect people from the risk of financial abuse. Support workers obtained receipts if they needed to support people with shopping or other financial transactions when supporting them to access the community. These transactions and receipts were audited by a senior support worker on a monthly basis to check for any discrepancies to reduce the risk of financial abuse.

We asked support workers what action they would take in the event of an emergency. One support worker explained the process for a person who had fallen. They said, “If [the person] had fallen, I would check them to see if they are injured, contact the office so it would be logged, and if they needed emergency treatment, contact 999, and finally call family or relatives.” Another support worker explained the process for a person who had an epileptic seizure. They said that the “First thing I’d do is make sure the person was in a safe place and if they continued with the seizure for more than five minutes I’d call for an ambulance.” This

## Is the service safe?

demonstrated that staff were able to follow procedures in dealing with accident and emergencies in line with people's care plans and company policies. We saw the provider had an accident and incident policy in place to support staff.

We looked at five support worker files. All the files included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and Disclosure and Barring Service check (DBS). A DBS check identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw evidence that support workers were not assigned any work until the appropriate clearance from the DBS had been received. Support worker files also included recruitment details, supervision records and training certificates.

Both people we spoke with and a relative told us they were happy with the medication support provided by their support worker. The management of people's medication needs and risk assessments were written in their care plans and support workers were always informed if the prescribed medication had changed. Records showed that all support workers received medication training and we saw that the medication administration record (MAR) for one person was checked by the registered manager for quality monitoring purposes and a record was retained in the main office. We asked the support workers we spoke to what action they would take in an event of a missed medication dose. One support worker explained the protocol for missed medicines, "I would contact [manager] and report the incident, complete an incident form and contact NHS direct for advice" This demonstrated that support workers were aware of the risks associated with missed medication and how to respond appropriately.

# Is the service effective?

## Our findings

People and their relatives spoke favourably about the care and support provided by support workers. One relative told us, "It's brilliant. More than happy now." Another relative said, "Never had to raise any issues. The support workers go out there way to help and are always there for [person]. They make phone calls for her on her behalf." People said they were either involved in making decisions about their own care or relatives contributed to the care planning.

The training records showed that support workers received appropriate training to carry out their roles and responsibilities. One support worker told us they were pleased with the quality of their training, which had included safeguarding adults, infection control, moving and handling, administering medicines, and health and safety.

We saw that new support worker had completed induction training to make sure they understood the provider's policies and procedures. The induction training included shadowing shifts before they are allowed to work independently. Support workers told us that they were always properly introduced to a person before they started to provide support to them. A new support worker told us that they had received all mandatory training and had been shadowing another support worker for four weeks. She told us "I'm glad it's taken so long to be inducted, I'm really impressed with the induction, and the hands on training is a plus point". The provider showed us how they had incorporated the 'Care Certificate' with the organisational induction for all new care workers. The Care Certificate aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

We saw that some support workers had received training by the Abbots Nurse to meet people's specific needs, for example, training to support people to meet their nutritional needs via a Percutaneous Endoscopic Gastrostomy (PEG). PEG is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall and is most commonly used to provide a means of feeding and possibly administering medicines.

The registered manager told us they carried out checks on support workers competencies, which were recorded in support worker files. These showed appropriate measures

were in place to ensure support workers had the correct training and competency for the delivery personal care duties, and specific individualised training in order to provide effective care that met people's individual needs.

Support workers we spoke to told us they felt supported by their line manager and the seniors support worker. One support worker told us, "I have had one-to-one supervision with my manager, but I can get support at any time, I can ring my manager to talk about any concern." Another support worker described their supervision and annual appraisal as being, "Great. Very useful" They told us, "I get regular supervision. I've had 3 supervisions and an appraisal. I have enough support from my manager". Records showed that support workers received regular supervisions and most had received their annual appraisal at the time of the inspection. Supervision meetings support and help staff to discuss their progress at work and also discuss any learning and development needs they may have.

People told us support workers sought their consent before providing care and support. We found that some people had signed their own care plans. One care plan had been signed by a person's relative. The registered manager explained why the person instructed another person to sign on their behalf, although there was no written explanation about this within their file. The registered manager informed us that she would ensure it was clear that the person verbally consented to their care and that this would reflect in the care records.

The registered manager told us that no adults using the service at the time of the inspection lacked capacity. The registered manager was aware of the need to refer people to the local authority for assessment under the Mental Capacity Act 2005 (MCA) if they appeared to lack capacity and a family member or friend did not have a Lasting Power of Attorney for health, welfare and finances. The registered manager told us that she had established relationships with people, their families and relevant external health and social care professionals and they would initially discuss any emerging concerns about a person lacking capacity with their relatives, if applicable.

We were told by a support worker that there was no one whose liberty they felt was being restricted. This showed that people were supported in line with the requirements of the MCA and Deprivation of Liberty Safeguards (DoLS). Support workers told us they had completed MCA and

## Is the service effective?

DoLS as part of the Safeguarding Vulnerable adults training. These measures showed that the provider was taking steps to ensure that people's rights were being upheld as required by MCA.

One person told us that their relative was supported with eating and drinking. Care plans showed that people's nutritional and hydration needs were identified when they began using the service, and were kept under review. The registered manager provided examples of when they needed to liaise with people using the service and their

chosen representatives, and external professionals such as dietitians and speech and language therapists. This demonstrated that people's nutritional needs were being monitored and met.

We found that the care plans were detailed about people's healthcare needs and gave support workers information about how to meet these needs. We saw in daily records for one person a support worker liaised with the person's district nurse in order to report a healthcare problem. The care plans showed that support workers could support people to attend healthcare appointments if required and details of people's medical and healthcare practitioners were recorded in their files.

# Is the service caring?

## Our findings

All of the people we spoke with told us the support workers were very caring. Everyone we spoke to were complimentary about the quality of the care and support from the support workers. One relative said “The staff are brilliant, both with us and [person]. [Support worker] is a top bloke.” Another relative said, “They are very helpful and have passion in their work.” The result of the provider’s survey showed there was a high level of satisfaction regarding support worker conduct.

People told us that support workers understood how to meet their needs and provided a personalised service that promoted their privacy and dignity. One person told us “The support workers are very polite and always talk to me in a respectful manner” One relative told us “They are all very nice, I have no concerns about anybody, the support worker who come to support [person] are very respectful in how they treat our home”

People told us they felt the care they received was consistent and support workers had the knowledge to meet their needs. One person told us “Yes [support worker] has been supporting me for a long time, I choose what I want to wear, not what other people want me to wear. I like [support worker] she knows what to do” Another person told us “I have the same support workers but sometimes [Support worker] comes when others are on leave, but they are all okay.”

We saw that the registered manager ensured support worker employed by the service reflected the diversity and culture of the people they supported. People could be

confident that their support worker would understand their specific requirements relating to their faith and we noted care plans tailored to support their religious and cultural needs.

People who used the service and relatives told us they were involved in planning their care. One relative told us “The staff follow the care plan, and if we want to change our routine we can, [the manager] is very approachable” We were told that people were provided with a copy of their care plan, which also contained contact details for the office. One relative told us, “We have a very detailed care plan for [relative] which we helped to put together” The registered manager told us all care plans were formed using information gathered from people and their relatives, and it is reviewed on an annual basis or as and when people’s needs change. We saw from the care plans we reviewed that people were supported to express their views and to be involved in making decision about their care and support. Everyone that we spoke with confirmed the registered manager maintained regular contact.

Support workers were able to explain and gave good examples of how they supported people to make choices for themselves and express their views on a daily basis. One support worker told us “I always ask and let [person] choose where they want to go when I am supporting them”

We saw that one person was provided with additional support from an advocate when a decision relating to their care needed to be reached. Advocates are people who are independent of the service and support people to communicate their views and wishes.

# Is the service responsive?

## Our findings

People using the service and their relatives told us they were aware of how to make a complaint and confirmed they had been provided with the office number if they wanted to raise a complaint. None of the people we spoke with had ever made a complaint and they felt that if they needed to complain they had confidence in the registered manager to deal with it appropriately. However, we looked at the complaints received by the service and noted that there was no formal system in place to record complaints. The service did not provide any form of guidance to people who used the service and their relatives on how to make a complaint. We asked the registered manager how she evidenced the recording of complaints. The manager told us “I always try and deal with any concern before it escalates to a complaint, therefore ironing out any problems early on so that we can resolve concerns, and work together.”

### **The lack of appropriate systems to record and respond to complaints was a breach of regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People using the service and their relatives told us they felt people’s needs were being met. They said they had been involved in the initial assessment process and any follow up reviews. A relative told us, “The manager is very approachable; she’s always on the other end of the phone. The whole process has been great from start to finish. We’ve now got the perfect support for [person] which fits perfectly around her needs.” Another relative told us, “We were involved in the assessment process and agreed all the details in the assessment with the outcome of the support clear.”

The registered manager explained that some people who used the service had prior assessments conducted by their funding authority, which was often social services or their local Clinical Commissioning Group (CCG). Care records showed that the registered manager then carried out their own assessments and developed care plans and risk assessments for the staff to follow. We saw from the care records we reviewed that assessments had been undertaken to identify people’s support needs and clear

guidelines for all support workers to follow in order to ensure people’s needs were met. These were reviewed on an annual basis or as and when a change to support was required. We saw that care plans were detailed and person centred. We saw emails and other correspondence which showed that the provider liaised with the funding authority in order to work in partnership. This demonstrated that the provider took appropriate steps to make sure important information was shared so that people’s care and support needs were kept under review.

We looked at daily care records, which were collected from people’s homes. We noted the staff recorded the times they entered the person’s home and the time on leaving, other information about duties carried was not recorded.

Support workers demonstrated in depth knowledge about people’s support needs. Support workers were able to identify people’s preferences and interests as well as people’s health and support needs. This enabled support workers to provide a personalised and responsive service. One person told us, “I enjoy shopping and [Support worker] always takes me out to choose my clothes and help with my weekly shopping.” One support worker told us, “Whenever I support [person] I always double check what she would like me to do and then I check if [person] it’s ok after I have completed any task, that way they are always happy.” Support workers supported people to access the community and minimised the risk to people becoming socially isolated. For example, seven people attend day centres on a regular basis, and four people accessed the community to shop or for leisurely activities.

The provider told us they had regular contact with people and their relatives. One relative told us their family member attends the day service and so they always pop in to see the registered manager. They told us “We speak frequently” The registered manager had a communication book which showed they regularly contacted relatives by telephone.

People told us the provider was flexible and responsive to request of change of support. For example, a relative said, “I can speak directly with [support workers] if I need them to come early or slightly change the routine. They always help and work with us” Another relative told us they had asked for a change of visit time to fit in with a social event and this had been arranged smoothly and efficiently.

# Is the service well-led?

## Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC).

The registered provider demonstrated an understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service.

We saw the registered manager had been in regular contact with other professional bodies and regularly reviewed their own management processes with an action plan in place to improve the service.

Pathways to Opportunities statement of purpose and service user guide were on display in the reception area along with information about safeguarding and whistle blowing.

Before the inspection we asked the provider to send us a Provider Information Return (PIR), this is a report that gives us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected the information included in the PIR.

We checked our records before the inspection and saw that accidents or incidents that Care Quality Commission (CQC) needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw evidence that all incident forms were correctly completed and actioned by the manager.

We asked people who used the service and their relatives if they found the service was well managed. People we spoke with were positive about the service they received. One person said, "I'm very happy with the service I get from [support worker]." A relative told us, "We are really happy with the care my [relative] receives, I can go to the manager any day as she listens." A social worker told us, "We think it's a good service" and "The registered manager is approachable and helpful." A healthcare professional told us they did not have any concerns with the quality of the service and how it was managed.

The provider had internal quality assurance processes in place, which included care plan audits completed by the

provider, and on-site spot monitoring, telephone checks with people who used the service. We also saw that questionnaires had been issued to people who use the service and their relatives seeking feedback on services provided. However, the information gathered from any quality monitoring feedback was not analysed and used to identify areas of good practice and areas of improvement.

Records we looked at showed four support worker meetings had taken place in 2015. All the support worker we spoke with told us they felt they were able to raise any issues or concerns at these meetings and that any suggestions they made to improve the service were listened to by the registered manager.

Support worker told us they would have no concerns about raising concerns with the registered manager. A support worker member said, "If you have a problem you can ring the manager at any time. She is very approachable; we all get on really well." Another support worker member said "If I had a problem I would tell the manager and if nothing was done about it then I'd contact Care Quality Commission (CQC) or the local authority." Support workers were aware of how to whistle blow, and the provider did have a whistleblowing policy to support the support worker.

One support worker said, "I like the flexibility of working here and the variety of work." Another support worker said, "One of the best jobs ever had and they are lovely to work for."

The registered manager was supported by a support worker team, which included a senior care worker and an administrator. The registered manager told us she felt able to focus on the overall management of the service as the team structure ensured that support worker had clearly defined roles and responsibilities. For example, there was a team which solely provided care and support for adults with complex needs in the community and another team provided support for the day service. We spoke with one support worker who has had training in assessments and has a particular interest in the care certificate told us about their qualifications and experience and was knowledgeable about their role which matched the needs of the people using the service.

We spoke with a health professional who told us "The culture of the organisation is very much service user led

## Is the service well-led?

and person centred. The registered manager is an incredible and passionate leader; she refers regularly and so is not hiding needs of the service users” We observed a very relaxed atmosphere and “hands on” manager.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>There was the lack of appropriate systems to record and respond to complaints.</b></p>