Pathways to Opportunities Ltd

Pathways to Opportunities

Inspection report

3 Bentley Street
Chadderton
Oldham
Lancashire
OL9 6NE

Tel: 01616526466

Date of inspection visit:
08 March 2018

Date of publication:
25 April 2018

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 to Opportunities is a domiciliary care agency. It supports people to live in their own homes in the community and provides personal care to people with learning disabilities and any other additional needs. At the time of the inspection the registered provider was providing support to 19 people.

At the last inspection, which took place in December 2015. The service was given a rating of 'Good'. At that time we also found one breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This related to the lack of appropriate systems to record and respond to complaints. At this inspection we saw improvements had been made and the service was meeting all regulations at this time.

This inspection took place on 8 March 2018 and was announced.

At this inspection we found the service remained 'Good'. We found that these standards had been maintained and improved further. The service was very well-led. Skilled and caring staff supported people in a person centred way. Staff embraced people's diversity and this was reflected in the care plans we saw.

There was a registered manager at the time of the inspection. 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.

The registered manager was based at the office five days per week supported by a team of management personnel. There was a manager available by telephone at all times.

During this inspection we reviewed a range of care records. Care plans were detailed, consistent and contained up to date information. Risk assessments were regularly reviewed and were updated accordingly.

Medicine management systems were in place. Medicine was only administered by staff who had received the appropriate training. Regular medicine audits were taking place and people received all medicines which were prescribed for them.

People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure that people were protected from staff being employed that were not suitable.

People received support from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

People benefitted from a staff team that was caring and respectful. Staff knew each person well and worked with them in a calm, caring and professional way. People's rights to confidentiality, dignity and privacy were

respected. They were enabled and encouraged to develop and maintain their independence wherever possible.

Staff told us they enjoyed working at the service and felt supported by the registered manager.

Quality assurance systems were in place and regularly carried out by both the provider and registered manager. Feedback was sought from people who used the service, staff and relatives, this information was analysed, and action plans produced when needed.

The provider continues to work in partnership with other organisations and has taken part in good practice initiatives, designed to further develop the service and support other providers to develop their services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service has improved to Good.

There was a complaints procedure. Feedback systems were in place such as meetings and surveys to obtain the views of people.

Care records were detailed and assisted staff to identify how to work well with people.

Staff were sensitive to any changes in people's behaviour and looked for ways to resolve any issues.

The service was tailored to meet the individual needs of people in receipt of care.

Is the service well-led?

Good

The service remains Good.

Pathways to Opportunities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 March 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us.

The inspection team consisted of one adult social care 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.

Before the inspection visit we reviewed the information which was held about Pathways to Opportunities. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were receiving care. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted the local healthwatch, commissioners and the local authority prior to the inspection. No concerns were raised about the service provided at the home. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the care coordinator, four members of staff, three people who were receiving care and five relatives. We also contacted health and social care professionals to seek their views, no concerns were received about the service.

During the inspection we also spent time reviewing specific records and documents. These included four care records of people who were receiving care, three staff personnel files, recruitment practices, staff

training records, medication administration records and audits, complaints, accidents and incidents, policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "I feel safer knowing that someone is coming to help me with things, they look after me well."

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. We saw that safeguarding was discussed in staff supervision and at team meetings. A policy was in place that staff could refer to if they needed to report an incident. One staff member told us, "We did a safeguarding competency test to show we had understood the training, I know what I need to report and who I should speak to." We saw that safeguarding concerns received had been clearly recorded, investigated and passed on appropriately.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. There was a clear procedure for dealing with disciplinary issues, the registered manager told us, "We have not had any disciplinary issues within our team that provide care at home but we do have plans in place should we need them."

Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The records showed appropriate action was taken promptly to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible. We saw that recording charts had been implemented to monitor behavioural incidents so the findings could be analysed and plans updated to improve services for people. Staff received training in responding to behaviours that may challenge. The training provided was based on positive behaviour support approaches and plans. This meant that people were supported in the least restrictive way.

Systems were in place to identify and reduce potential risks to people; care plans seen included detailed and informative risk assessments. These included assessments to promote positive risk-taking and enable people to live 'normal lives' for example, risk planning for trying new activities. We saw that risk assessments were reviewed regularly and updated when changes had been identified. Staff we spoke with told us they understood people needed to be exposed to some risks as part of their development, as long as it was planned for and they were not put at unacceptable risk.

We found that staffing levels were appropriate, one staff member told us, "We do have enough staff and time to support people properly and to keep them safe, if we were struggling to fit everything in we would just tell

the office and it would get sorted out." One person told us, "Yes I do feel safe with Pathways. The staff are all good at their jobs. They are always on time." Staff were provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. However, one relative told us that they sometimes felt that staff were rushed, they told us, "Yes, they are caring girls, but they worry about time. They are supposed to come to us at a certain time, and they do, but really they should be somewhere else. They can't be in two places at once and it does pressure them." When we spoke to the registered manager about staffing levels they told us, "Occasionally staff sickness or an unexpected event can mean we have to make a change at short notice. We try to keep this to a minimum and we always endeavour to ensure that everybody gets the support they need."

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. The training log confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

We saw that the office base was a pleasant space where health and safety checks included asbestos, fire drill records, evacuation plan, fire alarm check, floor plan, emergency lighting, boiler check , legionella and the portable appliance testing (PAT) of electrical items. We saw a clear disaster plan that identified steps the service would take should there be an emergency situation, for example, if there was a missing person or a flood.

All staff had been trained in infection control procedures and people told us that they wore gloves and aprons when providing personal care. We saw that personal protective equipment (PPE) was available and staff explained to us about when they needed to use it. Staff had completed food hygiene training.

Good

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities competently. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff.

People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Care and support were delivered in line with current legislation and best-practice. Initial assessments were thorough and fed into detailed support plans.

People were supported by staff that had the necessary training to meet their needs. The training provided was in line with the standards set by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had received mandatory training in areas relevant to their role such as: moving and handling; epilepsy awareness, medication, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), dysphagia and fire safety. Staff confirmed that a staff induction programme was in place. The registered manager explained that bespoke training had been provided for staff in the administration of epilepsy rescue medication and in percutaneous endoscopic gastrostomy (PEG) feeding to meet people's needs. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. 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. We found that the service was working to these principles.

A policy about the MCA guided staff to ensure that people's capacity was assessed and they could remain independent. One staff member said, "We always consider people's capacity and respect their right to make choices so that they can have control over their lives."

Staff supported some people with preparing their meals. Staff told us they always offered people a choice of their preferred foods. During our home visits, we observed staff offering a choice of drinks. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

People's communication needs were met. The service was complying with the Accessible Information Standard. The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan

contained details of how they communicated and how staff should communicate with them. For example, one person who could not communicate verbally had a communication dictionary which enabled staff to recognise if they were hungry, how often they should offer food, followed by the types of food the person likes.

Regular team meetings were held and staff could contribute to the agenda. We looked at the minutes from the meetings and saw that the teams discussed; communication, behaviour, risk and best practice in relation to the mental capacity act, alongside more practical issues such as, activities and holidays. We saw that staff shared valuable information and recorded what was discussed, to ensure optimal communication and consistent support for people using the service.

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The working practice of staff was regularly observed and assessed by the managers at the service. The staff told us the registered manager checked their knowledge, observed them administering medicines, checked they were suitably dressed and that they wore appropriate protective equipment to promote good hygiene. A staff member said, "I love it here, I'm very happy because we are supported so well, I get regular feedback from the manager which gives me job satisfaction." Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People were supported to maintain good health and access relevant healthcare services where necessary. The registered manager and deputy gave examples of how they had worked together with social and healthcare professionals to promote people's health. This showed that the service contributed to people's overall health and wellbeing. We saw that files contained traffic light hospital assessments to assist hospital staff to support people more effectively if they are admitted to hospital.

One relative that we spoke with said, "The care is very good and we have no criticisms on that front, it's just with all the different staff that turn up. Again, we've nothing against the girls, they are all very nice, but we would just like to build a better understanding with two or three." The registered manager explained that the service attempted to provide continuity for the people that use the service wherever possible and two people told us that they have a team of staff that they have got to know well. One relative told us, "I have a regular team that come to help, in particular [named member of staff] is my right hand woman, I don't know what I would do without her."

Two people told us that they sometimes have trouble getting through to the office by telephone but they had been given a mobile telephone number to call which has alleviated the issue.

Two people told us that the service communicated well with them. One person said, "The service do let me know if someone is going to be five minutes late, or if they are generally running late, yes, they are good in that way. I do sometimes have different staff, it doesn't bother me. They are nice people. They don't ever use agency staff." Relatives also agreed that the service keep them up to date, one relative told us, "The staff at the office send the rota through so I know who is coming and I can get organised."

Good

Is the service caring?

Our findings

Staff were warm and kind to people in the manner in which they interacted with them. Although some people could not respond verbally due to the nature of their disability, staff communicated with them positively, remaining calm, kind and supportive throughout. Relatives told us that staff chatted to people as they provided their care and told them what they were doing. One relative was particularly complimentary about the service, they told us, "The team are amazing, I'm not sure where I would be if I didn't have them." Another person said, "I find that all the staff that come to me are very caring indeed. They give me the support that I need, when I ask for it and nothing is ever too much trouble for them. I have only good things to say about them."

Where possible staff involved people in their own care plans and reviews. However, due to people's capacity, their involvement could be limited, and consultation could only occur with people's representatives such as their relatives. The service worked closely with local advocacy services and other professionals to provide a holistic model of care to the people using the service.

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One relative said, "They did some work about the family background so we have things to talk about." While another relative told us, "It takes time to get to know a person's background and they do take an interest."

The service's statement of purpose states that staff are trained to the highest standard to increase awareness of cultural and social needs. We saw this was reflected within care plans. Equality and diversity was respected and people's religious beliefs, culture and other diverse needs were recorded within their care plans. Staff were aware of dietary restrictions pertaining to religion and culture and were careful to adhere to each person's requirements.

Confidentiality was maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

We saw numerous examples in care records of staff actively promoting people's independence. For example, one care record explained how the person needed, 'Support to get back to the lifestyle [person] used to have.' Staff understood the need to help people to maintain and improve their levels of independence.

Staff told us how they provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. People and relatives told us staff provided care in an un-rushed way, providing explanations to people before offering them support and ensuring they were calm throughout. One person said, "They are a very caring team and I can't complain about the way they treat me, they respect my privacy."

Good

Is the service responsive?

Our findings

At the last inspection we found one breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This related to the lack of appropriate systems to record and respond to complaints. At this inspection we saw improvements had been made and the service was meeting all regulations at this time.

There was a complaints policy and procedure in place. The service acknowledged that some people could not complain in the usual way due to their limited communication and had developed easy-read versions of documents using happy and sad faces, or a tick or cross in line with the accessible information standard (AIS). Daily recording observations also reflected if things had not gone well for a person which had been captured observing people's body language or expressions. There had been three complaints received since the last inspection which had been dealt with following the complaints procedure. There were clear records to demonstrate that the issues had been investigated within the agreed time scale and resolved to the satisfaction of all parties.

The registered manager told us, "We empower people to take control and make decisions about their lives, we provide a 'person centred' approach and attitude towards our customers. Person- centred means doing things in a way that the person wants, and which helps them to be part of their community. We monitor outcomes from planning with individual's aims and objectives." This was reflected in the care plans we saw. A relative that we spoke with told us, "[name] does have a care plan and they went through it all with us. They will help us out in any way that they can when they are here and we are grateful."

We saw that care plans were very person-centred and gave people choice and control over their lives, one person told us, "The staff are very good, they are very efficient and know their jobs well. They help me with everyday things like washing, cleaning, shopping, the kids, anything really....life!! If anything, I take control of the care that I receive. Everything is in my hands. I have a care plan and I know that I can add or take away from it as is necessary." We saw that one person's care plan explained how they needed guidance to manage their finances to maintain their independence.

Care plans included; who, and what was important to people, people's life background, detailed daily routines, personal care, eating and drinking guidance, how to keep safe, and a medication care plan. A professional we spoke with told us, "Pathways [to Opportunities] have adopted a person-centred approach to working with this individual and ensured she is firmly at the centre of support planning. In completing their pre-assessment they have invested time to get to know her at a pace that she was comfortable with and ensured they were able to capture the outcomes she wishes to achieve as well as understanding what good support looks like for her. The response from the individual I have referred has been very positive so far and she feels reassured by the approach taken by Pathways."

Staff gave us examples of how they provided support to meet people's diverse needs such as those related to disability, gender, and sexual orientation. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at

each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

We saw evidence that staff had carried out many tasks beyond their immediate role to respond to people's needs. For example, we saw in one person's care records that staff had forwarded a letter of concern to a social worker, sought guidance from a general practitioner (GP) so they could arrange aromatherapy and contacted the water board to sort some billing out. This showed that the staff at the service were committed to improving lives for people beyond offering basic care.

Community links and relationships were facilitated and encouraged, to ensure that people did not become socially isolated. Pathways to opportunities offered an informal service linked to the people using the day service. The idea was to check in on people in bad weather or to pick up groceries if people could not get to the shops.

The service had an end of life policy in place which detailed the end of life pathway, care planning, coordination, care in the last days and how to support the family after death. None of the people using the service was receiving specific end of life care, but staff were aware of the need to plan in this area should the need arise. The registered manager explained that training would be provided for staff and health professionals would be involved in supporting people's needs at this time to ensure appropriate arrangements were well managed.

The service had also sought permission for people to showcase their success stories, one example we saw showed how the service had helped develop the independence of a person's life skills. This success story chronicled how the person could now vacuum, mop the floor and use the dishwasher and take part in the weekly food shop whilst being patient and remaining calm. The person's relative said, "I am so proud to have watched this young man grow in his independence, patience and resilience. His support team have always made his needs a priority and are continually looking for strategies and adaptations. I know that I can get on with my day knowing that he is cared for, supported, challenged and safe."

Good

Is the service well-led?

Our findings

There was a registered manager in place that had developed the service for 8 years. 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.

The service had a clear vision to provide high-quality, responsive, person centred care. This was reflected on the website and the discussions we had with staff. Staff and managers were able to consistently articulate the values associated with the service. The registered manager told us why they developed the service, they said, "The aim was to provide the type of service which put adults with learning disabilities at the centre of everything that was done, my ethos being that if I could make a small difference to at least one person's life then I would have succeeded. At the present day, Pathways to Opportunities has made huge impacts on so many people's lives and I couldn't be prouder."

This commitment was reflected in the comments people made about the service. One person said, "If I need something at short notice the team at the office are always very flexible and go above and beyond to help us out, it's a fantastic service." A relative said, "There is excellent communication between the office, the carers and ourselves. They keep us updated and give us plenty of notice if there needs to be a change. If we need to change anything they go out of their way to accommodate our needs."

The majority of people spoke positively about the management of the service and the approachability of management staff. However, there were a small number of concerns raised about the quality and timeliness of communication by some people using the service. Comments included; "I know the manager and she is very approachable. I feel that I can ring her if I ever have a problem. She is easy to talk to. Everything is really positive at the moment though and I have no complaints. The only real thing is, communication could be better. They only have one office number and it's sometimes hard to get through but I rarely, if ever have to phone the office now. " Another person said, "If we need to get hold of somebody, there's always someone there [on the mobile number], including out of hours."

All the staff we spoke with were extremely positive about working for the service and felt very well supported by the management team. A staff member said, "I can't speak highly enough of the management ethos, they are so accommodating and try to keep everyone happy, they are always asking us how we are getting on and seeking to improve." Another staff member told us, "I do feel valued as a worker, there is an open door policy where we can always have an honest discussion, [named registered manager] encourages honest and transparency."

The staff team told us about the 'shout out board' of staff achievements where staff were recognised for their achievements; on the day of the inspection a member of staff had received an award for supporting a colleague. These incentives showed the team they were valued. The registered manager told us how the

service developed their staff by training them and exposing them to new experiences. A job role was developed for a member of staff who could no longer carry out her regular duties, which showed a dedication to the staff members above and beyond the scope of general responsibility. A member of staff had also been nominated for the 'carer of the year award'. Another member of staff was being supported by the service to become a dignity and dementia champion.

Staff said they felt listened to and there was a staff suggestion box in place so they could make comments to improve the service. One improvement made since the last inspection was to feedback consistently to staff during team meetings. The registered manager shared information with staff in a variety of ways, such as face to face, text messages, phone calls, and more formally through meetings. The registered manager and staff discussed people's care and support needs, shared information, and identified any training needs. Staff knew their roles and responsibilities.

The management structure had improved since the last inspection by delegating responsibilities to each member of the team, staff said they knew exactly who to speak to about a particular concern which had increased productivity.

People were given the opportunity to provide feedback about the service through completion of a customer end of year questionnaire, the findings were collated and analysed and fed back and through regular meetings with staff. These quality checks showed that the service was questioning practice and striving to improve. The feedback received was overwhelmingly positive and any areas of concern were addressed and used to formulate an action plan for the next year. The findings of the survey led to the distribution of a new 'comments, compliments and complaints' leaflet to everyone using the service.

Quality assurance systems were in place to monitor the quality and running of service being delivered. Records were maintained at the office and these underwent routine auditing. These included records of supervisions and other contact with people, medicine administration records (MAR), training needs and daily notes. MAR charts were sent in to the office on a monthly basis and reviewed for errors or gaps. The service arranged for an annual independent quality check to assure standards were maintained.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.