

Pathways to Opportunities Ltd

Pathways to Opportunities

Inspection report

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11 September 2023

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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

About the service

Pathways to Opportunities is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs, including people with learning disabilities. At the time of this inspection 12 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People received good quality care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences, and the outcomes to be achieved. People and relatives were involved in the care planning and regular reviews. Staff knew and understood people extremely well which led to good outcomes for people.

Right Care:

People received person-centred care of a high standard. People received kind and compassionate care. Everyone we spoke to as part of the inspection praised the service. Staff were kind, caring and understanding. Staff treated people with dignity and respect. Staff understood and responded to people's individual needs. People's care needs were risk assessed and care plans provided staff with the information they needed to manage identified risks. People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Medicines were managed safely, however, we have made recommendations about the provider reviewing their 'as required' (PRN) medicines systems and reviewing the frequency of staff medicine competency assessments.

Right Culture:

The culture of the service was friendly, open and transparent. The registered manager had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service and staff members we spoke with. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and

staff supported them to achieve good outcomes. The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. Auditing systems were in place that enabled the registered managers to have effective oversight of the service and identify and respond to any improvements needed. People told us they felt safe and knew how to raise concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 25 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations about the provider reviewing their 'as required' (PRN) medicines systems and reviewing the frequency of staff medicine competency assessments.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pathways to Opportunities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats, and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 August 2023 and ended on 11 September 2023. We visited the location's office on 31 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, care co-ordinators, seniors, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. A person told us, "I feel safe, I have no problems [with the care] at all." A relative added, "[Person] is safe with the carers, the staff are very good and very supportive."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report concerns straight away to my manager. I would ring the office or on-call, then fill out the paperwork."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed risks to people's health, safety and wellbeing. The service assessed people prior to using the service to ensure the service could safely meet the people's individual needs.
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Accidents and incidents were recorded and managed appropriately. Staff knew how to report accidents and incidents. The provider had a system in place to have an overview of any accidents, incidents or near misses, and analyse any trends.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable people. Appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work.
- The provider had systems in place to monitor staffing levels and ensure people received their visits from consistent staff. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us, "There is enough of us, there is quite a lot of us. The rotas are always covered when a staff member is off sick" and "I have regular clients that I support on my rotas and I have enough travel time to get to calls. My visits are covered when I am off, no one has ever had a missed visit."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and medication administration records [MARs] were completed daily. A relative told us, "There are no issues with the medication. The information is on [person's] care plan, they [staff] give the medication and sign it off."
- The provider had systems in place to manage 'as required' (PRN) medicines. PRN protocols were used to detail information about each person's PRN medicine, which helped inform staff when to administer PRN medicines, such as pain relief. However, although staff knew people very well and knew when people

required their PRN medicines, the PRN protocols did not always contain detailed information.

We recommend the provider reviews their PRN medicines systems in line with best practice.

- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have had training online and a training session with [manager], it was very thorough. [Manager] also did my observation." However, although staff had a good understanding of the medication administration processes, their competency assessments were not always refreshed in a timely manner.

We recommend the provider reviews the frequency of staff medicine competency assessments in line with best practice.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A person told us, "They [staff] wear aprons and gloves [when they visit]."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs. A relative told us, "The staff are definitely meeting [person's] needs."
- Care plans included relevant health and personal information. Staff monitored people's healthcare needs and worked in partnership with other relevant healthcare professionals, as required.
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. A person told us, "I have a care file in my house and reviews take place."
- Where people required support with their food, the level of support was agreed and documented in their care plan. Staff were provided appropriate related training to manage people's diet and nutritional needs.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had induction, it was good. Training is always ongoing, which is one thing I like about working here. We have constant refreshers and training, which is important. I also had shadowing shifts [observing experiences members of staff]".
- People and relatives we spoke with told us the staff are trained to meet people's individual needs. A relative commented, "They [staff] are trained and they know what [person] needs. They [staff] also pick up little things about [person] and their needs; they know [person's] little mannerisms, which is a great help. They [staff] provide [person] with good care."
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "I have supervisions every 3 months, it is good. It is a place I can go and say what I feel."
- Staff were trained in positive behaviour management and they used the principles to support people in a proactive and least restrictive way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records included detailed information about each person's health needs and guidance for staff to show how these were met. People had access to healthcare professionals who provided guidance and support to ensure people lived as healthy a life as they could.
- The service worked well with other agencies that led to good outcomes for people. For example, one person was displaying significant behaviours that challenged prior to the service supporting the person. The

service worked with the professionals involved and the person's family to support the person to move into their own home; with support from the service, the person made significant progress and their quality of life was increased.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA. Staff understood consent, the principles of decision-making and mental capacity. One staff member told us, "MCA is about assessing people to see if they have capacity to make a decision, such as consent to care."
- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about people's cognition and decision making skills. Capacity assessments and best interest decisions were in place where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good quality care and treatment, supporting their wellbeing. Everyone we spoke with during the inspection process gave positive feedback about the service. The registered manager and nominated individual provided people with gifts and meals during Christmas.
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. A person told us, "They [staff] are kind and caring, I have a laugh and a joke with them." A relative added, "They [staff] are very kind and caring. They understand [person's] needs. We have a 'this is me' section; the team have read it, understand it and are utilising it in every day practice. They [staff] are very compassionate."
- Staff had received training in equality and diversity and they were committed to ensuring people were treated well.

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated when their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day-to-day decisions. A person told us, "They [staff] listen to me. I have no issues [with the staff or care]."
- People were involved in making decisions about their day-to-day care. A staff member commented, "I don't assume, I am always asking what they [people] want and what they want to do. I take out a couple of [people] who are non-verbal, I never plan the day for them. I ask them what they want to do. We also get to know what they [people] like and don't like, the information is also in their care plans."
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. A person told us, "The carers respect me and my home, the care is good." A staff member commented, "I keep doors shut, use towels to cover them [people] and close the curtains [when supporting people with personal care]."
- People's independence was encouraged where possible. Relatives told us, "They [staff] encourage [person] all the time, the carers will try to get [person] to engage in things" and "They [staff] will prompt [person] to brush their teeth themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences, and the outcomes to be achieved. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People and relatives were involved in the care planning and regular reviews. Relatives told us, "I am involved in the care planning a reviews" and, "[Person's] mum is involved in the care and reviews."
- Staff supported people to attend college, access the community, take part in activities and maintain social relationships to promote their wellbeing. A person told us, "On Fridays I go out with them [staff] to the café or pub." A relative added, "They [staff] taken [person] out to bowling, the aquarium and for drives."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. Communication passports (documentation that details people's communication needs) were used.
- Staff had a good understanding of people's communication needs. A relatives told us, "Communication is fantastic and Pathways are really great with that. [Person] uses Makaton [a communication tool with speech, signs, and symbols] and has hybrid signs of their own. [Person] is able to vocalise a little, the team really understand [person's] needs and communicate with [person] well."
- Information was available in accessible format, on request.

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's complaints policy. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.

- People and relatives felt able to raise concerns and were confident these would be addressed. Relatives told us, "I know how to make a complaint. "I have no complaints, any issues are sorted it out between us, the managers are very approachable" and, "I have no complaints."

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans did not contain people's end of life wished. The registered manager assured us they will update people's care plans to incorporate their end of life wishes for those who wanted to disclose them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative told us, "I would most defiantly recommend them [service]. The staff do an immaculate and amazing job, they are all great."
- The registered manager had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service and staff members we spoke with. A relative told us, "[Registered manager] is very passionate in what they do, they are approachable and friendly."
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. A staff member told us, "It is a good team and a there is a good vibe between staff and the people we support. There is a good mix of staff, everyone gets on and everyone is professional. It is a breath of fresh air here. I enjoy working here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The service understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. For example, the service built relationships with local community organisations and worked closely with professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was positive and any negative comments were followed up.
- Staff views were sought through regular contact, meetings, and supervision. Feedback from staff was positive.
- The provider had implemented initiatives such as 'star of the month' and 'weekly shout outs' to recognise good practice and staff were awarded with prizes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews, meetings and quality checks, which also reviewed the quality of care people received.
- The registered manager had good oversight of the service. Various auditing systems were in place and timely action was taken if follow up work was required. The registered manager was working with another provider to share learning and improve their current auditing processes. This was yet to be embedded into systems.
- The provider operated an on-call system to ensure staff had access to management support during out of hours. A staff member told us, "It is a good system and we get good support. They [on-call staff] always answer the phone or get back to you quickly."
- Staff praised the registered manager and wider management team, they felt supported in their roles. Staff told us, "I look up to [registered manager] they are great, you can talk to them and they are supportive" and, "I absolutely love [registered manager], they are fantastic. [Registered manager] has a good balance, they drive this place through love. [Registered manager] is always available for staff and we have a good relationship with them. We are made to feel supported and listened to."