

Chailey Heritage Foundation

Chailey Heritage Pathways

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Chailey Heritage Pathways is a domiciliary care agency providing support to five people. Personal care was provided to three young people living with complex and multiple disabilities 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

People were supported safely by a staff team who understood how to identify and report any concerns about people's safety or wellbeing. Risks were recognised and assessed. There were enough staff available to support people as planned. However, some people wanted more care visits to be provided by the service and staff recruitment was taking place to be able to provide these. Medicines were managed safely. Infection prevention and control was well managed. When things went wrong, lessons were learnt and ways to reduce the risk of reoccurrence were implemented.

People's needs and choices were assessed before they started using the service. Staff worked with people, their families and other professionals to understand people's needs. Staff were supported with induction, training and supervision to ensure they had the right skills to support people. People were supported to live healthy lives.

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

People were treated with kindness and care. People were supported to make decisions about their day to day care and support. People's independence was promoted. People's privacy and dignity was respected.

People were supported by staff who knew them well and had shared interests. Care plans were regularly reviewed to ensure they received the right support. People were supported to follow their interests and their communication needs were assessed and understood by staff. Complaints were well managed.

The service had a positive and person-centred culture. Staff were proud to work there. Staff felt well supported by the nominated individual and their colleagues. A quality assurance framework supported the continuous improvement of the service. People's families were engaged with for feedback and action was taken to improve the service. Staff worked in partnership with other professionals.

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

Rating at last inspection

The last rating for this service was Good (published 21 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Chailey Heritage Pathways

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

The inspection was completed by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager had been recruited and was due to start work shortly. During this period the nominated individual was overseeing the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The service is required to have a registered manager. A registered manager 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 24 hours' notice of the inspection. This was because we needed people and their families to consent to us contacting them. It is a small service and we needed to be sure that staff would be in the office to support the inspection.

Inspection activity started on 6 March 2020 and ended on 9 March 2020. We visited the office location on 9 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

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

People were not able to share their experience of the service with us verbally. We spoke with one person who used the service and observed their interaction with the staff member supporting them. We spoke with three relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, team leaders, and care workers.

We reviewed a range of records. This included three people's care records and some medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and types of abuse. A member of staff said, "Safeguarding is in place to protect the people we look after, keep them safe from abuse and promote their wellbeing."
- Staff knew how to raise any concerns about people's safety and wellbeing. One member of staff said, "Safeguarding is to keep your people safe, staff and people. We have a massive safeguarding lead team and can phone them with concerns. Out of hours we can contact emergency local authority numbers, and always have a safeguarding person on call at Chailey."
- Safeguarding concerns had been reported as required. Staff worked with the local authority and other professionals to ensure actions to further protect the person were taken.
- Staff understood whistleblowing. Whistleblowing laws are designed to protect staff who speak up when they witness wrongdoing. One member of staff told us, "I'm not scared to do whistleblowing, if you see staff or a colleague doing something wrong. It's about that person we support."

Assessing risk, safety monitoring and management

- Risks about supporting people to move were carefully assessed and planned for. Staff had training in how to support people to move safely and correctly use the equipment they needed, such as hoists, standing frames and wheelchairs. One member of staff told us, "We have manual handling training on site, then we support staff until we believe they are competent, so shadowing for first few weeks, then we check their practice through spot checks."
- Risks about people's skin integrity were considered and planned for. This included monitoring people's skin, making sure that their equipment was appropriate, and they were able to change their positions, as needed.
- Risks about the environment and equipment staff used to provide care were regularly assessed. Staff completed monthly checks assuring that these were safe and suitable.

Staffing and recruitment

- The provider recognised that people were not receiving all the care hours they needed from the service. This had been discussed with families and new staff were being recruited. The provider was working with people and their families to make sure staff suitable to work with them were recruited. The nominated individual told us, "We are talking to people about the values they want in their staff." They acknowledged there had been some lack of staffing affecting care visits in the past but were working to address this and improve the service. One person's relative told us, "He understands the need for continuity. He is acknowledging there were problems. You feel that you can trust him."

- Staff worked with people and their families when introducing new staff to their care visits. One relative said, "When they wanted to introduce new staff, they waited when I said [person] was doing something else new." Another person's relative told us, "We are very involved, we are doing a meet and greet with a new carer to see if they are suitable to work with [person]."
- Staff who were interested in working for the organisation were shown a video depicting what the role was like and were recruited using safe practices. These included checking of identity, references and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions.
- Staff worked with the same people as much as possible. One person's relative told us, "They have been very good to us. Gives [person] continuity and they are very reliable." When they were unavailable the service considered how to best support people. One member of staff told us, "If we have anyone who is an appropriate person to work with that person, we will send them out. Always communicate with the families, they have to agree to it. It has to be safe."

Using medicines safely

- Medicines were managed safely. A medicines policy was in place to guide staff and they had training in how to support people safely. Staff received medicine training and were assessed as competent before they supported people with their medicines.
- Staff supported some people with their medicines. When they did so, this was recorded on a medicine administration record (MAR). The MAR was regularly audited to check it had been completed properly.
- Some people were prescribed 'as required' (PRN) medicines, such as pain relief or creams. Protocols were in place advising when the person should take the PRN medicine, the dose and how often. Charts using body maps were in place for creams, to show staff where these should be applied.

Preventing and controlling infection

- Infection prevention and control was well managed. Staff had training and used personal protective equipment (PPE) such as gloves and aprons. One member of staff told us, "If doing anything like personal care, we wash hands, wear gloves and PPE. We make sure there is no cross contamination and make sure everything is clean."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, an accident had resulted in one person needing urgent medical treatment, due to their feeding tube becoming dislodged. Staff had managed this situation calmly and sought the right medical support. Staff had completed training to enable them to respond in case this happened again.
- Staff knew what to do in the event of an accident or incident. A member of staff told us, "If there are any accidents or incidents, we make sure we report it. We have an accident and incident form so it is all recorded, can be assessed and looked at. If anything occurred during a care visit, staff have on the call phone number. There is always someone there to support them and immediately report something that has arisen."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 and choices were assessed before they began using the service. We spoke with some staff who were preparing to support a person to use the service. They had spent time getting to know the person, speaking with them, their family and people currently supporting them. The transition to the service was been planned in a very gradual way.
- One person had been hospitalised for a period. Their relative explained how staff had been involved in meetings about their needs and changes whilst in hospital, as well as when planning their discharge.
- Staff worked with specialist health care professionals and these assessments were shared. For example, assessments from speech and language therapists and occupational therapists were included as part of people's care plans.

Staff support: induction, training, skills and experience

- Staff new to the service were supported with an induction. This included training and shadowing experienced staff. One person's relative told us, "Staff will come and shadow for quite a long time before they get involved with people. Quite a long period of shadowing." A member of staff told us, "I thought it was really good, the first week I shadowed and did training. It gave me time to understand and learn about what I wanted to know." Another told us, "I was very well inducted to supporting the young people. I have been given plenty of time to learn. I have my own pace and that has been respected."
- Staff new to care were supported to complete the care certificate. 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 sector.
- Staff completed training to ensure they had the right skills to support people. One person's relative told us staff were, "Very well trained and they are continually doing courses and have done some here." Training needs were tailored to the people staff were supporting. A member of staff told us, "We get all the training we require to support people. We won't go into their house until we are fully trained for that person."
- Staff skills and competencies were assessed. Staff supported people with complex needs, and they required specialist support, including support with feeding tubes and oxygen support. A training audit was completed to ensure staff knew when their training needed to be refreshed. We saw that training courses had been booked as needed. One member of staff said, "They are really good with checking up and asking us what else we want."
- The nominated individual explained they were in the process of reviewing their training offer to staff, to see how this could best be tailored to the complex needs of the people supported. For example, they were

looking at getting specialist training from a speech and language therapist to both train and assess staff. They told us, "Training will be about the person, in their home."

- Staff were supported with supervision and appraisals to discuss their role and development. A member of staff who supervised some staff said, "We talk about how they got on with people they are supporting, take time to go into depth. Give staff the time and space to consider how we are supporting people." Another member of staff told us, "You can talk about anything; if you've got concerns, extra training, if [nominated individual] has seen something really good in you. It's really good."

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

- Not everybody received support from staff with food and drink.
- Some people were supported with their fluid and nutrition through a feeding tube. These are tubes which connect directly to a person's stomach. Staff had training in how to support people and their feeding tubes correctly. Care plans included information on people's nutrition and medicine schedules which were updated as needed.

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

- Staff worked with people and their families to ensure they received the right healthcare support. For example, staff were working with one person and their family to support them to adjust to a new health diagnosis and the equipment that needed to be used. Staff were working with the person to gradually get them used to their new equipment.
- People lived with complex health conditions, for example epilepsy. Clear guidance was in place, this included the types of seizure people could experience, how staff would know and what they should do.

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.

- People were supported to make choices about their care and support. Some of the young people were under 18 and so their families made some decisions on their behalf.
- Staff understood the MCA and the importance of people making their own decisions. One member of staff told us, "You don't assume the individual does not have capacity, so always look out for body language or behaviour, it can tell you if something is wrong. Just because someone has made an unwise decision, does not mean that they don't have capacity. It's making sure they have their human rights and are treated equally too."
- Restrictive practices, such as the use of belts, straps and splints were assessed. The benefits and restrictions had been considered and decisions made with people and their families as needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 were treated with kindness and care. One person's relative told us, "Staff we have had are lovely. They come into people's homes, they are very mindful of that. They ask about taking shoes off, fitting in with what you need to do. They are flexible and cheerful. They seem to choose staff for that. You can tell a 'Pathways' person, they are calm and friendly." A health and social care professional told us, "The parents had a lot of confidence in the staff and when I met them on visits, they appeared confident and clearly had a good relationship with [person]."
- People had positive relationships with the staff that supported them. One person's relative told us, "Everyone they have sent to us has been good. [Staff member] has a very good connection with [person]. She is fantastic, very competent. Can't fault her or the service we are receiving at the moment." One member of staff said, "I love it, I love when I know I'm making a difference to people's lives."
- Staff understood equality and diversity. One member of staff told us, "Everyone is an individual and that is how we approach everything." Another said, "Each individual is different, so they all have what they want. No one is the same, we support them for who they are and support them to be the best that they can."

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

- People were encouraged to make decisions about their day to day care. One member of staff told us, "We don't all have to be the same, and agree the same, if they can make their own decisions, I want them to make them." They described how when supporting one person they had communicated the order in which they wanted their support and told us, "It is down to [person] how [they] would like to be supported at that moment in time."
- We saw a member of staff support a person to choose what they wanted to do in the afternoon. They gave the person the options, repeated these and gave the person time to think about them. They then offered the choices again and the person communicated their choice.
- The service supported young people, living at home with their families. Staff told us how they supported and advocated for the young person's choices, whilst still working with their family. One member of staff told us, "I have explained that to the parents, [person] has the right to say no to them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how they did this when providing personal care to people, which was reflected in their care plans.

- People's independence was promoted. One member of staff explained, "I try and get [person] to do as much as I can, getting an arm through the sleeve, getting them to roll over."
- Staff understood the importance of confidentiality and keeping information about people private. One member of staff told us, "If it is a written document, I keep with the person who is involved. If I'm sharing information verbally, I make sure in private place where no one else can hear."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Staff knew people well and had developed positive relationships with the people they supported. A relative told us, "They are absolutely lovely and completely get her. One sings with her, they are tuned in to her and what she likes."
- Staff understood people's preferences and how they liked their care and support to be provided. A member of staff described the things they had in common with the person they supported. They told us, "[Person] loves music, and I love music, we're always singing and dancing together."
- Care plans were regularly reviewed, and changes made when necessary. One person's relative told us, "They come and take the care plans away to review it, and if I thought something needed to be changed, they would change it." Another person's relative said, "We are in contact with [nominated individual] and [team leader] quite frequently. If there are any changes to meds or feeds, we liaise with that and they are quick to update."

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.

- People's communication needs had been assessed and planned for. People each had their own ways of communicating, without using words, which were known and understood by the staff team. Some people used their eyes to communicate, others with vocalisations and facial expressions. Care plans reflected this and explained how people might communicate how they were feeling, for example happiness, boredom or pain.

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 were supported to follow their interests. For example, listening to music, watching films. Staff told us about activities they supported people to in the community such as the cinema, shopping and going to the beach.

Improving care quality in response to complaints or concerns

- People's families told us they felt confident to raise a concern or complaint if needed. One relative said, "I

think it would be dealt with by [nominated individual]. He's very understanding."

- Complaints were responded to in an effective and timely way. There was a complaints policy in place, outlining the response people could expect and where to go if they were not satisfied with the response.

End of life care and support

- No one was receiving support with end of life care at the time of the inspection.
- The nominated individual told us they could support people at end of life, if needed. They explained staff would work with specialists, such as hospice staff, and with people and their families to ensure the support was right for the person.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

Continuous learning and improving care

- At our last inspection we found the provider's quality assurance framework had not yet been embedded in practice, and some areas had not been completed. At this inspection we found the framework had been embedded and was used to effectively monitor the service. Quality assurance checks were in place. For example, the nominated individual had completed a self-assessment of the service to identify areas for development. The nominated individual regularly checked the care notes kept by staff to ensure they were detailed and appropriate.
- At the last inspection we found that people's care plans held in the office did not match those held in their own homes. At this inspection we found that the same information was held in both places and processes were in place to ensure this. Regular home folder audits checked that information was up to date and relevant and matched what was held in the office.
- At the last inspection we found that medicine administration records (MAR) were not formally audited. At this inspection we found that all MAR were being formally audited.
- At the last inspection the provider's electronic care planning system did not always allow for effective monitoring of calls times, due to wi-fi connectivity. At this inspection we found that the provider had changed the electronic system supplier which had resolved these issues.
- Team leaders completed regular spot checks with staff. This involved observing a care visit looking at timeliness, treating people with kindness, listening to people and getting their consent. Staff adherence to health and safety, medicine protocols and infection control was also monitored.

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

- Staff spoke proudly about their roles and the service. One member of staff told us, "I just think it is really wonderful and unique. What I really love about this place is how much it is geared around the people we are supporting." Another said, "I've really enjoyed working at Chailey so far. There is that high standard here for the people we support, that understanding of complex needs. We want to do that in the right and professional way."

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 nominated individual understood duty of candour and when things went wrong they had

communicated openly and honestly with people and their families.

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

- The service did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager had been recruited and was due to start work shortly. During this period the nominated individual was overseeing the day to day running of the service.
- Staff told us they felt well supported by the nominated individual. One member of staff said, "[Nominated individual] is so upbeat and easy to talk to. He is so inviting and warm, as brightened it up a bit more."
- Staff spoke positively about the team they worked with. One member of staff told us, "Well supported by team, my colleagues, team leaders and if I have a problem they have listened and tried to accommodate my needs as a support worker so I can fulfil needs of the service."
- Staff were supported with regular meetings to discuss the service. Minutes reflected discussions about people, safeguarding, training and equipment. One person told us, "We have regular team meetings. They also email the minutes straight away, in a lot of detail. I can add into an email if I am not able to attend."
- The previous inspection report was displayed in the office and on the provider's website. Notifications had been made to CQC, as required by law.

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

- People and their families were asked for their views of the service. Changes had been made as a result of this feedback. For example, families felt they needed to be consulted more about the service. Weekly phone calls were put in place for each family with a team leader.

Working in partnership with others

- Staff worked in partnership with other professionals. One health and social care professional told us, "I found [staff] to be very helpful and their communication was good. They managed to offer the support requested and there were no issues during the time they were supporting [person] who had extremely complex needs."