Mrs Belinda Louise Cameron

Pathway to Care Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Pathway to Care Limited is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were twelve people who received personal care at the time of the inspection. Not everyone who used the service received 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.

People's experience of using this service and what we found
Records were not always available to show care staff had been recruited in line with the provider's policy and potential risks had not always been identified and risk assessed. Care plans were not always up to date and some risk assessments had not been completed. Records were not always accurate, complete or up to date. Audits had not always been effective at identifying shortfalls and ensuring improvements were made.

Staff had their competence to meet people's needs assessed. Staff had enough time to travel to people's homes and provide their care. People knew the care staff that provided them with care. Medicines were managed safely and staff knew what action to take to help prevent and control infection. Systems were in place to safeguard people from abuse.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care staff worked effectively with other health care professionals to help people live healthier lives. People and relatives said care staff understood their care needs and assessments reflected their needs and choices. Staff had received training in areas relevant to people's health and care needs.

Care staff worked in ways to promote people's independence. People's privacy and dignity was respected. People were asked their views about their care and were involved in decision making. Care staff were described as friendly, caring and cheerful.

Care staff worked flexibility so that people received personalised and responsive care. People and relatives told us they had positive relationships with care staff and enjoyed sharing time together. People had their communication needs assessed to ensure any needs could be met. Processes were in place to manage and investigate complaints and concerns.

Policies and procedures were in place and covered areas of governance and management including the duty of candour. Accident and incidents were reported and investigated to help identify any lessons learnt and to identify any further risk reduction measures needed. The registered manager led with an open and

approachable management style and worked well in partnership with others.

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

Rating at last inspection
This service was registered with us on 5 August 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Pathway to Care 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 Care Act 2014.

Inspection team
This inspection was completed by one inspector.

Service and service type
Pathway to Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Derby. At the time of the inspection the service were supporting twelve service users. There was a registered manager at the time of this inspection. The registered manager was also the provider. Both roles are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one day's notice of the inspection. This was because we wanted to speak with people and their relatives and care staff; we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2022 and ended on 7 April 2022. Phone calls were made to people and their relatives and staff on 5 April 2022. We visited the office location on 4 April 2022. We continued to review evidence the registered manager sent us until the 7 April 2022.

What we did before the inspection
We used information received about the service since it registered with the Commission. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection
We reviewed a range of records including the relevant sections of three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed other records related to the management of the service, including policies, training records and audits.

We spoke with three people and three relatives of people who used the care service. We spoke with the registered manager and three care staff.

What we did after the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 for 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 limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● The registered manager had a recruitment policy in place for the completion of pre-employment checks, including obtaining identification, two references and criminal records checks. Whilst the registered manager told us they had obtained two references for all care staff, not all of these were available for us to review. In addition, potential risks identified at the recruitment stage had not always been risk assessed. The registered manager sent us a completed risk assessment shortly after our inspection to show these issues had been addressed.

● People and relatives told us there were enough staff to provide them with safe care, and they appreciated seeing familiar staff. One relative said, "The staff are consistent, [Name] knows who they are." Another relative told us, "I feel we get that personal contact; the staff are consistent and that gives us continuity. If new staff come in, they come in with another member of staff first so there are never any strangers in our home."

● Care staff completed an induction that included training relevant to people's needs as well as working alongside existing staff to receive direct instruction in their job role. This helped them to be able to meet people's needs safely.

Assessing risk, safety monitoring and management

● People and families felt care needs were understood and people received safe care. Care staff were knowledgeable about people's care needs and how to reduce known risks. However, we found people's care plans and risk assessments were not always up to date and did not always reflect people's current care needs. One person's care plan did not reflect best practice in assisting a person to mobilise and lacked evidence from other professionals to confirm the methods used were appropriate for them. The registered manager told us they had identified this and were working with the person to update the care plan.

● Some risk assessments had not been completed. These included assessments to identify risks in one person's home and their COVID-19 risk assessment. Prior to our inspection the registered manager identified that people's care records needed to be reviewed, however they had not yet done this.

Using medicines safely

● People who received support with medicines told us they were happy with how this was managed. One person told us, "They see that I have my tablets every time."

● Policies and procedures were in place for medicines management and these followed good practice. Staff had been trained and their competence to safely administer medicines had been checked.

● Medicines administration record (MAR) charts were kept for medicines administration. We found one person's skin creams were not recorded on their MAR and the registered manager took action to put this in

place.

Systems and process to safeguard people from the risk of abuse: learning lessons when things go wrong.
● People and their relatives told us they felt they safe with the care they received. One person said, "I feel safe and everything is fine; I couldn't ask for anything better."
● Care staff had been trained in safeguarding and told us how they would identify and report any safeguarding concerns. Records showed where a safeguarding concern had been identified and raised appropriately with the local authority safeguarding team.
● Care staff had reported any accidents and incidents. These had been reviewed by the registered manager to help ensure risks of recurrence had been reduced where possible.

Preventing and controlling infection
● We were assured that the provider's infection prevention and control policy was in the process of being updated to reflect the latest guidance.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider was accessing testing for staff.
● We were assured that the provider was promoting safety through hygiene practices in people's homes.

Good

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 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. 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.
● Policies and an assessment framework was in place to ensure people's care was provided in line with the MCA. We discussed one person's care with the registered manager as their mental capacity to understand and consent to their care was now different from that recorded in their original MCA assessment. The registered manager agreed to update their MCA assessment.
● Staff had been trained in the MCA and understood the importance of seeking consent when providing care to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us care staff would help them access other healthcare services when needed. One person told us, "They get in touch with the GP or a nurse if I need one." A relative told us, "I had a message that they suspected a UTI so we could arrange a GP," they added, "They've made such a difference, I don't think [person] would have been this well without them - they get good treatment and we can catch things before they get worse." During our inspection the registered manager arranged for a GP to visit a person who was unwell as well as arranging for repeat supplies of medicines and continence products. The service supported people to be healthy and access healthcare.
● Care records showed where other healthcare professionals had been involved with people's care. This included occupational therapists, GP's and district nurses. On relative told us they were provided with good quality information on their family member's health needs through the electronic care records system used by the service. They said, "I have the information to go on and that is really useful to me when I'm talking with other healthcare services, it ties it all together." The service worked well with other services to help ensure people received effective care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager told us they always visited people to complete assessments of their health and

care needs. People and relatives knew what care had been agreed and felt their needs and choices were understood.

● Records of assessments had not always been kept under review and updated when people's needs had changed. The registered manager was aware these needed to be updated and told us they were planning on reviewing everyone's assessments.

Staff support: induction, training, skills and experience

● Care staff told us, and records confirmed they received regular supervision meetings with the registered manager. Supervision provides care staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

● Care staff completed induction training including the Care Certificate when they first started their job role. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Care staff told us they felt well supported to work effectively. They told us they had good communication within the team and the registered manager was always available for support. One care staff member told us, "We all communicate daily and give updates after every single call; We can call the registered manager, they are always available, and I've never not been able to get hold of them."

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

● Not all people received support with their nutritional and hydration needs. When this was provided, people's needs had been assessed and reflected in a care plan so staff understood what care was needed.

● Staff told us how they helped to meet people's dietary needs. One care staff member said, "I make them a cup of tea and leave a little snack out - I always leave them something out." A relative told us, "[Registered Manager] makes sure they buy a variation of meals that [person] will like, they are all the microwave type meals, but [Registered Manager] makes sure they are given a good nutritious meal. If [person] says they do not like something, [Registered Manager] will get them something else.

Good

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.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful care. One relative told us, "My [family member's] privacy and dignity is always respected."
- Care plans promoted people's independence. One care staff told us, "[Name] is quite independent and does a lot herself and she wants to continue that; we don't like to take a client's independence away."
- Care staff told us how the worked to promote people's privacy and dignity. One care staff told us, "I always make sure people have their privacy and always help people to the bathroom; we make sure people have got their fresh clothes on."

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

- People and relatives told us they felt care staff treated people well. One person said, "I'm very happy with them, they are lovely." A relative told us care staff were, "Very caring."
- Staff all spoke with affection for the people they cared for and told us they enjoyed their work. During our inspection, the registered manager spoke with people on the telephone; these conversations were friendly, caring and cheerful.

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

- People told us they were asked their views on their care. One person told us, "I see [the registered manager] quite regularly, I saw her this morning, they always ask if I am alright with everything."
- Relatives spoke highly of how care staff involved them and their family members in care decisions. One relative told us, "It's been amazing, they really care and they work with me and [Name], we work together." Another relative said, "They are very good at communicating with us, it's a small team and I know [registered manager] quite well." Records showed relatives were updated should there have been an accident or incident. People, and when relevant, their relatives, were involved in care decisions.

Good

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 as 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

● People and their relatives told us the care provided was personalised to meet people's needs. One relative told us, "Recently [Name] was asleep one morning and so staff came back later and helped when they had woken up." Another relative told us they could easily make changes to the planned care, for example if they had planned a family trip out and needed to change the call times.

● Care plans promoted people's choices and control over their care. For example, one person's care plan supported their wish to have a shower whenever they wanted. One relative told us care was personalised because, "Staff know [Name], they are their focus." People received personalised care that met their needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People and relatives told us they had positive relationships with care staff. One relative told us how their family member responded when greeted by a member of care staff, they said, "[Name] had a beaming smile as they recognised them." They added, "All the staff have banter with [Name], they know all the staff."

● Care staff told us they knew people well and enjoyed talking with them. One care staff member spoke about one person they visited, they said, "We always have good conversations, we talk about how long they have been married and about how things were when they were younger." Positive relationships between people and their care staff helped to reduce social isolation for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Care plans detailed how people's communication needs had been assessed and whether they required any additional measures to aid their communication. Information on how to raise a concern or complaint had been produced in a format that was easy for people to understand.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place and people and relatives we spoke with were aware of how to raise any concerns should this be needed. People we spoke with told us they had no concerns to raise. One relative told us, "I can't see anything they need to improve, and I can't fault them, I am happy with everything." Another relative told us, "As a family we are highly satisfied with the care, we have no issues at

all."

● The registered manager told us they had not received any formal complaints. They said they resolved any issues as they had occurred, however records had not been kept of these. The registered manager told us they would record any issues along with any complaints going forward to show how they had been resolved and any lessons learnt.

End of life care and support

● Non-one was receiving end of life care at the time of our inspection. Assessment processes were in place to support people's care in this area should it be required.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

● The registered manager provided care to people alongside their management duties. This meant they were well known by people and families and could regularly assess the quality and safety of services. However, they told us they had less time to ensure records were always up to date. We found care records were not always accurate or up to date as detailed in our safe and effective sections of this report. The registered manager's statement of purpose required updating. The registered manager told us at the start of our inspection they had identified this shortfall and they planned to recruit an additional staff member to ensure they had capacity for this to be achieved.

●The registered manager used a range of audits and spot checks to maintain oversight of the quality and safety of services. However, these had not always been effective at identifying where records were not up to date or complete and had not always led to planned improvements in records.

● The registered manager had submitted statutory notifications to the Commission as required.

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; Continuous learning and improving care

● The registered manager had a duty of candour policy in place. This provided guidance on how to meet this legal duty should incidents of this nature occur.

● Accident and incident reports were reviewed by the registered manager so as to identify ways to further improve care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their relatives had been regularly asked for their views and feedback on the quality of the care provided. People and families felt the service was inclusive and care outcomes were good. For example, one relative told us, "They are fabulous, they've changed our life."

● People, relatives and care staff told us they felt the registered manager was approachable. Everyone we spoke to told us the service was reliable and helpful. One relative said, "They are very committed."

Working in partnership with others

● People and relatives told us the service worked in partnership with them and others, such as other healthcare professionals.

● Care records showed other healthcare professionals had been consulted and involved as partners in people's care.