

### Life Path Trust Limited

# Life Path Trust Limited

#### **Inspection report**

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#### Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good •
Is the service responsive?	Good •
Is the service well-led?	Good

## Summary of findings

#### Overall summary

Life Path Trust limited is a domiciliary care agency that supports 139 people in their own homes with personal care. The service support older and younger adults with a range of needs including people with learning disabilities or autistic spectrum disorder, mental health needs and people who have physical disabilities. We visited the office of Life Path Trust on 07 June 2017.

We last inspected this service on 14 April 2015 and rated the service as Good. At this inspection we found the service remained Good overall.

There was a registered manager in post who was also the provider. 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 described care workers as being very kind. People had developed meaningful relationships with the care workers who provided their support. Care workers understood the importance of respecting people's dignity and supported them to make decisions about how they wished to live their life. The registered manager and care staff demonstrated their commitment to providing support to people to maintain and develop new relationships.

Pre-employment checks were completed for all new staff to check that they were suitable to work with people who used the service. There were enough staff employed to meet people's needs and to attend each call.

People were kept safe by care workers who had received training on how to recognise and report any suspected abuse. Risks related to people's care were identified and procedures were put in place to minimise the risks. Procedures were in place to support people safely when they took their medicines.

Care workers received training to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers understood the need to gain people's consent before providing care. Referrals were made to health and social care professionals when needed to make sure people received the support they needed.

People worked in partnership with the staff to plan their care and this was continually reviewed to meet their needs. Care workers had good knowledge of people's preferences and offered people choices.

People knew how to raise concerns and felt confident to do so. Two complaints had been received by the service in the 12 months prior to our visit which the registered manager had followed up appropriately.

Care workers received support from the registered manager to deliver high quality care.

People had opportunities to give their feedback about the service they received. The feedback was analysed to make sure the service continued to meet people's needs. The registered manager completed regular quality assurance checks to continually monitor the service people received.	

## 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 remains Good.	
Is the service effective?	Good •
The service remains Good.	
Is the service caring?	Good •
The service remains Good.	
Is the service responsive?	Good •
The service remains Good.	
Is the service well-led?	Good •
The service remains Good	



## Life Path Trust Limited

**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 was a comprehensive inspection and took place on 07 June 2017.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we asked the registered manager to arrange for staff to be available to speak to us. This inspection was completed by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service. We looked at the information received including the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to complete before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. The information contained within the PIR reflected what we saw during our visit.

We contacted people who used the service by telephone and spoke with five people and four relatives. During our inspection visit we spoke with five members of staff including the registered manager, a service manager and care workers.

We reviewed five people's support plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.



#### Is the service safe?

#### Our findings

At this inspection visit we found staff had the same level of knowledge and skill to support people safely. The rating continues to be good.

People and their relatives told us they felt safe with their care workers. People told us they were supported by staff they knew and who had been introduced to them. One person told us "Staff make me feel very safe, I know them and they know me." Another person explained they felt safe because staff "Make sure I have my panic alarm if I am on my own." A relative told us "You always worry when other people are looking after someone you love but I have never had any reason to doubt the care given to [Name] by the staff, they are wonderful. I know [Name] is safe with them."

Staff told us they received training about how to recognise signs of abuse and they felt confident in raising any concerns with the registered manager. A member of care staff explained that the training they received helped to identify potential signs of abuse and that this training was renewed regularly so their knowledge remained up to date. Records showed the registered manager had made appropriate referrals to local safeguarding teams when required which helped to ensure people remained safe.

Before people received support from Life Path Trust an assessment of their needs was completed. The information gathered was then used to complete risk assessments which gave care workers detailed instructions on how to support the person safely. Care workers told us that these assessments were available in each person's home.

Positive risk taking was encouraged to increase people's skills and independence. One risk assessment stated "Taking risks can help you learn what to do to keep yourself safe." It was identified that one person was able to run their own bath water however staff were to remind them to test the bath water with a thermometer before getting into the bath. This helped the person to avoid burns and scalds.

We sampled staff rotas and saw there were enough staff to attend people's calls. If a member of staff was unexpectedly absent from work, for example due to illness, their scheduled calls were covered by other members of staff.

Staff told us that they received medicine training which they felt enabled them to support people safely to take their medicines. The registered manager told us, "We audit MAR charts (Medicine Administration Records) and complete observations as part of people's supervision. This helps us to identify if there are any errors or areas where people could benefit from additional training."



### Is the service effective?

#### Our findings

At this inspection visit, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us staff understood how to support them. One person told us, "Staff listen to me and what help I want." Staff told us when they had first started working at the service they had received an induction which included completing training and working alongside an experienced care worker until they were confident to provide support to people unsupervised. Following their induction staff received additional training and regular updates to make sure their knowledge remained up to date with recommended practice. This meant staff had the skills to care for people effectively. One member of care staff explained that they received training that was individualised to each person's needs. They went on to say "I feel so much more confident in supporting people with behaviour that challenges, I know the triggers for the person I support and the techniques to use to try to defuse the situation."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff told us some people did not have capacity to make their own decisions. When this was identified, a capacity assessment was completed so staff could understand what people were and were not able to consent to. We saw records of best interest decision meetings which were held when a person did not have capacity to make a decision. The meetings included people who knew the person well in personal and professional capacities. This helped to ensure any decisions that were made were what the person would have chosen if they had the capacity.

People and relatives told us care workers always asked for their consent before they supported them, one person told us "They (care workers) always ask what help I want. If I don't want them to do something I tell them and they listen." A relative told us "The staff are very good. They ask if [Name] wants support and encourage him to do things for himself."

People told us they made their own decisions about what they wanted to eat and care workers would help them to prepare meals if they required support .One person supported by Life Path Trust enjoyed cooking. Staff had made a recipe book which included photographs and pictures that the person could follow to make their preferred meals. This also included instructions for when staff needed to support the person and what they were able to do independently.

Staff regularly liaised with other health care professionals involved in the person's care to make sure any

concerns were followed up appropriately to maintain the person's health. A relative told us "Whenever [Name] needs to see someone staff make an appointment. [Name] Has a diary with all his appointments in so he knows when he is going."	



## Is the service caring?

## Our findings

At this inspection we found that staff continued to provide support in a caring way. People developed positive relationships with their care workers and were supported in a way that promoted their dignity. The rating continues to be Good.

People spoke positively about the care workers who supported them, one person told us "I love Life Path Trust. Staff are really friendly and always help me." A relative explained "I don't have to worry anymore, I know that the carers will look after [Name] as if she was their family too. They (staff) don't treat it like just a job, they care."

People told us care workers always treated them with dignity and respect. A care worker told us how they provided personalised care to one person. They said, "I support [Name] who can sometimes become agitated. If we are in public people don't always understand and can stare or make comments. I try to protect [Name]'s dignity by recognising signs that they are becoming upset and use techniques to help calm them before it escalates."

The registered manager explained the mission statement for Life Path Trust was "To provide people with the best support and services. To enable them to feel valued and achieve their dreams." They went on to explain that the most important step to achieve this was to have staff who had values that matched those of the organisation. They said, "By having staff people recognise and know means they can develop the positive relationships which help people to know they are valued." The registered manager explained that when staff were employed the person or their family were involved in the recruitment process. This was to help ensure that the member of staff would have the "Right type of personality to support that person."

People and their families worked in partnership with the staff to plan their care based on what was important to the people from their perspective. This meant staff had good knowledge of people's preferences and support needs. If a person did not have a relative but wished for an advocate to be involved in planning their care this was arranged by the registered manager. An advocate is a person who works as an independent advisor in a person's best interest.

Each person who was supported by Life Path Trust was registered to vote in local and national elections. Care workers supported people to understand the election process and to cast their vote if they wished to.

People were supported to follow their chosen faith and staff supported them to attend places of worship. One person told us "I like to go to church, my carers help me to get ready and take me. I have friends there so I like to see them."



### Is the service responsive?

#### Our findings

At this inspection we found care was planned in a very person centred way. Care workers promoted choice in all aspects of care. People were encouraged to provide feedback about the service and were involved in the decisions made by the service. The rating continues to be Good.

People were actively encouraged to provide feedback about their service. A "Citizens Board" met once every three months which worked alongside the Board of Directors and was valuable in making sure the opinions of people who used the service was considered in any decision making process. The meetings included discussions about improvements needed, actions taken following these meetings included arranging alternative transport to some activities and repairs made to properties. Information was shared about positive activities people had done and what would be planned for the future. Following each meeting minutes were written in an Easy Read format and copies given to people using the service. Easy Read is a style of writing that uses a combination of pictures and short sentences. A copy of the report was also sent to the trustees.

People and relatives received an annual quality assurance questionnaire to provide feedback of the service. The results of these questionnaires were recorded and analysed by the registered manager to identify any area's the service could improve. We reviewed the responses to the quality assurance questionnaire for 2016. Overall, the responses indicated a high level of satisfaction with the care provided and a comment included, "Staff were marvellous with [Name] on his trip and I think it is very lovely to have someone so in tune with his interests and help him where I would struggle."

Everyone we spoke with knew how to raise a complaint with the service. However, no one spoken with had felt the need to raise any concerns. The service had received two complaints in the 12 months prior to out inspection visit. These has been investigated by the registered manager who met with the people and their families to discuss how to improve the support they received.

The service had received numerous compliments thanking them for the care provided. One compliment said "[Name] has made new friends, got a social life and goes out regularly. Staff encourage him to do more than he has ever done and also are keen for him to continue with activities he did before by helping him organise transport and arranging lifts." The compliment went on to praise staff "I feel that we have been extremely fortunate to have met so many good people and cannot praise them enough. Staff are confident in their dealings with [Name] and it is remarkable how when they work with many different clients that they are able to pitch their approach to [Name] in order to encourage him but not overwhelm him."

People's care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. The care plans included a life history for each person and details about their preferences, likes, dislikes and people who were important to them. Staff explained that people were involved in planning their care and regular meetings were arranged to review the plan. Staff explained that the format of the review meetings were dependent on the individual's preferences. We saw that some people's care plans were written where as other people preferred theirs to be documented using

photographs.

People's care plans were reviewed regularly and if their needs changed. Each year a meeting was held at a place of the person's choice to review their care plan. We saw that the person would choose who they wanted to attend. We saw reviews included family members, friends, Life Path Trust staff and other health and social care professionals. At the review the person would be able to say what support they had received that they liked and if there were any changes they wanted to make. The registered manager explained "We encourage people to lead their own review and contribute as much as they wish."

We saw that plans were made at these reviews about what a person wanted to do in the following year. One person wanted to plan a holiday to see family in another country which was arranged. Another person wanted to gain experience working in a local café. Feedback from another member of staff at the café expressed pride in the person working there and praised the opportunities Life Path Trust gave people.

Each person had a "Hospital Passport". It included information considered vital about the person's care, for example their mobility and dietary needs, or how to communicate in a way the person could understand. The document also included information about the person's preferences. This meant when people visited hospital health care professionals would have information they needed to meet their needs.



#### Is the service well-led?

#### Our findings

At this inspection we found that the provider continued to have processes in place to monitor the quality of service provided and to identify areas of improvement. Staff continued to feel supported in their roles and told us they enjoyed their jobs. The rating continues to be Good.

The registered manager had been in role since October 2014. This provided consistency in how the service was managed. 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 told us they thought the service was well managed. One person said, "I don't think they could do anything better." A relative said, "I don't often contact the manager because I have no worries about the care given but if I did have to speak to them I wouldn't hesitate. They have always seemed very approachable."

Members of staff told us that they enjoyed their jobs and were proud of the support they gave to people. Comments included, "Every day is something new in this job, I love seeing how people grow with the right support."

A member of staff told us, "(Registered manager) is always available if you need support. I think the management team work really well" Another member of staff explained "My team leader is very supportive, they help me to identify any extra training I would benefit from and arrange it with my manager."

Staff received regular one to one meetings with their manager which gave them the opportunity to discuss their well-being and their roles. Staff told us they found these meetings beneficial and meant they could plan their personal development and discuss any new activities or opportunities for the people they were supporting. Staff also attended regular team meetings where they discussed various topics about the service. People were encouraged to provide any feedback or suggestions for improvement.

The registered manager and provider completed checks to gain assurance the service being provided was of high quality. This included reviewing support plans, medicine records, feedback received, training records and observing of staff practices.

The provider was aware of their responsibilities to us. They sent us notifications about important events that occurred and displayed their current rating in their office and on their website.