

## Springfield Home Care Services Limited

# Pathways to Independence

### Inspection report

Usworth Enterprise Park  
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26 April 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Pathways to Independence provides care at home services for 107 adults and children living with disabilities. The children and young people who used the service did not need support with their personal care. Seven adults needed assistance with their personal care and staff supported the remaining people to engage in a range of activities within the community or with domestic tasks.

Pathway to Independence provides a concierge service for a block of six self-contained flats. They run a drop-in facility in the adjacent building to their office for people to come and meet up with friends, take part in activities and relax. They, also, provide a play area for children which has sensory lights, equipment, games, toys and a range of activities. To use any of these facilities people must be referred to them by social workers and healthcare professionals.

People's experience of using this service: People and relatives stated that overall, they were very happy with the support they received. One person commented, "They are brilliant. Other companies have been atrocious but we can't fault this one, as the staff are great and very good at their job." Staff worked very closely and sensitively with people and supported them to experience a wider range of activities as well as improve their daily living skills. People said all the staff were friendly and made them feel at ease.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had recently reviewed the documents they kept in relation to working with people who lacked capacity to make decisions and found these needed to be improved. New templates had been introduced, which met the requirements of the Mental Capacity Act 2005 (MCA).

Staffing levels met people's needs. Staff were well trained and knowledgeable about their roles and the care people needed. Staff received a wide range of training including how to work with children and young people and people living with a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Systems and processes were in place to closely monitor the service to make sure it was safe and run well. The service was well run. Staff and people's views were gathered and used to inform developments at the service. The registered manager made sure that the staff were delivering a good service. The registered manager and staff had robust risk assessments and acted appropriately to mitigate any identified risks. Medicines were managed in an appropriate manner.

Staff effectively reported any safeguarding matters. The registered manager thoroughly investigated any concerns and resolved these matters. All incidents were critically analysed, lessons were learnt and embedded into practice.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published 21 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 remained safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our Well-led findings below.

**Good** ●

# Pathways to Independance

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: One inspector completed this inspection.

Service and service type: This service is a domiciliary care agency. It provides personal care to people who are living with disabilities and are living in their own houses and flats.

Not everyone using Pathways to Independance receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care', such as help with tasks related to personal hygiene and assistance to eat. For people the provider helps with these tasks, we also consider any wider social care provided for them.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in.

Inspection site visit activity started on 17 April 2019 and ended on 26 April 2019. We visited the office location twice to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: We assessed information we had received about the service, which included details about incidents the provider must notify us about, such as abuse, feedback from the local authority and professionals who work with the service.

Providers are required to send key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection, we spoke with three of the seven people who needed support with their personal care and four relatives. We received written feedback from another three people who used the service. We spoke with the registered manager, the senior team leader, an administrator and 14 support workers. We reviewed a range of records. This included four people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems and training in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- A staff member commented, "We complete regular safeguarding training, and this includes how to safeguard children. I would not hesitate to raise a concern, as our clients are the most important ones and maintaining their safety is essential."

Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures for staff to follow to keep each individual safe. The records used to monitor risks such as exploitation were well maintained.

Staffing and recruitment.

- Sufficient staff were on duty to meet people's needs. Staff worked with the seven people to assist them to attend to their personal care. The care packages were designed so that a core team of staff covered each person so there were minimal changes.
- A relative said, "We have specific staff and they are all great. They are always on time. Once [person's name] got sepsis and was unresponsive. Two of the staff didn't have calls to go onto and waited with us until the ambulance arrived. That was such a comfort."
- The provider operated systems that ensured staff were recruited safely.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed. Only one person needed any support to manage their medicines. Their medicines were appropriately administered. All of the staff were trained and regularly assessed to make sure they could do this if necessary.

Preventing and controlling infection.

- Staff had received infection control training and used aprons and gloves to prevent the spread of infection.

Learning lessons when things go wrong.

- The registered manager critically reviewed all aspects of the service and determined if improvements were needed. Action was taken where needed.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with current best practice. An assessment tool was used to monitor people's needs. The registered manager and staff ensured these informed the care plans.

Staff support: induction, training, skills and experience.

- Staff had the skills and experience to support people. They received a comprehensive programme of training. Staff were able to identify additional training they would benefit from and the registered manager supported them to complete these courses.
- New staff completed the Care Certificate (which is a nationally recognised qualification for people working in the care sector), as a part of their induction, completed a week's worth of training and shadowed staff for their first few weeks.
- Staff had regular supervision and appraisals.
- The registered manager had a system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.

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

- No one needed support to maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff made sure the service met people's needs.
- Staff worked closely with other care professionals and made referrals in a timely manner. A healthcare professional fed back, that staff adhered to all their guidance and always called them appropriately.
- A person commented, "They help me when I'm hurt and need support."

Supporting people to live healthier lives, access healthcare services and support.

- The people and their relatives organised all appointments with healthcare professionals. If an emergency occurred whilst the care staff were in sole attendance they knew what action to take.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly



to the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

- The registered manager and staff understood the MCA principles and guidance. The provider had recently introduced new assessment and 'best interests' decision templates, which staff were putting into place.

# Is the service caring?

## Our findings

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

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 we spoke with were happy with the care provided. One person commented: "They make me cheerful and help me when I feel worried or angry."
- The registered manager, senior team leader and staff told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- Staff showed genuine concern for people's wellbeing. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.
- A relative said, "The staff are all kind and caring. They treat both of us with a great deal of respect."

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

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. Staff recognised when people wanted help to decide and acted as sounding boards for individuals to work through an idea and the potential consequences.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence.

- Staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role.
- People had been adeptly supported by the staff and this had assisted them to learn the skills needed to be as independent as possible.
- A person commented, "The staff are very kind to me and respect me."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment.
- Relatives told us that the staff were good at their job. Comments included, "They are fantastic and give me all the help I need to care for [person's name]. They listen to what works best for us and follow my lead."
- Staff engaged people in meaningful activities and the staff had tailored these to stimulate each person and entertain individuals.
- Staff spent time researching activities that people might enjoy and gave them the opportunity to find out if they liked them in a gradual manner. This had led to people trying new things and finding different activities that they liked.
- Care plans contained good personalised information about how to support people to attend to their personal care.
- People's needs were identified, including those related to equality, their choices and preferences. The service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- Systems were in place to ensure complaints were acknowledged, investigated and responded to by the registered manager. No concerns or complaints had been raised.
- People had access to information on how to make a complaint.

End of life care and support.

- No one using the service was receiving end of life care.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider understood their responsibilities and the legal requirements of relevant regulations.
- The provider had a senior management team who critically reviewed the service and determined what improvements could be made.
- The registered manager and staff consistently strived to deliver an excellent service.

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

- The registered manager had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- Staff told us they felt listened to and that the registered manager was approachable.
- Relatives and people felt the registered manager listened to their views, took their comments on board and then, if appropriate implemented their suggested changes.
- The service was well-run. Staff understood their roles, responsibilities and their accountability.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider and registered manager encouraged feedback and acted on it to continuously improve the service. For example, by looking at how internet technology would assist the staff keep up to date with developments.

Continuous learning and improving care.

- The provider's quality assurance system included a variety of checks carried out by the registered manager to assist them to identify areas for improvement. The registered manager fully implemented these checks. Additionally, the registered manager routinely checked that the service operated in line with regulations and best practice.

Working in partnership with others.

- The service worked in partnership with external agencies to deliver a high standard of care to people. One relative said, "The district nurse was very complimentary about how the staff worked with them to make sure [person's name] was properly looked after."