

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 

Overall summary

This inspection took place on 14 April 2015. The inspection was announced. The provider was given four days' notice of our inspection. This was to ensure the registered manager was available when we visited the service's office, and staff were available to talk with us.

At the last inspection on 23 July 2014 we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008. We issued compliance actions to the provider under Regulation 18, consent to care and treatment. We asked the provider to send us an action plan to demonstrate how they would meet the legal requirements of the

regulations. The provider returned the action plan in the allocated timeframe telling us about the improvements they intended to make. At this inspection we found improvements had been made and the provider was acting in accordance with the regulations.

Life Path is a domiciliary care service which provides care for people with learning disabilities in their own homes. The service is a registered charity which supports people to live as independently as possible. On the day of our inspection the service was providing support to 116 people.

Summary of findings

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service.

People felt safe using the service. Staff understood how to protect people they supported from abuse. Staff were responsive to people's needs.

The management carried out regular checks on care staff to observe their working practices and ensure records were completed accurately. There was an out of hours on call system which ensured management support and advice was always available for staff.

Staff were well trained and were supported to meet the complex needs of people they cared for.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. Where people had been assessed as not having capacity, best interest decisions had been taken on their behalf.

People knew how to make a complaint if they needed to. People were confident the manager would listen to them, and they were sure their complaint would be fully investigated and action taken if necessary.

The management of the service was open and transparent and identified concerns were acted on quickly. The vision and values of the service was to encourage opportunity and inclusion, independence, rights and choice.

There were procedures in place to check the quality of care people received, and where systems required change the provider acted to make improvements.

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. People received support from a consistent team of care workers who understood the risks relating to people's care, and supported people safely. Medicines were managed safely and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by a team of care workers who received training and management support to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected. People were supported to access healthcare services to maintain their physical and mental health.

Good



Is the service caring?

The service was caring.

People felt well supported by staff who they considered kind, caring and professional. Staff ensured people were treated with respect and maintained their dignity at all times.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their personal preferences, and to help them maintain links with their local community. The management dealt with any concerns raised immediately.

Good



Is the service well-led?

The service was well-led.

Management supported staff to provide a high level of care which focused on the needs of the individual. The vision and values of the service were opportunity and inclusion, independence, rights and choice. Staff felt fully supported to do their work, and people who used the service felt able to contact the organisation and speak to management at any time. There were systems to ensure people received quality care.

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 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.

The inspection took place on 14 April 2015 and was announced. The provider was given four days' notice because the service provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the service.

This inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We asked the provider to send to us a Provider's Information Return (PIR). This document allows the

provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We reviewed the information we held about the service. We looked at information received from people and their relatives, from local authority commissioners and the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We visited the service's office and looked at the records of four people who used the service and looked at three staff records. We also reviewed records which demonstrated the provider monitored the quality of service.

We spoke with the registered manager and four members of staff. We spoke with 14 people who used the service.

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they knew well and trusted.

One person told us, “We get a lot of respect here. There are three important things, respect, trust and honesty. We get that from everybody.” Another person told us, “They’re very good. I feel safe.” Another person said, “They treat me very well. I feel very safe.”

We found the provider protected people against the risk of abuse and safeguarded people from harm. Any concerns about abuse were appropriately reported, and actions were taken by the manager to protect people. Staff attended regular safeguarding training and told us the training gave them a good understanding of the different types of abuse. Staff said they would have no concerns about raising any issues with the manager. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns. All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm.

Staff told us and records confirmed that suitable recruitment practices were followed. For example, before staff started work, checks were made to make sure they were of good character to work with people in their own homes.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people’s health. For example, one person was at risk of choking on their food. There were plans for staff to follow in preparing the person’s food to ensure the risk of choking was minimised and staff were present if the person needed their support.

People were encouraged to take some risks described as positive risk taking. Risk assessments contained detailed instructions for staff so they could support people to develop their life skills and maintain their independence safely. For example, one person liked to take walks in their local community, but could sometimes display behaviours that could cause anxiety for people around them. The

person was encouraged to take walks and a detailed management plan informed staff how any behaviours should be managed to keep the person, staff and others safe.

The provider had contingency plans for managing risks to the service, which minimised the risk to people’s support being delivered consistently. Emergencies such as fire, computer failures, or staff absences were planned for. For example, back-up systems protected care and support records in the event of a computer failure, so any disruption to people’s care and support was minimised.

There were enough staff to care for people safely. People told us there were enough staff to meet their needs. People and records confirmed staff visited people at the agreed times, and for the agreed period of time. People received care from staff they knew well and trusted. People told us the same staff visited them regularly.

People received their prescribed medicines through a range of different support packages. Some people were supported to take their medicine, and other people managed their own medicines. One person told us they managed their own medication, but support workers reminded them when to take it.

Staff administered medicines to people safely. Staff received training to support them in administering medicines, which included checks on their competency. Staff knew to contact the manager if they made a mistake with medicines. The care records gave staff information about what medicines people took, why they were needed, and any side effects they needed to be aware of. There were procedures in place to ensure people did not receive too much, or too little medicine when it was prescribed on an ‘as required’ basis. The manager told us senior staff undertook regular checks to ensure medicines were administered to people as prescribed. This was confirmed by staff. One member of staff said, “They visit and check the medicine and the medication records to make sure they are filled in correctly.”

Accidents and incidents were reported to the manager when they occurred, which included any immediate actions taken. Where required, staff contacted senior staff immediately for advice and support, including out of office hours. Accidents and incidents were reviewed by the

Is the service safe?

manager, who took any further actions needed to reduce risks. Staff confirmed incidents were discussed at meetings, to identify how staff could enable people to reduce the recurrence of further incidents.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. One person described how staff used their skills. They said, “I am confident staff know how to support me.” Another person said, “Staff know how to support us with cooking food.”

Staff told us they received an induction into the service that made sure they could meet people’s needs when they started work. The manager explained they used a recognised induction programme designed by Skills for Care. Skills for Care is an organisation that provides information to employers, and sets standards for people working in adult social care. The induction standards were based on a 12 week programme of training to ensure staff had the skills they needed before they worked independently. Staff told us in addition to completing the induction programme they had a lengthy probationary period and were regularly assessed to check they had the right skills and attitudes for the people they supported.

The provider had a comprehensive programme of staff training to ensure care was provided by fully trained and competent staff who kept their skills up to date. The provider used a training facility at their offices to deliver staff training, and staff also had access to online training packages. Staff said the manager encouraged them to attend regular training sessions. One member of staff told us, “Staff training is really good.”

The manager kept a record of staff training and knew when refresher training was due. Staff told us their manager observed their practice following training to ensure they used their knowledge effectively. Staff briefings were regularly held to update staff on procedural changes and practice. Staff told us they received specialist training to assist the people they supported more effectively. For example, some members of staff attended training on epilepsy and autism. One member of staff told us, “The epilepsy training was really good as I support someone with this condition. The training gave me a really in depth understanding of the condition.”

Staff were supported using a system of supervision meetings, and yearly appraisals. Staff told us regular supervision meetings provided an opportunity for them to

discuss personal development and training requirements. Regular supervision meetings also enabled the manager to monitor the performance of staff, and discuss performance issues.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) sets out these requirements to ensure decisions are made in people’s best interests when they are unable to make decisions themselves. Where people could give consent to their care and support; people had signed a consent form. Staff demonstrated they understood the principles of the MCA. Staff understood people were assumed to have capacity to make decisions unless it was established they did not have capacity. They gave examples of when they had applied these principles to protect people’s rights, for instance, asking people for their consent and respecting people’s decisions to decline care where they had capacity to do so. For example, one member of staff told us, “One person sometimes refuses to take their medicine. We ask them again to take their medicine until they are happy to do so.” They added, “If they decide not to take their medicine, we need to let the manager know in case there are any health issues as a result, as the person is able to refuse.”

Where people had been assessed as not having capacity to make decisions, the manager had worked with relatives and health care professionals to ensure decisions were taken in the best interest of the person. For example, we saw one person whose relatives, social worker and consultant had been involved in a decision about their health.

Staff told us they had an opportunity to read care records at the start of each visit. The care records included information from the previous member of staff as a ‘handover’ which updated them with any changes since they were last in the person’s home. Staff explained this supported them to provide effective care for people as the information kept them up to date with any changes to people’s health.

People had a health and well-being plan, which was part of their support plan. Health documents were kept up to date, and detailed people’s medical conditions and health requirements. People also had a ‘health passport’. This was a document that detailed key information about the

Is the service effective?

person and their health needs, so if they needed to go into hospital, or move to another service, the document gave comprehensive information about the person's individual needs. This documentation meant information about people's health was available in an emergency, which reduced the risk to the person of receiving inconsistent care.

Staff and people told us they worked well with health and social care professionals to support people. We found people were supported to see health care professionals such as their GP, dentist, and nutritional specialists. One person told us, "My support worker goes with me to attend medical appointments." We saw visits to health professionals, and their advice, was recorded on people's care records. People's records were reviewed and updated

following the advice and involvement of health professionals. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

People were supported to eat food that met their health needs. Most people at the service did their own shopping, and some people prepared their own meals according to their individual support packages. However, some people told us staff supported them by preparing their meals when they were unable to do it themselves. Staff explained how they encouraged people to make healthy choices and to vary their diet by supporting them to prepare a range of foods, for example, foods with low sugar content for people who had diabetes to help maintain a healthy diet. One person told us, "My support worker tells me what good food I can buy."

Is the service caring?

Our findings

People told us staff treated them with kindness and compassion. One person told us, “They’re fantastic. They’re very helpful.” Another person said, “Staff treat us lovely and brilliantly.” A third person told us, “Staff treat me well. They’d do anything for anybody, very helpful. They couldn’t do any more than what they are doing. They work really hard.”

People told us staff listened to them, and supported them to maintain their independence. One staff member said, “Encouraging independence can make a difference to how people feel about their lives.” The member of staff told us they made sure people were encouraged to do what they could do themselves, and supported them only with tasks they could not manage. One person told us, “Staff only help if I want them to.”

People were provided with information in ‘easy read’ formats by the provider, for all key documents that were used. For example, planning documents and support plans were prepared using large print and pictures to make them accessible to people. Documents provided in this way gave

people the opportunity to take part in meetings and provide feedback to the provider, appropriate to their abilities to communicate. This helped people to maintain their involvement and independence.

People were involved in care planning, and made decisions about how they were cared for and supported. For example, one person told us they were able to decide which members of staff supported them. Some people had a relative, who was involved in their care planning and review meetings. People who did not have an appropriate relative had an advocate. An advocate is a designated person who works as an independent advisor, who supports people to make decisions. Records showed how advocates supported people to express their views when decisions were being made about their future. For example, they were involved in meetings with the person they supported to help plan their care.

Staff explained how they supported people in respectful, positive ways, using their preferred name and asking people’s opinion and preference before supporting them with tasks. Staff told us they always explained to people the support they were offering before proceeding, and ensured doors were shut for privacy when assisting people with personal care. People told us their dignity and privacy was respected by staff.

Is the service responsive?

Our findings

People who used the service told us they knew how to make a complaint if they needed to. The provider's complaints policy was contained in the service user guide and on 'easy read' cards, which each person had in their home. The complaints policy was included on the provider's website in an 'easy read' version so that anyone could see and read it. People told us they felt confident about raising any concerns they had. One person told us, "If I had a concern I would ring the office and speak to someone." Another person said, "I would talk to one of the support workers if I was concerned." One person told us they had raised a complaint about a member of staff and the manager had resolved the issue straight away. They said, "The person doesn't come to support me now."

Records confirmed that complaints were investigated and responded to in a timely way by the manager. Complaint investigations included visiting the person who had made the complaint in their home to discuss their concerns. All complaints were logged and reviewed by the management team to identify trends or patterns. Actions were taken to improve the service and minimise complaints in the future.

Care records were comprehensive and had been written in partnership with people and their relatives. The provider used pictures and graphics to help people understand information and to express their views about the care and support they received. One person told us, "They come and ask what I want to do. Then they write it down." The person centred approach to care planning meant the person was central to their care plan, with input from staff and other professionals. One staff member told us, "My role is all about person centred care. I'm involved in people's care planning, what they want to achieve to be independent. I also work with people to review their care and personal goals." Records confirmed the member of staff reviewed records, and visited people who received support regularly. We saw that family members, friends and advocates were also included in frequent reviews. The member of staff told us, "Having this type of role helps me to monitor the care people receive, and I can make sure choices and preferences are respected."

Care plans were tailored to meet people's individual needs, likes and dislikes, and their preferences. People told us all their likes and dislikes were discussed so that their plan of care explained what they wanted. For example, one person did not like their privacy to be invaded. We saw a plan was in place which minimised their contact with other people and protected their privacy.

The service supported people to follow their individual interests and hobbies. For example, we saw one person had asked to go on holiday and was being supported by a member of staff to go on holiday shortly after our inspection. Another person liked to attend a local group in their community and was supported by staff to attend the group several times each week.

Staff knew people well, and described the different activities people enjoyed. People told us they took part in a range of activities that met their personal preferences including walking, shopping, visiting the cinema, and visiting their local pub. One person told us, "I get visits from a person who helps me knit once a week."

Staff we spoke with had a good understanding of people's needs and choices. Staff knew all about each person, their likes and dislikes, and what each person could do independently and when they needed staff support. One staff member told us, "I love my job. I get to know people, and see how people progress." The information staff told us matched the information in people's care records. For example, one person had been asked whether they preferred male or female care staff. Staff knew the person's preference and calls were organised accordingly.

The provider responded to people's specific needs, by maintaining links with groups in the local community. For example, the service maintained links with several charities which gave people access to community groups. We saw one person attended a local Grapevine group, which is social club for people with learning disabilities. The provider also operated a community group which organised trips and transportation so that people could take part in social evenings and events. For example, we saw people were supported to take part in water sports during the summer months.

Is the service well-led?

Our findings

People told us they could speak with a member of staff or the manager when they needed to. Staff told us the manager had high standards for staff and the quality of care provision. There was a clear management structure in place to support them, and staff said the manager was always approachable. One staff member told us, “There’s always a manager on call if you need support.” One staff member told us, “Staff work in teams, and we pull together. We know clients well and are familiar with people.”

Staff told us they received regular support and advice from managers via phone calls and face to face meetings. Records showed staff had regular meetings with the manager and other senior team members, to discuss how things could be improved. For example, staff made suggestions about how to promote healthy eating in a recent meeting. Minutes of senior management team meetings showed the feedback from staff was discussed and that ideas and suggestions influenced changes and improvements.

The provider had clear aims and values and had communicated them to people who used the service. The mission statement was displayed in the offices, in leaflets and on the website. The mission statement was, “To enable people with learning disabilities to live their lives to the full”. The aim was to provide people with the best support and services, to enable them to feel valued and achieve their dreams. The values of the organisation were opportunity and inclusion, independence, rights and choice. The values and the mission statement of the organisation had been discussed in meetings with people who used the service to gain their input in developing how the values could be put into practice. Staff told us the values of the service were communicated to them through training and the staff handbook.

The service was a charitable organisation run by a board of trustees. People who used the service were able to attend quarterly board meetings. The provider had created a citizen’s board comprised of people who used the service. The citizen’s board reviewed people’s comments and ideas about how the service was run, and presented the information to the board of trustees. Records showed a recent citizen’s meeting had asked for the continuation of a ‘quality checkers’ group, which reviewed people’s care. We saw the service had continued to support the ‘quality

checkers’ group following the discussion. The citizen’s board had been involved in a recent recruitment for a Director of the service. People who used the service were able to take part in the running of the service, and had a say in how services were delivered through involvement in this forum.

People were asked to give feedback about the quality of care, and how the service was run in a number of other ways. People were invited to attend regular meetings where they were asked for their comments and views. The service ran ‘family’ days each year which involved people and their relatives in themed events. A recent family day had been held on dementia awareness. Everyone who used the service and key stakeholders were asked to attend or contribute to the Annual General Meeting of the charity. Surveys were sent to people who used the service, staff members, key stakeholders and relatives. The results of surveys were analysed and results were collated. We looked at comments people had made in a recent survey and found that a high percentage of people were happy with the service provided. One person commented, “Staff help me a lot.” Another person commented, “I make choices, I wouldn’t want to move.”

Information about the running of the service was accessible to people. For example: inspection reports, the annual report and customer satisfaction surveys were available on the website. All the reports we viewed on the website were in ‘easy read’ styles to help people understand the information. People also received regular news and feedback about the service through a newsletter. The most recent newsletter contained information on recent events, job vacancies, and events in the local community. People were asked to contribute to the newsletter and share their experiences.

The provider’s quality monitoring system included weekly checks of medicines and care records. All checks were documented and showed corrective actions were taken, such as following up missing information in records. Senior staff members and the manager undertook regular ‘spot checks’ on the performance of staff, to ensure people received good quality care. Spot checks included reviewing the care and medication records kept at the person’s home to ensure they were accurately completed. One person told us, “The manager comes in and checks everything every two weeks or so.”

Is the service well-led?

Quality assurance audits were performed by the provider to make sure procedures were followed, and care was delivered consistently. For example, the manager completed audits in medicines management, care records, and timekeeping. Where issues were identified action plans to improve were monitored by the board of trustees to ensure the service continuously improved.

The provider obtained advice and support from an independent organisation to continually improve its quality monitoring procedures. We saw the provider consulted the Practical Quality Assurance System for Small Organisations

(PQASSO). The PQASSO is a leading quality standards organisation developed for charitable services. It provides advice on how organisations can make their systems more efficient and how to make continuous improvements.

The manager had sent notifications to us about important events and incidents that occurred. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.