

Pathways of Hope Ltd

Pathways of Hope

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Pathways of Hope provides personal care to people living in their own homes. At the time of our inspection there were 39 people using the service. 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

Pre-employment checks for staff were not always completed robustly for people to be assured they received care from staff who were of good character and safe to provide support. Governance of the service failed to identify areas for improvement and actions taken by the registered manager at the last 2 inspections were not sufficient to ensure people received safe care and support.

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 did not always support this practice.

Some people said care staff did not always spend the allotted time with them or were informed when staff would be late. One person said, "I would recommend the carers but not the management". Another person was complimentary about the service and told us, "I have only been using them for a few weeks, but staff seem polite and eager to help".

People were supported by trained staff. One person commented, "The care is very good. All the carers are from ethnic minorities, and they are incredibly polite and well-trained. All the basic skills are clearly embedded in their training. There has been a marked improvement from other agencies. I am well surprised". People requiring help with their prescribed medicines were supported by staff who had medication training. Staff had contact with a range of health and social care professionals when people needed them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 October 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. The service has been rated requires improvement at the last 2 consecutive inspections.

Why we inspected

This inspection was prompted in part by information of concern which we received concerning the conduct of care staff which was discussed with the registered manager at inspection. As a result we undertook a

focused inspection to review the key questions of safe, effective and well-led only. The inspection was also undertaken to see whether improvements had been made after the last inspection, and whether the Warning Notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pathways of Hope on our website at www.cqc.org.uk.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the pre-employment checks for the recruitment of staff, the display of rating on the provider's website, and the governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Pathways of Hope

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

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

Inspection activity started on 24 November 2022 and ended on 30 November 2022. We visited the location's office on 24 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information of concern we had received and notifications the provider had sent us over the past 12 months. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 3 relatives about their experience of the service. We spoke with the registered manager, a field care supervisor and a senior carer.

We reviewed a range of records including 5 care plans and a medication record. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. During the inspection, we requested and received additional information from the registered manager by email. This included risk assessments, feedback from people about the service, and analysis of call times.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment, Systems and processes to safeguard people from the risk of abuse

At the last 2 inspections, the registered manager had failed to ensure staff were recruited safely. This was a breach of Regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered manager was in continued breach of Regulation 19. This is the third consecutive breach of this Regulation.

- The system for the recruitment of staff continued to be unsafe. The majority of new staff had been recruited from overseas and were sponsored by the service to undertake care work in this country. Of the 4 staff files we reviewed, 3 did not contain sufficient information to be assured new staff were safe to work in care.
- Government guidance, 'Code of Practice for the International Recruitment of Health and Social Care Personnel', states, 'All appointments should provide references from current and previous employers'. In one staff file, two references had been received from work colleagues, not the employer. Information purported to come from referees was recorded on a pro-forma drawn up by the provider, and the registered manager told us this information was obtained over the telephone. The registered manager said when references were requested from overseas through email or by letter, they were rarely responded to. There was no evidence to indicate the references obtained were accurate or valid nor was there a record of requests for references on file.
- Application forms we reviewed did not always show the applicant's full employment history, or have a satisfactory written explanation of any gaps in employment. For example, an employment history for one applicant had no information of where they worked, or other explanation, between 2012 and 2020. Another staff file had no record of any references being obtained and no evidence of a request being made to the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager could not be assured that new staff were safe or suitable to work unsupervised in people's homes.

The registered manager had failed to ensure recruitment procedures were safe. They had not consistently ensured that new staff were fit, proper and of good character to help ensure people's safety. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives gave us mixed feedback about staff arriving on time at their homes. One person told us they were not informed if staff were going to be late. Another person said care staff stayed for 8 minutes on one call, when they were paying for 30-minute visits. A third person said, "They come at 3pm to give me my dinner; I've got used to that. Breakfast can be anytime from 9am until 11.30am. It makes it awkward for me. I don't know who is coming or when and it could be someone that I have not met before". Some people told us staff arrived when expected and stayed the allotted time.
- Care calls were monitored electronically and, according to an analysis of calls undertaken between September and November, on average, some carers arrived from between 15 to 24 minutes later than scheduled.
- Staff had completed safeguarding training and understood what actions to take if they had any concerns. One staff member said, "You need to assess the risks in a home and to check equipment, when it was last serviced, and don't use it if the service is out of date. Abuse could be emotional or physical, could be children or older people. If it was an emergency, I would call 999". Another staff member told us, "We try and safeguard people and look after them, as we deal with people who are vulnerable".
- People felt safe receiving care from staff. One person said, "I am more than happy with my carers". A relative said their family member felt safe with carers and added, "We were told it would be the same person who would come, but it is different people. She is having random people coming at different hours".

Assessing risk, safety monitoring and management

- Risks to people had not always been identified or assessed as needed. Please see the Well Led section of this report.
- Where risk assessments had been completed, information and guidance was provided for staff to follow. Environmental checks were completed of people's homes, for electricity, gas, water and smoke alarms. Checks were made to ensure equipment such as wheelchairs and hoists were safe to use.
- Where required, referrals had been made to health professionals such as occupational therapists, for advice and guidance. For example, a referral was made to an occupational therapist about the safety of using a shower chair for one person.
- Staff knew people well and of any associated risks when providing personal care. One staff member described how they managed one person's catheter and what action they would take if this became blocked.

Using medicines safely

- Staff were trained to administer medicines and people received their medicines as prescribed.
- Staff competencies to give people their medicines were completed and records confirmed this.
- Some people required staff to administer their medicines, whilst others needed a prompt or reminder. One person said, "Staff assist me to mix the powder with water".

Preventing and controlling infection

Staff completed training on infection prevention and control, and in the use of personal protective equipment. One staff member said, "I normally have my apron, my mask and I take a few pairs of gloves, so that for every task I can change gloves, when giving personal care, medication or food. I use hand sanitiser too, and I collect all the PPE I need from the office".

Learning lessons when things go wrong

- Lessons had not been learned as a result of the last two inspections undertaken at this service. Actions have been re-active to incidents that have occurred, rather than a pro-active approach being adopted.
- We asked the registered manager about their understanding of this key line of enquiry. They said, "We learn every day, and from Section 42 reports we are asked to complete for the local authority. One person

did not answer the door when carers called; now we ensure every client has two keys, with one kept in a key safe".

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last 2 inspections, the registered manager had failed to ensure staff were suitably qualified, competent, skilled and experienced. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the registered manager was no longer in breach of Regulation 18. New staff completed an induction programme and were supported by experienced staff with shadowing opportunities when they initially supported people with personal care. Regular supervision meetings were organised with staff to discuss their progress.

- People felt that staff were trained to meet their needs. A relative said, "Yes they are very good at working with people with Alzheimer's and deal with it in a patient way".
- Staff completed a range of training to meet people's specific needs and this was refreshed as needed. The majority of training was delivered online and staff received certificates when a module was successfully completed.
- Staff could study for national vocational qualifications in health and social care if they wished to extend their learning. They had supervisions with their line managers and spot checks were made when staff visited people to provide care.
- Staff meetings were held monthly, and these were held virtually to enable staff to join.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At the last 2 inspections, we recommended the registered manager sought guidance from a reputable source to ensure staff had a sound awareness of what to do if a person was unable to give their consent.

At this inspection not enough improvement had been made.

- People's consent to care and treatment was not always gained lawfully.
- One person's care plan recorded the person had capacity and could communicate their needs verbally. Although the person was deemed to have capacity, a document within their care record stated they may not always want to take their prescribed medicines and this was their choice. This document had been signed by the person's relative on their behalf. If a person is assessed as having capacity to make their own decisions, including unwise choices, then no-one else should take decisions on their behalf without the relevant legal power of attorney.
- A Medication Administration Record (MAR) for this person showed significant gaps in recording. For example, between 1 and 18 November, medicines were 'not taken' on over 70 occasions. We asked the registered manager what action they had taken with regard to medicines either not being offered or being refused by the person. The registered manager told us that staff no longer administered medicines to this person as their relative was now supporting them with this.

We recommend the registered manager seeks further advice and guidance on how consent is sought and documented within records.

- People were routinely asked for their consent in relation to all aspects of their care. One person said, "Yes, they always ask me and I give them direction".
- Staff demonstrated their understanding of the MCA. One staff member said, "For everything that you do you need to obtain their consent, inform them of what you are doing, give them choices. If you are speaking to them, you can see whether they understand or not. If people say, "No", they might still have a lucid moment and could still refuse. Then we record this in the notes, inform the office and the person's relatives".

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

- Assessments of people's needs, choices and the care they required were completed before they received support from staff.
- The majority of people needing support were referred by a local authority. Information about a person provided the basis for the care plan if the service felt they could meet the person's needs.
- The field supervisor completed assessments for people. They explained, "I find out what people's needs are, their preferences, whether they like care done in a particular way and I put all this in the care plan. Each task is recorded on a platform for carers to access".

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people with their dietary needs when required.
- Some people required assistance in the preparation of their meals or support to eat. One staff member described the support they gave to a person through the day. Visits were an hour long to enable the person to eat at their own pace with support from the carer.
- We were told of a person who had recently passed away. At one point they were not eating regular meals and care staff noticed they were eating less. The field supervisor explained, "We got the GP involved and a

referral to a speech and language therapist. She was placed on thickeners for fluids which helped her".

- People told us staff supported them with their health care needs. One person said, "They once called the ambulance and the district nurse when I was unwell". Another person told us, "Yes, they have phoned the doctor and paramedic before".
- A staff member said they would keep an eye on people's medicines and notice if they were running low. "We inform the office and also inform the pharmacy. Last week, I observed one of my clients was not breathing properly, so I called for the ambulance".
- The service worked with a range of agencies to provide timely care and support for people. A staff member said, "For all clients we know their GP surgery, pharmacy, contacts with social workers, occupational therapists for any help. We can also ring 111 for advice or 999 in an emergency".

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

At the last 2 inspections, the registered manager had failed to ensure effective oversight of people's care and staff actions. There was ineffective leadership and management of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we issued the provider with a Warning Notice and they were required to become compliant with Regulation 17 by 5 November 2021.

At this inspection, insufficient improvements had been made and the registered manager was in continued breach of Regulation 17.

- The registered manager had submitted action plans for breaches of Regulations found at the last inspection. The breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations had been met. The breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations had not been met. This was the third consecutive breach of this Regulation.
- The action plan submitted by the registered manager with regard to recruitment systems for staff referred to a matrix being drawn up to identify any areas of non-compliance, and a review of staff files to identify any gaps in information that were needed. Pre-employment checks for new staff were not sufficient to ensure they were safe to support people with their personal care.
- Recommendations from the last 2 inspections with regard to consent to care and treatment under the Mental Capacity Act 2005 had not been fully acted upon to ensure consent was gained lawfully.
- We requested some documents from the registered manager by email as part of the inspection on 29 November 2022. Documents we requested sight of included further information about people's specific health needs, such as dementia and Parkinson's disease and how staff supported them. We also requested some risk assessments for people at risk of falls and for one person who smoked.
- The registered manager sent us the information we requested on 30 November 2022. However, the records they sent to us had not been created until we had requested them, although they were dated earlier, and had not been evident when we reviewed people's care plans and risk assessments. There were no care

plans or detailed information and guidance for staff about people's specific health conditions and how these affected their day-to-day living.

- Incidents of abuse and safeguarding concerns had been reported to the relevant local safeguarding authority by the provider. However, some incidents of abuse or alleged abuse had not been notified to CQC as required and in line with regulatory requirements. We discussed these incidents with the registered manager at inspection who had not understood the need to notify CQC of every incident of abuse or alleged abuse.
- We asked the registered manager about their understanding of duty of candour. They replied, "It's the need to be open and honest with our clients, so when we have made mistakes, we say sorry and this is what we should have done [referring to incidents that had occurred]".
- The registered manager has failed to make sufficient improvements since the last inspection. The service has been rated as Requires Improvement at the last 3 consecutive inspections. There have been continued breaches of Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last 3 consecutive inspections.

The registered manager had not ensured they assessed, monitored and operated the service safely to protect people from the risk of harm or to make improvements to the service provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the last inspection, the registered manager had employed the services of an external consultant who had visited the service twice and made recommendations for improvements. Actions had been taken with regard to the auditing of care notes, the analysis of incidents, and staff training and supervision.

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

- People were asked for their feedback about the service. People and staff were treated equally.
- People and their relatives gave mixed responses when asked whether they felt the service was well managed. One person said, "From what I see, 'yes'". Another person told us, "No, I don't know who the manager is; it is a lady. The office does not know what they are doing with the rota. If the call is from 8-9am, the next call the carer is doing will be from 9-10am, without giving them travel time. Sometimes they cut your time short to get to the next person". The registered manager monitored the time staff spent with people through a live electronic system, and took action if staff did not stay the allotted time.
- People told us they had not been formally asked for their feedback but some felt they could express their views and these would be acted upon. One person said, "There are no problems whatsoever". Another person told us, "The staff are well-trained and motivated". However a third person commented, "I would not recommend the service to others. Some of the carers are lovely. Some I have made friends with. I would like to be listened to more".
- A satisfaction survey issued by the registered manager identified that some people had concerns over the timings of calls. The response to these concerns was that every person was told in advance when care staff would undertake their visits, and they would always be informed if staff were running late.
- The majority of care staff were sponsored by Pathways of Hope to work in this country. The registered manager told us that some people found it difficult to accept being cared for by staff from overseas. One person preferred to have carers from the country they came from so they could speak in their home language. Another person preferred care staff who came from the country they were also born in, and this was arranged.
- Staff felt supported by the management team. One staff member said, "I always feel supported and can ask for help when I need it; there's an open-door policy". Another staff member told us, "If I need to escalate

any issues I can and have meetings with the manager. Some carers need English classes to help their communication and we arrange for this". They added, "For me it's about the people I work with, the opportunity to grow and to discuss my plans for the future. We work as a team and we try to the best of our abilities, take care of ourselves and take care of our clients".

Working in partnership with others

- The registered manager worked with a range of health and social care professionals, such as GPs, district nurses and occupational therapists, as well as commissioners from local authorities and clinical commissioning groups.
- The service was a member of the Homecare Association, a membership body supporting homecare providers.