

New Pathways Healthcare Limited

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Inspection report

Office 7, Second Floor, Union House
7 Union Street
Andover
SP10 1PA

Website: www.newpathwayshealthcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

New Pathways Healthcare is a domiciliary care agency providing personal care to people living in their own homes. There were 43 people using the service at the time of the inspection, 35 of whom were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The care provided ranged from 30 minute visits to 24 hour live in care.

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

Information about some risks was not consistently up to date or clear. The systems in place to regularly and systematically review all incidents and accidents to check for safety related themes and trends needed to be developed further to ensure this provided further opportunities for reducing risks. We received mixed feedback about the reliability and consistency of the service. A full employment history had not been recorded for two workers. Where staff were responsible for managing people's medicines, they were, overall, meeting best practice standards and people were receiving their medicines as prescribed. Staff knew how to recognise the signs of abuse.

Staff empowered people to make their own decisions about their care and support. The registered manager demonstrated an understanding of best practice around assessing mental capacity and completing best interests' consultations. Action was being taken to update people's consent to the care being provided and to gather evidence of Lasting Power of Attorneys. Staff undertook a suitable induction and training programme. Some people did not feel fully confident or secure with their care worker and further action was being taken to mentor staff where necessary. Some care plans lacked information or clarity around certain needs and how these were to be met. These are to be reviewed to ensure they all provide a holistic assessment of people's needs. Staff had worked collaboratively with a range of organisations to help ensure that people's health care needs were met effectively.

People told us staff were kind and caring. Relatives commented on the positive relationships their family member had with their care worker, People had been involved in drafting their care plan and given an opportunity to express their views. Staff understood the importance of meeting people's needs in a dignified manner.

Overall, people spoke of the positive impact the care was having on their lives. Care plans contained some information about how people communicated and understood information presented to them. Complaints were used as opportunities to improve the service being provided. It was clear that the registered manager understood the importance of ensuring people had a comfortable and pain free death.

The governance processes in place were effective and helped to hold staff to account, keep people safe, protect people's rights and identify where the quality of the care and support was compromised. Overall people felt that the service was well led and well organised. Staff displayed an understanding of person

centred values and behaviours including compassion and respect and the promotion of independence. Staff told us the service was a good place to work. Staff meetings took place, and these provided a constructive forum for staff and the leadership team to share important information and ideas, discuss concerns or best practice approaches.

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

Rating at last inspection and update

This service was registered with us on 27 April 2021 and this is the first inspection.

Why we inspected

We undertook this inspection so that we could give this registered service a rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

New Pathways Healthcare Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 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 care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the providers office where we spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care and compliance manager and two care workers and reviewed a range of records. Following the inspection, we spoke with five people using the service and eight relatives about their experience of the care provided. We also received feedback from a further three care staff and one health and social care professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Information about some risks was not consistently up to date or clear. For example, one person's care plan stated that they needed thickener in their drinks and had been prescribed a modified diet, but this was not what was happening in practice as the person, who we were advised had capacity to make this decision, was choosing not to follow this. The potential risks this presented had not been explored with relevant health and social care professionals and the care plan had not been updated to reflect this. Action is now being taken to address this.
- It was not clear from one person's records that concerns about the onset of a potential urine infection had been escalated to the community nurses in a timely way. The registered manager assured us that the concerns had been escalated but that a record of this had not been maintained. To address this, the provider has implemented new communication logs where all calls made to healthcare professionals will be clearly recorded.
- Other risks such as those associated with moving and handling, lone working and the home environment had been assessed and planned for.
- Information about new risks or changes to people's wellbeing were discussed at daily handover meetings.
- The service operated an effective on call system to provide people and staff with any necessary guidance outside of office hours. A staff member told us, "We have an effective on-call system where we can get immediate help and support when needed."

Learning lessons when things go wrong

- Staff understood their responsibility to report and record safety related events. They all felt that these would be taken seriously and appropriately investigated.
- Each individual incident was reviewed by the registered manager or compliance manager to ensure that all of the appropriate actions had been taken in response. For example, following an incident involving a needle stick injury, a person's care plan had been updated to include changes to the positioning of the sharps bin.
- The systems in place to regularly and systematically review all incidents and accidents to check for safety related themes and trends needed to be developed further to ensure this provided further opportunities for reducing risks.

Staffing and recruitment

- People provided mixed feedback about the reliability and consistency of the service. Some of the feedback was positive, for example, one person said, "They are mainly on time, maybe an odd ten minutes late or so. They stay as long as we have booked and there are always two together" and a family member

said, "We are really pleased, they are attentive and don't rush [Person], so far they are on time and stay the full 30 minutes."

- Others felt that punctuality and consistency of care worker needed to improve. For example, one family member said, "There are too many faces to develop a bond. ... It's potluck who turns up".
- Concerns were raised about people not always being sent a female carer when this had been requested. One person said, "They are supposed to help me shower every other day, but the female carer I had has been unwell and they are sending in a male carer and I won't shower with a male carer present so I have not had a shower for a while."
- Some family members also raised concerns that due to the frequent changes in care worker, unless the person was obviously unwell, staff would not pick up if their relative was unwell.
- Most people said that new carers were sent without introduction. We discussed this with the registered manager who said that where the person had particular complexities or anxieties about having care, they would ensure that care workers were introduced to the person before the care started but that this was not routinely done.
- Records we viewed did show some fluctuations in the timing of people's care visits, although did not indicate that any had been missed. The registered manager told us, "We try not to take on too many packages so that we can manage and so that we don't compromise on the care."
- Overall, staff told us their schedules were realistic meaning that they did not have to rush during people's care visits and could make it to their next call on time. They felt the visit schedules were generally well planned to ensure this happened. One staff member said, "At the beginning there were some calls in the schedule that did not have enough drive time, but I raised those issues with the office, and they made some adjustments on them and now they are ok."
- The provider's electronic scheduling system provided an alert in the event that a care call was more than 15 minutes late so that the reason for this could be investigated. The system also allowed the registered manager and their senior team to monitor care visits to ensure they had lasted for the correct amount of time and that the correct tasks has been completed on each visit, including the administration of medicines.
- The registered manager acknowledged that there had been challenges in terms of recruiting and retaining staff but to try and address this, they had obtained a license to recruit staff from abroad via a Home Office Sponsorship Scheme. The majority of the current staff team had been recruited via this process and there were plans in place to recruit a further group of staff using the same scheme later in the Summer of 2022 to support the ongoing consistency of care and the growth of the service. They told us that this approach was improving the retention of staff.
- To improve continuity of care, they were trying to allocate staff to particular geographical areas so that they were able to get to know people and their routines. They felt this was an improving picture and this was reflected in feedback we received from staff. For example, one staff member said, "We visit a handful of people and yes it does allow us to know them very well and it makes caring for them so much better and on the client there's continuation."
- Also measures such as financial assistance with fuel and office lunches took place which the registered manager felt was also having a positive impact on retention of care staff.
- For staff recruited as part of the Home Office Sponsorship Scheme, an overseas criminal record check had been undertaken and then a Disclosure and Barring Service (DBS) check also completed once the staff member was settled in the United Kingdom. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- In the case of two workers, a full employment history had not been recorded. The registered manager had already identified this and is taking action to address this and will ensure that systems are put in place to ensure this required information is gathered moving forward.
- There was only limited information available to evidence that staff recruited from abroad had been

interviewed to assess their suitability for the role they were taking on. The registered manager told us that video interviews were held but accepted that the notes from these needed to be more comprehensive. They confirmed that all staff recruited from overseas had to have worked in care setting for at least six months and completed a training course which included a three month placement in a hospital working alongside nurses.

Using medicines safely

- Where staff were responsible for managing people's medicines, they were, overall, meeting best practice standards and people were receiving their medicines as prescribed.
- We did identify that information relating to the use of 'As required' or PRN medicines needed to be more comprehensive and fluctuation in times of some care calls meant that people were not always receiving their medicines at the same time each day, although these were not time sensitive medicines.
- In some examples seen, people's care plans would benefit from being clearer about roles and responsibilities in relation to the administration of medicines as some of the information recorded was conflicting.
- Where people were able to manage their medicines independently, this was encouraged and supported.
- Staff received training in the safe handling of medicines and had an assessment of their competency to put their learning into practice.
- Medicine administration records (MARs) were regularly audited and any errors or omissions were identified and investigated.

Preventing and controlling infection

- Staff had undertaken training in infection control and people told us that staff followed safe infection control practices when in their homes. This included wearing appropriate personal protective equipment such as masks, aprons and gloves, and ensuring regular hand hygiene.
- Staff were taking part in a programme of regular testing for COVID-19 in line with current guidance.
- Staff were provided with company, or pool, cars to use for travelling between visits. During the pandemic, this had reduced the need for staff to travel on public transport.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs of abuse. They had received training in safeguarding people from harm and were able to describe how they would escalate any concerns about abuse.
- One person told us how staff had noticed that they had a new bruise and had asked them how this had occurred. The bruise was due to a cannular that had been inserted at the hospital, but it was positive that staff explored this with the person.
- Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.
- Staff had worked well with other agencies to protect people from potential financial and physical abuse. This was confirmed by a representative of the local authority who told us, "They have identified domestic abuse and made the relevant referral. They have also requested additional call times pending [occupational therapy] referrals due to risks associated with mobility."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There was evidence that staff empowered people to make their own decisions about their care and support. For example, one person's care plan had been shared with them to comment on, following which some changes had been made.
- Three of the care plans we viewed did not include signed consent from the person or their legally appointed representative. The registered manager explained that this had been obtained but was recorded electronically in the previous electronic care planning system that the service had used which they no longer had access to. We were advised that staff were currently visiting each person to complete new consent forms.
- Where people had appointed a legal representative to manage decisions relating to their health and welfare, the service had not retained a copy of the Lasting Power of Attorney which confirmed this. This is important to ensure that staff are aware of which people are legally able to act on behalf of people, but also of any limitations on the decisions they are able to make. During the inspection, action was taken to start collating this information.
- The registered manager demonstrated an understanding of best practice around assessing mental capacity and completing best interests' consultations. We were advised that it had not been necessary to complete these for any of people currently using the service.

Staff support: induction, training, skills and experience

- Staff undertook a four day induction. This included an introduction to the business and to working and

living in the United Kingdom for the staff recruited from abroad. One of the days was spent reflecting on case studies and scenarios which had a focus on issues such as safeguarding people from harm.

- All staff also undertook a period of shadowing more experienced colleagues. One person confirmed this, saying, "They use my hoist, when they first start, trainees watch the experienced ones use it."
- Staff completed training with an external provider covering the Care Certificate standards. This included a knowledge check which had to be passed before the Care Certificate qualification was awarded. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Competency assessments were completed to ensure that staff were able to put their learning into practice. This included areas such as medicines, infection control and the provision of personal care.
- The service had a programme of training in place to ensure care workers had the necessary skills to support people. Completion rates for the training was good.
- Supervision was being used to review the practice and behaviour of staff.
- Supervision records did not include a focus on the ongoing personal development and learning of staff. The registered manager advised that this would be reviewed but provided assurances that appraisals would be undertaken once the staff member had been employed within the service for a year.
- Staff told us they felt well supported. One staff member told us, "We are well trained, we are quick to contact the office and they are quick to advise us to make sure we do not do the wrong thing."
- Despite the training programme in place, we received mixed feedback as to whether people and their relatives had confidence in the skills and knowledge of the care team. Some of the feedback was positive, for example, one person said, "They know what to do, they are as good as I've ever had" and another said, "I don't have any issues with them, they seem well trained." One relative said, "I can't speak highly enough of them", they told us how since New Pathways had been visiting, their family member was accepting support with hygiene and eating well.
- Others spoke of not always feeling secure or confident with the care workers who they perceived lacked experience. For example, one relative said, "They can't cope if [Person is incontinent] so he can't feel secure with them... I find it easier for him, for me, to be here when they come." Two relatives also raised concerns about staff not being encouraging or proactive in their approach when supporting people. The registered manager explained the feedback would be taken as a learning point and staff mentored further around their approach.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when their care first started. The resulting care plans varied in the amount of detail they contained. Some were very comprehensive and also included key information provided by the health and social care professionals involved in or commissioning people's care. Others did, in places, lack information or clarity around certain needs and how these were to be met.
- Our conversations with the registered manager and other staff highlighted that not all of the knowledge staff had about people and their needs was included in the care plans and this was a missed opportunity to make the plans more holistic. This was in part because, the service had recently changed its care planning system and some information was yet to be transferred. The registered manager is taking action to address this.

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

- Staff had worked collaboratively with a range of organisations to help ensure that people's health care needs were met effectively. For example, staff had raised concerns with the community nursing team regarding the deterioration of one person's skin integrity. In response, the number of care visits was

increased to allow more opportunities for repositioning.

Supporting people to eat and drink enough to maintain a balanced diet

- Overall, care plans identified if people required support with preparing and/or eating meals and described any risks associated with this.
- There was evidence that staff involved people in choosing what they would like to eat, and people's food preferences had been recorded. One care worker told us, "In [Person's] care plan it states that he likes to have oats porridge for breakfast, but you notice that he doesn't finish his bowl of oats, you can ask him if he would prefer something different tomorrow and give him couple of foods to choose from."
- We have noted in the safe section of this report that risks relating to one person's nutritional needs were not fully described in the care plan. Action is being taken to address this.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One relative said, "[Care worker] is very chatty with [Person] and kind" and another said, "They are nice friendly people". A third relative said, "I can sometimes hear them speaking to [Person] and they are always polite".
- Staff spoke positively about their work and the importance of having a positive impact on the people they were supporting. One staff member told us that the best part of their job was, "Getting to hear, thank you so much for all your help and knowing that I'm helping someone, making sure they are comfortable and cared for is everything" and another said, "The best part of my job is making an outstanding and positive difference in a vulnerable person's life through the services that I provide. Making a direct impact on the quality of life for my clients."
- Relatives commented on the positive relationships their family member had with their care worker, comments included, "They seem to have a relaxed relationship" and "I like the way they ask her how she feels".

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

- Most of the people and relatives we spoke with told us they had been involved in drafting their care plan and given an opportunity to express their views. For example, one person told us, "The coordinator came in and we did the care plan together" and another said, "We went through what I wanted with the office". A relative said, "All the family were involved in [Person's] care plan."
- The importance of offering choice was referenced in people's care plans and other documentation such as the visit schedules and care workers described how this happened in practice. For example, a care worker told us, "Is my responsibility as a carer daily to give clients a choice whilst following their care plan. For example, care plan says we should assist [Person] with a shower every morning, rather than getting him into the shower without asking I would ask him if he wants to take a shower today and give him the opportunity to make a decision." A relative commented positively on this approach saying, "They always explain what they are to do for example we are going to wash your back now, all the time chatting, not making her feel awkward or semi-conscious."
- In most cases, care plans included information about people's cultural needs and staff were reminded of the importance of respecting all religious beliefs and practices.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of meeting people's needs in a dignified manner. For example, one care worker told us, "People using this service are being treated with dignity and respect. We respect people's preferences, lifestyle and care choices, for example, finding common ground, working through differences

and gaining agreement while maintaining dignity and respect. Acknowledgement of the value of different perspectives.

- If a person could undertake aspects of their care independently, then staff promoted this. For example, one care worker told us, "[Person] is able to move using her frame, but she easily gives up, so I try and get her to assist, she will do her face and her teeth." A relative told us, "[Family member] is paralysed...they wash and dress her. They always give her a flannel to wash herself, to do what she can."
- Care workers completed a record of the care and support provided during each visit. Some of the language used in a small number of these records was not fully person centred. We discussed this with the registered manager who told us this was due to staff not having English as their first language. Staff have had training on recording notes and the registered manager will ensure this is monitored.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some care plans contained very detailed information about people's backgrounds, the people that were important to them and their hobbies and interests, although this was not consistently the case. The registered manager told us that there had been additional information in the previous care planning system and will ensure that this is transferred over and that for new people, this information is again gathered as part of the initial assessment.
- There had been examples where staff had provided additional, unplanned, calls to meet people's needs in a responsive manner. For example, staff had supported one person who had locked themselves out of their home and another person who had needed an additional visit to provide personal care.
- Some people spoke of the positive impact the care was having on their lives. They told us how it meant their needs were being met in a responsive way. For example, one person said, "I am home getting care when I need it".
- There was evidence that staff understood the importance of achieving a balance when involving family and friends in decisions, and of ensuring the person's views were also heard and acted on.

Meeting people's communication needs

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

- Care plans contained some information about how people communicated and understood information presented to them.
- The registered manager understood the importance of providing information to people in ways that they could understand. For example, for one person, they had provided contact numbers of the service in large print so that in an emergency, the person was able to readily see these.

Improving care quality in response to complaints or concerns

- Complaints were used as opportunities to improve the service being provided. For example, following one complaint about care visits being cut short by carers, supervisions were held with relevant staff and a spot check was then completed to ensure that improvements had been made.
- One person told us, "They do take notice if I have a complaint" and another said, "If you make a complaint or have a problem, it is dealt with."

End of life care and support

- At the time of our inspection, staff were not providing end of life care to any of the people they were caring for.
- Care plans included clear information about whether people had an 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place and the location of this within the home. However, information about the person's wider priorities for their future care had not been incorporated into an end of life or advanced care plan.
- It was clear that the registered manager understood the importance of ensuring people had a comfortable and pain free death. They spoke of the importance of staff being vigilant and communicating effectively with the community nursing team.
- The registered manager told us how staff had cared for one person by providing reassurances and company, reading to the person and playing their favourite music which, the person had really enjoyed. They also spoke of the importance of stepping aside to ensure that family were able to have private and meaningful time with the person. The registered manager said, "We looked after him so well, we got a standing ovation at the funeral, it meant a lot, you don't realise the impact of what you do."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager is a registered mental health nurse. They had the skills and knowledge to perform their role and had a good understanding of the needs of people using the service.
- They explained that the first 12 months since the service started operating had been a huge learning curve. As the business was growing, they had faced a number of challenges including maintaining a core group of staff. This had meant that they had had to spend a lot of time in the community mentoring staff and covering calls. They acknowledged that this had impacted upon the speed with which some of their planned initiatives had been implemented and also on the quality of some of the record keeping.
- To address staffing challenges, they had now obtained a sponsorship licence to recruit care staff from abroad. To develop the governance arrangements, they had employed a Care and Compliance Manager to monitor the compliance of the service with Regulatory and legislative requirements.
- Overall, the governance processes in place when we inspected were effective and helped to hold staff to account, keep people safe, protect people's rights and identify where the quality of the care and support was compromised.
- Audits had been completed to ensure that all medicines had been given as planned.
- Care visit records were reviewed in real time, by the office team to ensure that care was being delivered as planned and to ensure that visits had not been missed.
- Infection control audits had been completed and regular spot checks had been completed of the care staff to ensure that standards were being maintained. Where shortfalls in practice had been identified, supervisions were held with staff to reinforce correct approaches.
- Audits were undertaken of the daily notes that staff completed at each visit. As a result, staff had been reminded of the importance of completing accurate and person centred notes.
- The registered manager planned to further strengthen the focus on quality assurance by, for example developing more sophisticated systems for providing an oversight of learning from all safety related events.
- Overall people felt that the service was well led and well organised. Comments included, "So far so good", "Best thing since sliced bread", "I'm delighted with them", "They appear to be an organised company" and "We were worried about starting with a new company, but it's been a blessing in disguise."
- Where the inspection identified areas where improvements were needed, the registered manager responded to the issues straight away and began implementing changes.

- The registered manager understood their responsibilities in relation to Duty of Candour.

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

- It was important to the registered manager that people remained at the heart of the service. They had a clear, person centred, value base. For example, they told us the services values were, "Providing person centred care, great care, meeting people's needs, understanding, valuing and respecting people in their own homes. It's our workplace, but it is their home. [Person] likes their chaos, that defines her, I don't want our carers to show her criticism, no judgement... I have found a purpose, there is a lot of meaning to what I am doing now."
- Overall, we were assured that staff displayed an understanding of person centred values and behaviours including compassion and respect and the promotion of independence. One care worker told us, "The most enjoyable part of my job is dealing with the different characters, there is no script to care, they have a different personality, you are making a difference to people's lives, your job is valuable to someone's life."
- The registered manager had instilled a positive work culture where staff felt valued. For example, one staff member told us, "I feel valued and appreciated as an employee because of the little things like listening and acting on feedback" and another said, "Yes, [I feel valued] in that [registered manager] will always ask us to give feedback whether good or bad and she always says we all get to learn, unlearn and relearn and perfect our service together as a team."
- Staff told us the service was a good place to work. One staff member said, "The organisation is starting out, they have enough time for me to learn... [Registered manager] is a very good manager, they have created very open communication channels, she checks up on us, you can speak to her about things... on a day to day basis she does ring to see how you are and to give you credit for the good things you done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Overall, the people, and relatives, we spoke with, felt communication was good. For example, people consistently said that phone calls to the service were returned and most said that they were usually informed if a care visit was going to be late. For example, one person said, "I like that they show common courtesy, especially if ringing to say they will be very late."
- There was some evidence that the registered manager had used surveys to seek feedback from people and their relatives, but this approach needed to be further embedded to ensure it provided a diverse range of views and feedback to develop the service.
- Staff meetings took place, and these provided a constructive forum for staff and the leadership team to share important information and ideas, discuss concerns or best practice approaches.
- A number of the people being supported by New Pathways Healthcare had complex health and social care needs which other care agencies had been unable to meet resulting in the care packages being handed back to commissioners. The team at New Pathways Healthcare had managed in a number of these cases to work together with other agencies including housing departments, Adult Services and community nursing team to meet these people's health and social care needs despite a number of challenges that needed to be overcome. The registered manager told us about one case and said, "We worked closely with social workers... building relationships, we had the resilience to do this."