

Progress Pathways Limited

Progress Pathways Domiciliary Care

Inspection report

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Date of inspection visit:
28 June 2017

Date of publication:
04 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 28 June 2017 and was announced.

This is a domiciliary care service registered to provide personal care. At the time of our inspection, there was one person using the service, receiving support from two regular staff members with occasional cover from relief staff. Support was primarily commissioned to improve the person's access to the community and to provide respite care support overnight. Support with personal care was limited only to prompting at this stage.

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 service offered support in a safe way. There were enough staff, robustly recruited to contribute to protecting people. They understood the potential risks people's safety and welfare and how they should act to minimise these. Staff recognised their obligation to report any concerns that people might be at risk of harm or abuse and had training to recognise the potential signs of this. Although staff did not need to administer medicines at this time, they had training to do so safely should a person need this support in future.

Staff received training to deliver care competently and effectively, including the opportunity to work towards qualifications in care. Staff were well supported in their roles and had access to support or advice from the registered manager when they needed it.

Communication within the service worked well to provide opportunities for discussion and to make any changes to support if necessary. Staff understood the importance of communicating with people their relatives about decisions and choices, and of seeking consent to any care needed.

There was a small and consistent staff team who had developed warm and compassionate relationships with the person they supported. They understood and knew the person well so they could meet their needs effectively.

The support and prompting staff delivered, was focused on the needs and preferences of the individual and was consistent with a commissioner's expectations. If there were any concerns about the standard of support, people were confident the registered manager would listen to their complaints and take action.

The service was managed in a way that empowered people and staff to express their views and to be confident of being listened to. There were regular formal and informal opportunities for this to happen and for their opinions to be taken into account. This had fostered good staff morale and enthusiasm for their

work.

The registered manager understood the importance of ensuring they kept up to date with expected standards and good practice. They also operated an effective system for auditing the quality and safety of the service so they could make improvements where they needed to.

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.

There were enough staff to offer safe support and they were recruited in a way that contributed to promoting people's safety.

Staff understood their obligations to report any suspicions that people were at risk of harm or abuse.

Staff took into account risks to people's safety and welfare and understood how to minimise these risks.

Although staff were not currently involved in administering medicines, they had training to do this safely should it be required in the future.

Is the service effective?

Good ●

The service was effective.

Staff had training to ensure they were competent to provide effective care.

Staff understood the importance of seeking consent and agreement from people about their care and the importance of considering a person's best interests.

Staff ensured that people received enough to eat and drink where this was required.

Is the service caring?

Good ●

The service was caring.

Staff had developed warm and compassionate relationships with the person they were supporting.

Staff encouraged the person to make choices and decisions about their care.

Staff understood how to offer support in a way that respected

the person's dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered support that was focused on the needs of the individual.

People and their representatives were able to raise complaints about their care if necessary, and were confident the registered manager would address them.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had fostered an open culture, which empowered people, their representatives and staff to express their views.

The registered manager understood their legal obligations and the standards expected of them.

Systems for monitoring and checking the quality and the safety of the service were operating effectively, so improvements could be made if necessary.

Progress Pathways Domiciliary 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 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. It was the first inspection of this type for the service.

The inspection took place on 28 June 2017 and was announced. The provider was given 48 hours' notice because this is a domiciliary care service and is very small. We needed to be sure that someone would be available in the agency office to help with the inspection. It was completed by one inspector.

Before we visited the service we reviewed the information we held about it. This included information the registration of the service and about events taking place within it, and which the provider or registered manager must tell us about by law. We also contacted a service commissioner for their views.

During our inspection visit, we spoke with the registered manager and company secretary. We reviewed care records and assessments for one person using the service, and recruitment and training records for two members of staff. We reviewed a sample of other records associated with the quality and safety of the service and how the registered manager monitored it.

After our inspection visit, we spoke with one of the two staff working in the service and a relative. This was because the person using the service found it difficult to communicate verbally with strangers.

Is the service safe?

Our findings

The agency had systems in place to ensure people were protected from the risk of harm or abuse. A relative told us, "I have never had any issues. I'm confident about the care. If [person] was not comfortable I would know straight away. [Person] has never indicated any concerns... I've never had any bad feelings about it [the care]." They went on to explain that staff were able to support the person with regard to their safety.

Our discussions with a member of staff showed that they were aware of their obligations to report any suspicions of harm or abuse. They could tell us how a person might be abused and how they would report it. Training records showed that staff had training to ensure they were aware of their responsibilities and could recognise potential signs of abuse.

Staff also had training in physical intervention so they would know how to hold someone safely to avoid immediate and serious risk. However, they and the registered manager said that they had not needed to use this. They said they felt the support they gave the person was successful in reducing the need for any such intervention.

Risks to the person's welfare and safety were assessed. Their care plan contained clear information about how to manage risks, including when they were out in the community or travelling in a car, as well as likely triggers. There was specific guidance for staff about avoiding the risk of scalds if the person was staying in an unfamiliar place and not sure how showers or taps worked. A staff member was able to tell us clearly about the issues involved and how they would avoid triggers that may place the person or others at risk.

There was limited public access to the agency office, as the registered manager met people or staff away from the premises. However, we noted that equipment in use was tested to ensure its safety and there were tests on a fire alarm and carbon monoxide detector to ensure these were functioning. This contributed to the safety of the agency office.

There were enough staff to support the person for the hours they required. A relative told us, "They [the agency] stick to the routine they have agreed with me." They were satisfied with the stability and consistency of staff and that their family member was not left without the support they were expecting.

The registered manager ensured they applied robust recruitment processes, which contributed to protecting people from staff who were unsuitable to work in care. She obtained references, checks on employment histories and enhanced checks with the Disclosure and Barring Service (DBS) before confirming staff appointments. We discussed with the registered manager that better use could be made of the employment checklist in future, to include DBS disclosure numbers and dates rather than just indicating they were obtained. The registered manager also confirmed that DBS information was rechecked about once every three years. This helped to make sure existing staff had not acquired a record of conduct that might require a review of their working arrangements.

A relative and staff confirmed that the person using the agency did not need support or prompting with

medicines. However, we noted that staff had training in medicines management so that they would understand how to do this safely if required.

Is the service effective?

Our findings

Staff were trained and competent to meet the person's needs effectively and safely. A relative told us, "Yes, I think they are well trained. I have found that." They felt that staff understood and could meet their family member's needs.

Staff needed to offer the person only prompting or reminders with their personal care. However, the registered manager ensured that agency staff completed the same range of training as staff at care homes she was also responsible for managing. This included first aid, basic life support, health and safety, fire safety, infection control and food hygiene. This would effectively contribute to the wellbeing of the person using the service and of staff, should the need arise.

A staff member told us that, although it had been some years before, they remembered their induction as quite long and very thorough. They said that they had completed a National Vocational Qualification Level Two in care, and would be completing further training at Level Three. They confirmed that they felt the training they received was relevant for their role.

Opportunities for staff to discuss their performance, role and development needs through formal, recorded one-to-one supervision had declined. Records showed it was not happening every eight weeks as the registered manager stated in the staff supervision contract. When we asked, a staff member told us there had been formal opportunities until recently but that this had "tailed off". However, they said they were not worried about it because they saw the registered manager regularly. They told us that they felt supported and could seek advice or discuss issues of concern at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Our discussions with a staff member showed that they understood the importance of seeking people's agreement to their care. They were able to tell us how they supported the person to make choices and decisions. They were aware of the need to present information in a way, and at a pace, that the person would understand. They knew that the person needed time to process the information they gave or the questions they asked. This demonstrated an understanding of the principles of the MCA. The staff and a relative told us that the person was able to make decisions about their care, what they wanted to do and how they wanted to spend their time.

Staff did not need to encourage the person with their eating and drinking. However, they did need to provide opportunities, during community-based activities, for the person to choose, purchase and consume their lunch. The person's care records reflected their preferences for different types of food and drink. This meant that staff knew what they liked, and could facilitate it as a part of the person's routine.

Staff were not required to support the person to access advice about their health and welfare.

Is the service caring?

Our findings

Staff had developed warm, caring and compassionate relationships with a person. A relative told us how they felt that their family member enjoyed the company of staff and that the person received consistent support. They said, "I've been very happy with the service. [Person] is very relaxed around them and comfortable. They've built up a relationship." They explained that they felt the person was equally happy with each staff member although they did receive more regular support from one member of staff. They also told us, "Staff are kind and friendly. That's one thing I found straight away."

The staff member we spoke with told us about the situations and circumstances they would try to avoid, because they knew they could make the person anxious. They wanted to avoid causing any such distress. They said, "I know when [person] is upset from [person's] face, demeanour and attitude to the day. I can tell if that's set [person] off on the wrong foot." They went on to describe very clearly how the person communicated their contentment and wellbeing, even if they did not always express this verbally.

Staff and the registered manager supported the person and their relative to express their views and be involved in making decisions about their care and support. A staff member was able to describe to us how the person communicated their wishes while they were offering community support. They could give us examples of how they had acted on these to ensure they respected the person's wishes.

The person's relative told us that they felt they were consulted about, and involved in, the way that staff delivered their family member's care. They said, "They [staff] talk to me about how things are going and keep me updated even if they are only minor things. They meet with me regularly and will involve [person] when they need to. They do take into account [person's] wishes and dislikes."

A staff member described how they held regular "keyworker" discussions with the person, to give them time to say whether they wanted to make any suggestions about their care. They recorded these discussions. We noted that the person themselves had also signed the records to show what was discussed.

The registered manager had made sure that the person supported had access to information about their rights in an 'easy read' format. We saw that their care records contained a copy of the National Challenging Behaviour Foundation Charter of Rights. This showed the agency's commitment to working with the person in a way that upheld and promoted their rights.

Staff offered support in a way that respected a person's dignity, privacy and independence. The staff member spoken with understood the importance to the person of doing what they could for themselves, and not rushing them to do this. A relative told us about the attitude of staff. They said, "Staff are polite and respectful. I think they have an exceptional demeanour."

A staff member was aware of how they should promote the person's privacy and dignity. They took into account the person's dignity when they were out, or where they may find situations stressful. They were also aware of the person's right to privacy and during overnight stays away from home. The person's care records

also reflected the importance of their rights to privacy, dignity and choice.

Is the service responsive?

Our findings

People received a service that took into account their individual needs and preferences and responded to their wishes. We found that the person's care records clearly showed their individual needs, how they expressed themselves, and their likes and dislikes. They set out the person's preferred routine, including for community activities that were the primary part of their care package, and prompts for personal care. The records of care that staff delivered showed this matched what was expected and set out in the person's plan of care.

The registered manager and staff member could tell us in detail about the person's background and interests. They described the person's preferred routines. They told us about the importance to the person of following this unless they made a suggestion for change themselves. Staff were aware of the need to work with the person at their own pace, allowing them time to respond to questions and new opportunities. They also understood how they needed to prompt a person with their personal care and when they would need to do so.

A commissioner of the service expected the agency to provide the person with support for social and recreational interests in the community. There was a clear programme for this on each day that staff provided support. It included very clear information about where the person liked to go and how they liked to spend their time. A staff member could tell us about this and how they had responded to a person's wish to change where they were going as soon as they made the suggestion.

The commissioner told us that they felt the agency was flexible about how they provided support and when. They felt that the person's support plans were always centred on their needs and contained clear guidance for staff about meeting them. They felt the person received a good service as a result. They were satisfied when they completed reviews, that the agency could show what support they had been providing and how.

Care records were updated when changes were needed, and kept under review. A staff member told us that they felt communication was good. They said that, if anything needed changing, the registered manager made sure they knew about it straight away.

The registered manager had a clear policy for responding to complaints, setting out what people could expect if they raised a concern. This also made it clear that the guidance would be provided in an 'easy read' format if people needed this. The person themselves had regular opportunities, at key worker meetings and when they were receiving support, to express any concerns they had.

The registered manager recognised that the person might need support from either staff or their relative to express complaints clearly. A relative told us, "I have never had to make any complaints. I've got no worries or concerns [about the service]." They went on to tell us that, if they or their family member had any concerns "I am confident that [registered manager] would deal with it straight away. I'm very protective of [family member]. If I had any issues I would air my views directly but I've never had to raise anything."

Is the service well-led?

Our findings

People and their relatives were able to express their views about the service and were confident the registered manager would listen to their opinions. Staff were also confident that their views were heard and taken into account. We found that the registered manager had developed a culture that was open and empowering.

There were both formal and informal processes for seeking people's views. There were regular informal opportunities through key worker meetings but also regular contact with a relative. There were formal opportunities too, using a questionnaire. For people using the service this was available in an 'easy read' version with pictures. The most recent of these was completed the month before our inspection. We noted that these surveys expressed a high degree of satisfaction with the quality of the service. The relative completing a survey wrote that, "I am more than happy with the service I receive for my [family member]. Long may it go on." The person themselves was able to read and complete their survey and had ticked to say that they were very happy with the service in response to questions.

Staff and a relative felt that the registered manager was always approachable and accessible to raise any queries or suggestions they may have. They told us that they could contact her at any time and be confident of a response. A staff member described their morale as good and expressed confidence in the registered manager. They contrasted their employment with Progress Pathways and a previous care service. They described the company's ethos as better. They felt that, instead of talking about things the manager made sure they happened. They told us, "Arrangements are flexible to ensure people get opportunities. The main driver behind that is [registered manager]." The staff member told us how much they enjoyed their work.

The service was managed well in line with expected standards and with consideration of best practice. The registered manager also fulfilled a management role in two residential services operated by the same provider. They had a clear understanding of the regulations applying to the services and the standards they were expected to achieve.

The registered manager told us that they kept up to date with changes affecting the service through a variety of means. They used the Care Quality Commission website for information and guidance. They also described how they received updates about training or changes in procedures and expectations from Norfolk County Council so understood their obligations as a council approved provider. They described how they also referred to guidance from the Social Care Institute for Excellence so they could keep up to date with best practice. The service provider had been successful in achieving the nationally recognised award for "Investors in People."

Quality assurance processes were operating effectively in monitoring the agency's quality and safety of care. There was a rolling programme of audits as well as surveys, to identify any areas for improvement. Checks included for example, office safety, staff training and the analysis of accidents, incidents or safeguarding concerns. Records kept showed that the registered manager adhered to the programme with support of a senior support worker and would stand the agency in good stead should the size of it improve in the future.

