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Pathways

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

Pathways provide accommodation and personal care without nursing for up to 12 people. It is a service for people who have a learning disability and/or autistic spectrum disorder, physical disabilities and sensory disabilities. Some people had complex needs.

The service is split into two bungalows. There were six people living in bungalow 56a and four people living in bungalow 56b when we inspected on 19 September 2016. This was an unannounced inspection.

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.

People received care that was personalised to them and met their individual needs and wishes. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing care.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse and staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care and there were procedures and processes which guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being and people's nutritional needs were assessed and met.

There was an open and transparent culture in the service and staff were very motivated. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. An effective quality assurance system was in place and as a result the service continued to develop and improve.

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

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Risks to people were effectively managed so they could participate in daily life and activities of their choice.

There were enough skilled and competent staff members to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's individual needs.

The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff's positive and friendly interactions promoted people's wellbeing.

People were able to express their views and these were respected.

People were treated with respect and their privacy,

independence and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

There was a system in place to manage people's complaints.

Is the service well-led?

Good ●

The service was well-led.

The manager was visible in the service and there was an open and transparent culture.

Staff were encouraged and well supported by the manager and were clear on their roles and responsibilities.

Relatives were complimentary about the service and how it was managed.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Pathways

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.

This inspection was unannounced, undertaken by one inspector and took place on 19 September 2016.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including previous inspection reports. We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with three people who used the service and four relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager, the team leader, the administrator and three care staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at four staff files which included recruitment processes, supervision and training records.

Is the service safe?

Our findings

Systems were in place to reduce the risk of harm and potential abuse. Staff had received training in safeguarding and were aware of the providers safeguarding and whistleblowing procedures [the reporting of poor practice]. Although the staff had not needed to report any potential abuse, they could tell us about their responsibilities to ensure that people were protected, knew how to recognise abuse and how they would report any concerns appropriately. One staff member said, "I would speak to the team leader and start the process of dealing with the concern." Another staff member said, "I would go straight to the manager and if the manager was involved, I would go to the proprietor or report it to CQC."

Staff members were aware of people's needs and how to meet them which ensured people's safety. People presented as relaxed and at ease in their surroundings and with the staff, and one person commented, "I feel safe."

Potential risks to a person's safety within their home and the community were assessed and provided staff with guidance on how the risks to people were minimised. This included risks associated with choking, epilepsy and mobility. Where risks were identified, people's choice and independence was still promoted. For example, where a person was at risk due to their epilepsy, they were checked regularly while using the bathroom so that staff could monitor that they had not had a seizure. This allowed the person to use the bathroom independently and in private. Staff told us they felt confident supporting people as care plans contained clear instructions on dealing with risk.

Occasionally people became upset, anxious or emotional. Plans were in place for people to provide guidance to the staff on how to support that person which included the strategies to use to prevent the person becoming upset and to keep them and others in the service safe. For example, to plan ahead so that the goal can be achieved and to give positive feedback. One relative said, "They know what [person] wants and put boundaries in place so that their physical and emotional needs are taken care of."

Checks had been made on equipment to ensure that it was safe to use and fit for purpose. For example, electrical equipment and the fire system. People had personal evacuation plans in place and fire drills had been held so that people knew what to do in the event of a fire. This showed us that people and the staff team were provided with the information required to keep people safe. Where one person's wheelchair had failed the monthly check, this had been repaired. This showed us that action was taken promptly to keep people safe.

One person told us that there were enough staff for them to, "Go out and do things when I want to and to go shopping." Relatives told us that there were enough staff available to meet the needs of those living at the service. However, one relative said, "The staffing ratio is not spreading itself out like it used to and staff have been very pushed possibly due to being short staffed." The registered manager told us that there were enough staff to cover the service and they were in the process of recruiting to the one vacant post in the service. The service has never used agency staff and other staff are flexible and help out where they can when staff are on holiday or there is sickness. One staff member said, "I feel there are enough staff, an

excellent amount." Another staff member said, Yes, there is definitely enough staff." The manager assessed and adjusted the staffing levels based on people's needs and their plans, for example, if they wanted to go out or had a health appointment. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly.

The service had recruitment procedures in place to ensure that staff were suitable for the role. The process included identity checks, employment history and references. Staff were subject to criminal checks made through the disclosure and barring service (DBS). These checks are to assist employers in making safer recruitment decisions by checking for any criminal history of those who wish to work at the service.

Medicines were stored safely in a lockable cabinet for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). We saw that when staff provided people with their medicines this was done safely, respectfully and at the person's own pace. People were encouraged to get their own water and asked if they were ready for their medicines. We saw a staff member explain to one person what a new medicine was for and check that the person was happy to take this. The time that one person received their medicine had been adjusted at their request and was flexible due to their sleeping pattern. This had been discussed with the person's GP; however there were no written instructions of this agreement or guidance to follow from the GP on file. The team leader told us that this would be addressed promptly and written confirmation would be put in place.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff had received training in medicine administration and their competency was checked to ensure they followed good practice and people received their medicines safely. Monthly audits on medicines were carried out and the pharmacy had recently completed an external audit of medicines held in the service and these were held annually. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on, For example, where a medicine had not been received, action had been taken to ensure this was available when the person required it.

Where a person required medicines on an 'as required' basis (PRN) there was guidance in place for some emergency medicines, however this was not in place for all PRN medicines. For example, one person had been prescribed paracetamol for pain relief and there was no guidance available on when this medicine may be required and how often it could be taken. The senior had a good knowledge of how this person demonstrated pain and when they could be offered this medicine and gave examples of when this medicine would be offered. The service had a small staff team who administered medicines which ensured consistency as staff knew people well. The registered manager told us that guidance would be put into place for all PRN medicines.

Is the service effective?

Our findings

Relatives spoke positively about the staff and were satisfied with the care and support they provided. One relative said, "I don't think I could find a better place for [person]." Another relative said, "They look after [person] brilliantly."

There were systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Staff told us that they were provided with the training that they needed to do their job and meet people's needs such as moving and handling and dysphagia (swallowing difficulties). One staff member said, "I have been able to develop and have had a lot of training." They told us about how the dysphagia training had helped them to understand the signs that a person was choking and how to make a referral for additional support from the Speech and Language Therapy team. This showed that the training had been effective in improving the knowledge of the staff member. We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met. We saw one staff member using Makaton with a person to ensure that they understood what was being discussed. This showed us that the training had been effective in promoting communication between this person and the staff member.

Each staff member had an induction on commencing employment at the service and new staff were completing the Care Certificate. This is a recognised set of standards that staff should be working to. One staff member said, "I have finished my induction and I am doing the care certificate." To ensure that new staff understood how a person preferred to be supported, they shadowed more experienced staff and then were observed before being signed off as competent to support that person according to their needs and preferences. This meant there was an effective system to support and monitor new staff so that they were delivering effective care for people.

The manager held supervisions with staff; however, these were not always formally recorded. The manager recognised that this was an area that required improvement and had identified this on the PIR that had been completed prior to the inspection. We saw that this was already being addressed and supervisions were in the process of being formally recorded. There was a shift planner in place which was used to communicate key information and ensure the team were aware of any changes to people's needs. One staff member said, "Any changes, for example, with medication are in care plans and this is handed over and written on the shift planner." Another staff member said, "I haven't had supervision recently but we always discuss things on a daily basis and I get all the information that I need." This contributed to the effective running of the service.

All staff spoken with spoke highly of the support they received from the management team, this included support for individual incidents and with their on-going development. One staff member said, "I am very well supported. I have been lucky to find this place. I could not have asked for better." Another staff member commented, "[Registered manager] is a lovely manager, very supportive, understanding and considerate."

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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that the staff acted in accordance with their wishes. One person said, "If I need anything doing, the staff help me." People were asked for their consent before staff supported them with their care needs for example assisting them with their medicines. Staff had a good understanding of DoLS and MCA and had received training. One staff member said, "It's for a person's protection so that they are not exploited. It's about helping someone to understand so they can make choices where possible." Another staff member said, "The MCA protects people who cannot make their own decisions and in that case, we include the family in any decision that is made." Records identified people's capacity to make decisions and the circumstances where decisions would need to be made in a person's best interests.

People were complimentary about the food. One person said, "The food is nice and I help to keep an eye on the dates of the food so it doesn't go out of date." Another person said, "I have my favourite – fish and chips." One relative said, "They always have a roast dinner on a Sunday. They could have a BBQ when it is sunny. It is sometimes good to do something different." There was an availability of snacks and refreshments throughout the day and staff encouraged people to be independent and help themselves. For example, we saw one person being encouraged and supported to make their own sandwich for lunch and people were helping themselves to biscuits and hot drinks throughout the day.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as difficulty swallowing, guidance and support had been sought from health care professionals, including speech and language therapists. This information was reflected in care plans and used to guide staff on meeting people's needs appropriately.

When needed, people were supported to access relevant health services. We saw records of visits to health care professionals in people's files. Care records reflected that people had been involved in decisions about their healthcare. Where the staff had noted concerns about people's health, for example, that a person was showing signs of hay fever, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Is the service caring?

Our findings

A relative told us, "[Person] is very happy there. The service is very accommodating." Another relative said, "Several of the staff are fantastic, [registered manager] had to go out of the country and the staff carried the place and I thank them from the bottom of my heart." A letter of compliment from a relative said, "You go that extra mile for [person] and you far exceed even high standards. The team demonstrate utter commitment and dedication in not only caring for [person's] physical needs but also in the way they all care deeply about [person's] emotional needs."

Staff we spoke with were enthusiastic about their role. One member of staff said, "I very much enjoy working here." Another commented, "I love my job, I could not have asked for better." Staff told us that care plans contained sufficient information to enable them to support the person in the way they wanted and that they were given time to read these during their shifts. This, along with the service being small, enabled them to get to know the person as an individual.

The service was clean, fresh and homely and the atmosphere within the service was welcoming, relaxed and calm. There were lots pictures and photographs of people living there on the walls enjoying day trips and holidays. We saw that the staff treated people in a caring and respectful manner and we saw lots of laughter and staff having a joke with people. Staff knew people well and had good relationships. One person said, "I can have a good laugh with some of the staff."

Staff talked about people in a compassionate and respectful way and understood people's individual needs. They understood people's preferred routines and knew people well. People told us that they felt staff listened to what they said. Care plans included how to maintain people's privacy and dignity and induction training covered this subject. One staff member told us, "I always ask people before supporting them and make sure that doors are closed to maintain their privacy and dignity." There was a dignity champion at the service. A dignity champion promotes good practice throughout the service. The dignity champion told us that their role was to, "Encourage and promote dignity at all times and ensure that people are not de-skilled."

People and where appropriate, their relatives were involved in care planning. We saw that one relative had been involved in agreeing a list of foods that were suitable for one person to eat. One relative said, "I feel very involved and I am kept up to date. There are never any surprises." However, one relative told us that they had not been involved in reviewing their relative's care plan for at least 18 months. Care plans reflected people's wishes and were written in a respectful way. One person's care plan said, "Give me positive encouragement, explanation and do not put undue pressure on me." Care plans were reviewed monthly and updated when a person's needs changed.

Staff we spoke with were able to explain how they involved people in the day to day decisions of daily living such as what to wear and what to do with their day and ensured that the person felt that their opinion mattered. People's bedrooms were personalised which reflected their choices and individuality and people proudly showed us their bedrooms.

House meetings had recently been introduced for people to discuss any concerns or issues that they had and one had been held in September. The plans for the yearly holiday had been discussed at this meeting. The team leader had explained that it is difficult encouraging people to be involved in the meetings but that they would review how successful these were and make changes as needed to involve people as much as possible.

People were able to have visitors as they wished and there was an open door policy. Relatives told us that they could visit whenever they wished and did so on a regular basis. One person said, "My [relative] was down the other day." Another person said, "My family come here."

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw from the records that people accessed the community on a regular basis. One person said, "I went to Clacton air show." Another person commented, "I went to Brightlingsea at the weekend and had ice cream. I go clothes shopping and food shopping." A third person told us, "I do knitting and crocheting." One staff member said, "Activities are always taking place." Another staff member said, "Some people go to college and people have a holiday annually." However, one relative said, "There is sometimes not much going on at the weekends, people are getting older which could be a factor but there could be more activities. If [person] is not going out, then someone needs to spend time with [person]." We saw where people requested to do certain activities, this was facilitated by staff, for example, one person was supported to go out for a drive and another was supported to watch a DVD in their bedroom.

Care plans were person centred and reflected the support that each person required. Where people had specific conditions there was information in the care records about how these affected the person's daily living. For example, how to support someone with epilepsy. This gave staff the information they needed to provide the correct level of support. Care plans promoted independence and covered what a person could do for themselves and what they needed support with.

Staff knew about people's specific needs and how they were provided with personalised care that met their needs. People's daily records contained information about what they had done during the day, what they had eaten and how their mood had been.

People had a key worker and knew who their key workers were. The key worker was responsible for ensuring that the care plan and risk assessments were up to date and appropriate to that person's needs. One relative said, "[Person's] key worker puts so much effort in."

People were encouraged to be involved in daily living tasks such as washing up, cooking and cleaning and to be as independent as possible. One person said, "I help with the hoovering, cooking and dusting." Another person said, "I keep my room tidy." However, there was limited evidence of goals that people would like to achieve or how daily living skills were promoted and encouraged within the care plans. The registered manager told us that people's needs were changing and some people in the service were becoming older and required a lot of reassurance. They recognised that it was a challenge to encourage participation at times and were working to maintain people's independence as much as possible.

The service sought people's views through informal contacts with people, their relatives and visitors and through satisfaction surveys. The feedback from relative's questionnaires had been positive. One relative had commented, "The improvement in [person's] life is unbelievable since they have been at Pathways." One visitor had said, "The staff are always helpful." The registered manager told us they were looking at making changes to the questionnaires to get a more detailed response and more feedback on areas of the service that could be improved.

Relatives told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or the management team and received appropriate responses. None of the people we spoke with had any complaints but they knew they could speak to the registered manager or the staff team if they were unhappy. There was a policy and procedure for managing complaints and staff knew how to support someone if they did want to complain. This included agreed timescales for responding to people's concerns. The service had not received any formal complaints. One relative said, "I don't have any issues, but if there are any issues, a meeting is arranged and it is resolved immediately." One relative said, "They [Pathways] go above and beyond."

Is the service well-led?

Our findings

Feedback from relatives about the staff and management team were positive. One person's relative said, "They [Pathways] do things every day that impress me." Another relative said, "I don't think there is anything to improve – it runs so smoothly." A third relative commented, "[Registered manager] is very approachable and they always get back to you if you have a question." One staff member said, "I can definitely be open and honest about the service. [Registered manager] is lovely, kind, understanding and helpful."

The registered manager was very visible in the service and worked alongside the staff providing support where required. This meant that they spoke with staff and people regularly and could monitor the service on an on-going basis and make improvements as required. Staff spoke highly of the service and were motivated. One staff member said, "The door is never closed. [Registered manager] has given me more opportunity than I could ever imagine. I can talk to [registered manager] about anything. The service is like a family and I feel very humbled to work here." Another staff member said, "We have a really good team. It is lovely here." A third staff member commented, "I want to come to work. If I need a change of shift, [registered manager] is very accommodating."

Questionnaires had been completed by the staff team to provide feedback to the manager. One questionnaire said, "I have always been happy at Pathways and with my manager." The service had a small staff team and any issues or concerns were discussed at the time and dealt with promptly rather than through formal team meetings. The service had incident logs where any issues or concerns between staff members were documented and dealt with to ensure this did not impact on team working. There were policies and procedures in place to provide guidance to staff on subjects such as pressure relief and food and nutrition and these had been reviewed regularly.

Staff told us that they felt actively involved in developing the service. They gave us examples of where the management had listened to them with regard to the support a person needed and issues concerning staff, for example, one person had been struggling with their mobility when using the bathroom and as a result, a handrail had been fitted. This meant that any feedback received was acted upon.

Audits and checks of the service were completed to identify any concerns in practice, in areas such as medicines and health and safety. Following one medicines audit, a meeting had been held with a staff member regarding a missing signature. This showed that the service took action where required to continuously improve the service for people.

The registered manager kept up to date with best practice through attending conferences, using the internet and receiving social care publications. Both of the proprietors met twice weekly to discuss the service and any changes or updates in social care. This provided additional oversight of the service to ensure that the care provided was of a high quality. The service had linked with other providers to complete training, provide and receive support and to share best practice. This ensured that the service did not become isolated.