

Chailey Heritage Foundation

Chailey Heritage Pathways

Inspection report

Haywards Heath Road
North Chailey
Lewes
East Sussex
BN8 4EF

Tel: 01825724444
Website: www.chf.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 21 August 2017. This visit was announced, which meant the registered manager and care workers knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that people and their relatives, who were using the service, were made aware that we may contact them to obtain their views.

Chailey Heritage Pathways is a domiciliary care agency providing inclusion support to six people living in their own homes, all of whom received support with their personal care needs, the service's regulated activity. The service provides tailored support packages to children and younger adults with profound learning and physical disabilities in East Sussex.

The service had a registered manager. 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.

A robust quality assurance framework was not yet in place. Systems to monitor the administration of medicines and call calls were not consistently robust and not all shortfalls had been identified. People's care plans did not match the care plans held in their own homes which meant the provider was unable to monitor compliance with specific protocols such as epilepsy protocols. This is an area of practice in need of improvement.

People were supported by care workers who were highly motivated, kind, compassionate and caring and enjoyed their work. Care workers were adept at maintaining the dignity of people they supported with personal care and accessing other professionals when necessary.

People and their relatives received a service which was responsive to their individual needs and was flexible. Management asked relatives how they could support them and packages of care were implemented which ranged from taking people out to supporting with accessing healthcare appointments. Relatives confirmed they could be flexible with how care was delivered and advised that during school holidays they could easily increase the package of care. Relatives we spoke with felt able to complain although they had not had cause to. The service had a complaints procedure in place but had not received any complaints. They had received compliments and letters of thanks.

The registered manager promoted a positive culture that was open, inclusive and empowering. Staff felt supported by the registered manager and were able to give their views on the service as well as suggest any improvements.

Relatives told us care workers were respectful and treated people with dignity, kindness and respect. They

told us care staff went above and beyond to ensure they were happy and well. People's privacy was maintained. Care workers had a firm understanding of respecting people within their own home and providing them with choice and control. Relatives praised the service and the calibre of care workers. One relative told us, "They are all amazing, they are professional and only have to be told once how to do something, they clearly have very good training."

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with adults and children at risk were carried out. Staff had also received training in child and adult safeguarding. Care workers understood the principles of consent and training records confirmed care workers had received training on the Mental Capacity Act 2005 (MCA) and consent.

Care workers were very experienced and effective in their roles and this was confirmed by relatives. The provider had an induction programme available which was based on the Care Certificate and offered a range of relevant training which staff found useful. Care workers had received training that was specific to the needs of people they supported. The provider had employed a nurse consultant who was working alongside care workers to assess their competency and provide clinical supervision.

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 ●

Chailey Heritage Pathways was safe.

There were effective systems in place to ensure that people were cared for by care workers that were suitable to work in the sector.

Care workers were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding people's safety.

Risks to people's safety were assessed and appropriate action taken to ensure their safety. Care workers were suitably experienced with regard to the administration of medicines and had their competence regularly assessed.

Is the service effective?

Good ●

Chailey Heritage Pathways was effective.

People were cared for by care workers that had received training and had the necessary skills to meet their needs. People had access to healthcare services to maintain their health and well-being.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to gaining consent and relevant people were involved in the decision making process.

People were supported to maintain their nutrition and hydration by care workers that were suitably qualified and experienced to provide the support.

Is the service caring?

Good ●

Chailey Heritage Pathways was caring.

Relatives spoke highly of the care workers, praising their kind and caring nature.

Care workers had developed positive relationships with the

people they supported and knew them well.

Care workers maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

Is the service responsive?

Good ●

Chailey Heritage Pathways was responsive.

People received a personalised service that was centred around them and the way they wanted to live their life. Changes in people's needs were recognised and appropriate actions taken.

People were supported by care workers to maintain their individuality, to participate in events in their community and engage in pastimes of their choice. A complaints policy was in situ.

Is the service well-led?

Requires Improvement ●

Chailey Heritage Pathways was not consistently well-led.

There was not a robust quality assurance framework in place. The provider was unable to demonstrate how they internally monitored, reviewed and assessed the quality of the agency.

The ethos, values and vision of the organisation were embedded into practice. Care workers spoke highly about working for the provider and recognised they worked together as a team.

Chailey Heritage Pathways

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 the 21 August 2017. This visit was announced, which meant that the registered manager and care workers knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that people and their relatives who used the service, were made aware that we may contact them to obtain their views. The inspection team consisted of one inspector, an assistant 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 we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six relatives. We also spoke with the registered manager, pathways manager and two care workers. We sampled the records, including five people's care plans and associated risk assessments, three staffing records, complaints, policies and procedures, quality monitoring records and Medication Administration Records (MAR charts).

This was the first inspection of the service.

Is the service safe?

Our findings

Relatives told us they felt safe with the care workers coming into their home and providing care to their loved ones. One relative told us, "I've had a career in care myself and I would say I'm very fussy and I want my son to receive the best care. When we showed the care workers his bedtime routine, they all carried out this 100% to the level I would have done. He came down looking clean with his hair dried, just how I do it."

Sufficient numbers of care workers provided a dedicated and consistent team for people and ensured that they were safe and well cared for. The registered manager explained the importance of ensuring that people received care from a consistent team of care workers as people had such specific and complex care needs. They told us, "From the start, we have ensured that people are only supported by a small team of care workers who know the person well and have built a rapport with them. Understand their care needs and how best to support them." Rotas' confirmed that people were supported by a team of regular care workers. For example, one person was consistently supported by two care workers. Relatives spoke highly of having small teams of care workers. One relative told us that their loved one was supported by a team of two care workers. They commented, "They are all amazing, they are professional and only have to be told once how to do something, they clearly have very good training." Staffing levels consisted of the registered manager, a pathways manager and three care workers. On the day of the inspection, one care worker was on sick leave. The registered manager told us, "We are managing well with only two care workers." To ensure continuity of care and that the service could cover all care calls, other staff members who worked for the provider, had also received training to provide care to people in the community. The registered manager told us, "We also run a day centre and some staff members have dual contracts, so they can work within the day centre but also for Pathways, in the event of regular care workers being off sick." Care workers also felt staffing levels were sufficient despite one care worker being absent from work. One care worker told us, "I haven't found it too much with one care worker being off sick. All care calls are covered."

Rotas were planned a week in advance and care workers were informed of the calls they would be covering in advance by logging onto the provider's internal intranet. Rotas' confirmed that all care calls were covered for the upcoming week and no care calls had been missed in the past four weeks. Relatives confirmed that care workers arrived on time. One relative told us, "Staff tend to run on time but if they are running late they will always text or call to let us know." Another relative told us, "They are always on time, there was one instance where (care worker) had a puncture and may have been late but (registered manager) called us to let us know, it turned out she was not late in the end but at least we were aware."

The provider made provisions to ensure people's care was safely managed 'out of hours'. The registered manager and pathways manager workers were on a rota to be on call. The on call member of staff was responsible for responding to queries raised by care workers and calls from people's relatives. Care workers spoke highly of the 'out of hour's number.' One care worker told us, "It's nice knowing there is always someone available if we need them."

Care workers understood safeguarding and their role in following up any concerns about people being at risk of harm. Care and support was provided to children under the age of 16 on the day of the inspection.

However, the registered manager advised that they could also meet the needs of younger adults. Child and adult safeguarding policies and procedures were in place which provided guidance on the signs of abuse and the steps care workers should take. The provider's child protection policy noted, 'all children and vulnerable adults, disabled and non-disabled, have the human right to be safe from abuse and neglect, to be protected from harm, including bullying and to achieve the every child matter outcomes, including staying safe.' Care workers demonstrated the importance of keeping people safe and the registered manager was a designated safeguarding lead for the provider. Training records also demonstrated that care workers had received essential safeguarding training. Care workers were also aware of the whistle blowing policy (a whistleblowing policy enables staff to raise concerns about a wrongdoing in their workplace) and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

People were cared for by care workers that the provider had deemed safe to work with them. The registered manager told us, "We spend a lot of time ensuring the right calibre of care workers are recruited. As part of their recruitment, potential care workers spend time in the residential home we have on site here. That's been really useful to see how care workers interact with people." Relatives unanimously spoke highly of the calibre of the care workers describing them as 'excellent' and 'wonderful.' Prior to their employment commencing, care worker's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable care workers from working with vulnerable groups of people and children.

People's safety was maintained through the completion of risk assessments and the knowledge of care workers. The provider recognised the impact of providing care to people in their own homes and as part of the delivery of care considered the home environment and any possible risks. For example, environmental risk assessments were in place which considered the internal and external environment of the home. This also considered the security of the home, fire risks and food hygiene. The risk assessment for one person identified they had a dog; however it was reflected that the dog was friendly and approachable. Moving and handling risk assessments were in place which considered the level of support people required to safely move and transfer. The risk assessment considered the specific task, such as getting into bed. Whether assistance was required, how assistance was to be given, the recommended method and number of care workers required. One person's risk assessment identified that they could weight bear but was unable to maintain their own balance or stop them from falling. The risk assessment identified that one care worker was required to assist with moving and handling and the person's parents would also assist. Due to complex care needs of people who received support from Chailey Heritage Pathways, most people required assistance to move and transfer and documentation confirmed that people's parents always assisted with any moving and handling. Care workers confirmed that they never supported a person to move and transfer without the support of their parent.

There were good systems in place to record and monitor accidents and incidents. Incident and accident documentation explored the description of the incident, description of immediate actions, possible causes and follow up actions that have been taken. Those incidents and accidents that had occurred had been dealt with effectively and were used to inform practice. For example, following one incident, the provider had deployed a manual handling assessor to visit one person at their home with their care worker to identify any moving and handling concerns.

A business continuity plan was in place which gave instruction to management and care workers about what to do in the event of a situation such as a reduction in staffing levels or loss of technology systems. Care workers were also provided with a handbook which provided them with an overview of policies and

procedures and guidance on what to do in certain situations. For example, the handbook included the procedure for weather and disruption to travel. Information was also available on driver safety and what if the person was not at home or there was a leak or flood in the home during the care call. Care workers spoke highly of the staff handbook and felt it provided with them sufficient guidance on what to do in certain situations.

Care workers provided care and support to people to take their medicines safely. A number of people were unable to take their medicines orally and had their medicines administered via percutaneous endoscopic gastrostomy (PEG) tube. Training records confirmed care workers had received training in the safe administration of medicines via PEG tubes. Care workers competency had also been assessed and care workers had been signed off as competent to administer medicines safely to people. The provider had recently employed a nurse consultant to work in partnership with them and care workers to ensure the delivery of care and management of medicines was safe. Relatives spoke highly of care workers ability to administer medicines safely. One relative told us, "I have no issues with staff administering medication, in fact, they double and triple check so much, they sometimes lose an hour where they are checking everything so thoroughly, which is good and I know they have to do this."

Is the service effective?

Our findings

People were supported by care workers that were skilled and competent. One relative told us, "The pathways manager is lovely. They came to visit us and seemed to really understand (person) needs. They are always willing to listen to (person) needs or change the care plan and will ensure staff are aware of any changes. I've never had to ask twice. This fills me with confidence that the care staff will be consistent and confident."

The registered manager was committed to workforce development and there was an emphasis on learning and development from the outset. Care workers that were new to the care sector had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. In addition to this, care workers completed an induction specific to Chailey Heritage Pathways which included shadowing senior care workers and shadowing in the residential care home that was on site. Care workers spoke highly of their induction programme. One care worker told us, "I shadowed another care worker for three to four weeks in people's own homes and that was really useful. The manager ensured I only went out on my own when I felt confident to do so."

Care workers had undertaken essential training, as well as training that was specific to the needs of people they supported. For example, care workers had undertaken training for supporting people living with epilepsy and enteral feeding (PEG). Care workers spoke highly of the training provided. One care worker told us, "The training and development provided has really given me the skills and support to provide good care." Another care worker told us, "The training has been excellent."

The provider had mechanisms in place to monitor and ensure that the training care workers completed was effective and implemented appropriately. The provider had recently employed a nurse consultant who was assessing care worker's competency and observing care workers delivering care following their training course. For example, care workers competency had been assessed around the administration of medicines via a PEG tube, competency of administering emergency epilepsy medicines and competency of blood glucose monitoring. Until care workers had been deemed as competent, they were not to provide this care. Regular supervision meetings also reviewed care workers competencies and identified further areas of learning and development. Care workers told us that they found the supervision process a positive and supportive experience but that they didn't have to wait until a formal supervision meeting to approach the management team or seek advice. One care worker told us, "Management are so supportive. Any queries I have, they answer them." Relatives spoke highly of the training care workers received and felt care workers were competent and qualified to provide effective care. One relative told us, "With Pathways I feel the management vet and train the staff really well, the two care workers we have really do care."

People were supported to access relevant healthcare services to ensure their health was maintained and the provider worked in partnership with healthcare professionals to provide effective care. One care worker told us, "I recently accompanied a person to a healthcare appointment with their speech and language therapist (SALT) who has known them all their life. It was really helpful to see and engage with." Due to the complex

care needs of people, the provider worked in partnership with other healthcare professionals. For example, when a new package of care started, the provider ensured they had up to date protocols from all healthcare professionals involved in the person's care. Until, such protocols were received, care workers were instructed not to provide support. One person's family were awaiting their latest epilepsy protocol from healthcare professionals. Care workers confirmed that as the epilepsy protocol had not been received, they did not provide any support around the epilepsy and family members were present at every care call in the event of the person having a seizure.

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. The MCA is only applicable to people aged 16 and over. On the day of the inspection, care and support was provided to people under the age of 16. Training records confirmed care workers had received training on the Act and consent and they demonstrated good understanding of consent and how they gained consent. One care worker told us, "People provide consent through facial expressions, body movement and other ways. They will happily let us know if they are not happy." A mental capacity policy was in place and which provided guidance on the importance of consent for children under the age of 16. The guidance noted, 'children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in the treatment. This is known as being 'gillick competent'. Otherwise someone with parental responsibility can consent for them.' Consent forms were in place which had appropriately been signed by someone with parental responsibility.

Most people required support to maintain their nutrition and hydration through the use of an enteral feed (Peg). Care workers had all received training for its use and were clear on the actions on what to do if the PEG became blocked or was dislodged. One care worker told us, "I would check for any kinks in the tube. If blocked, I would also flush with warm water but also tell the person's parents immediately." People's relatives confirmed that care workers supported their loved ones appropriately and explained that they were contacted if there were ever any concerns.

Is the service caring?

Our findings

Relative's experience of the care provided to their loved one was exceptionally positive. One relative told us how they felt all the care workers were caring and "doing their job for the love of it in a professional way." Another relative told us, "All three care workers are really good with (person). They are always chatting away with them we hear them from downstairs chatting and laughing. For example (person) was kicking (care worker) when they were trying to dry their hair, they turned this into a game and soon had them doing as they were in hysterical laughter."

Care workers demonstrated a good knowledge of people's needs and spoke about them with genuine warmth and compassion. It was apparent that positive relationships had been developed between care workers and people. One care worker told us, "One person is a lovely guy. He's very chatty and funny. He likes films, going out and he's just lovely." The registered manager ensured that people were matched with care workers who had similar interest and hobbies. The registered manager told us, "As part of our recruitment, we explore care workers hobbies, likes and interests. This helps us match care workers to people and really helps build those relationships." For example, one person had a passion for music, so they were matched with a care worker who also enjoyed music. The care worker told us, "We listen to Disney and sing along."

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. The registered manager ensured that the support provided to people was person-centred and enabled people to receive the type of support they chose and needed. Independence was promoted and encouraged. One relative told us, "Carers are firm and fair, they respect their age and the fact they want to make their own decisions sometimes and encourage this." They went on to explain how their loved one needed the comfort and security of knowing someone is there for them all the time they do that in a tactful way with lots of communication and singing. Care workers told us how they encouraged independence. One care worker told us, "When supporting (person) to get dressed in the morning, I always encourage them to stretch their arm so they can put their top on." Relatives confirmed that care workers encouraged and promoted independence. One relative told us, "Carers encourage (person) to be independent, they'll always involve them in decisions how they would like their hair or choice of clothes."

People, their relatives and advocates were able to express their needs and wishes and were fully involved in their care. It was apparent that people and their relatives were involved in decisions that affected their day to day support needs and there was regular communication, via face to face, telephone calls and emails with their relative and advocate and management. One relative told us, "The communication between continuing healthcare and the manager of Chailey Heritage Pathways has been fantastic; they've all been so supportive in preparation to setting up the right levels of care for (person). They seemed to select the right carer who would fit in with our family; my youngest daughter loves (care worker) too, she just seems to fit in." Care workers had spent time getting to know people and how they communicated. One care worker told us, "How we communicate with people is really important. For one person they blink once for yes and twice for no. I tend to ask questions where they can answer yes or no. I always ask, happy you happy? If they communicate no, I'll then ask, are you in pain or are you uncomfortable?"

Relatives confirmed that their loved one's dignity and privacy was always upheld and respected. Care workers were aware of the need to preserve people's dignity when providing care to people in their own home. Care workers we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One care worker told us, "I always make sure their top half is covered when assisting washing their bottom half. I always think, how would I feel if it was me."

People's confidentiality was respected. Care workers understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The staff's rotas were accessible to care workers via tablets provided by the provider. Tablets were password protected and confidentiality was covered during care worker's induction and training.

Relatives told us that care workers were extremely thoughtful and empathetic towards their loved one's needs, showing high levels of compassion and empathy, going out of their way on a consistent basis to ensure that their needs were more than met. One relative told us, "The carer has been so gentle and thoughtful with (person). They talk through every step of their routine when they're bathing them and getting them ready. You'd be amazed at the amount of people who do not take (person's) poor eyesight into account, and it seemed natural to this care worker." Another relative told us, "The staff are all friendly and very caring. (Person) is only young and they seem to love being around them." A third relative told us how they felt their loved one's care was enhancing their life but also their other children's life. They explained that their younger children also enjoyed it when the care worker visited as they would sit their youngest on their knee and read stories with them (and person receiving care), involving them all together."

Is the service responsive?

Our findings

People received a service that was responsive to their needs and they were at the centre of the care and support that was provided. One relative told us, "They are so reliable, compared to other providers we've had in the past who just do not turn up and do not let you know. Pathways are so reliable which is so important to us."

When joining the service, an initial assessment was conducted to ensure that the service was able to meet the person's needs, this involved meeting with the person, their relative and relevant healthcare professionals and sharing information about their needs and abilities. The assessment and subsequent care records were enabling and person-centred, enabling the person's representatives to discuss their preferences and identify areas that were important to them. It focused on the skills and abilities that the person had as opposed to what they couldn't do, whilst also identifying aspects of their life that they might require further support with. People's needs were assessed holistically. Their emotional, social, healthcare and physical needs were taken into consideration. Relatives spoke highly of the initial assessment and the input they received from the registered manager. One relative told us how the registered manager visited both her and husband separately prior to care taking place. They commented, "The registered manager was supportive, professional and responsive to our ideas and other professional's ideas." Care plans considered people's background, personal profile, current health needs, personal care, behavioural needs, communication and daily lifestyle, social activities and hobbies. Relatives and care workers spoke highly of the care plans. One relative told us, "Although there have not been any major changes in the care plan the staff and registered manager are always up to date with (person's) needs. They communicate well as a team."

People's needs were regularly assessed and support was adapted in response to people's changing needs. The registered manager told us that although people received funding for their package of care, they could be flexible with how they wanted to receive their care calls. For example, during school term time, relatives could request variations in the times and hours of the care calls and during school holidays could increase the package of care. One relative told us, "The service is very flexible; we are always able to extend shifts when required in school holidays." The registered manager told us, "Being flexible is important and we always try our best to accommodate any requests for additional care calls or changes in packages of care. One recent example was when we were asked to provide additional support for one family which we were able to accommodate." One relative told us how they had recently had the hours of care increased and the registered manager had been great in ensuring that their loved one received support from the same care workers for those extra hours.

Relatives praised care workers for their excellent understanding of their loved one's care needs. One relative told us, "All staff communicate and respond well to (person) they like to get to know her likes and dislikes as well as what needs to be done." Another relative told us about their loved one's complex epilepsy and how between them and the care workers they keep each other up to date with (persons) ever changing care needs. They commented, "It's sometimes very hard to tell if they're having a fit, but they deal with this confidently and competently." Care workers were able to confidently describe the actions required in the

event of a person having an epileptic seizure. One care worker told us, "(Person) can have different types of seizures. The other day they had one which lasted thirty seconds. I stayed with them, providing reassurance and explaining they would be ok. I then sat with them to ensure it didn't turn into a cluster seizure."

Relatives also described how the delivery of care provided by Chailey Heritage Pathways had exceeded their expectations. One relative told us, "(Care worker) is amazing; I cannot put into words how amazing they are. (Person) loves them, they love having a young person care for them. (Care worker) chats to them about common interest, they really are wonderful. I've told the registered manager how good they are on many occasions. I'd summarise them as quietly confident, they will always calm (person) down in a situation." Another relative told us, "We have one care worker who is amazing with (person) when they are getting them ready for bed. They can be a bit cheeky with them but they have got such a lovely way with them, it soon turns into a game and they have them in fits of giggles. They really do laugh; we are all downstairs giggling at their laugh. They really are amazing. I hope they do not leave." Another relative told us, "The care workers sing to (person) which they absolutely love."

As part of the support provided to people, care workers assisted people to access the local community and partake in activities and interests that people enjoyed to reduce the risk of social isolation. Relatives spoke highly of this support. One relative told us, "They love trips to Eastbourne Seafront so it's lovely for them to be taken out with someone other than their parents." Care workers told us how they supported people to access local events and go out. One care worker told us, "Taking people out is a part of the job I really enjoy. Spending time with them and doing things that they love. The other day, I went to Drusilla's with one person."

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The relatives we spoke with all confirmed they had never had a reason to make a complaint.

Is the service well-led?

Our findings

Relatives spoke highly of the service, praising management and the care workers. One relative told us, "The quality of the staff, they really are excellent, and I am fussy. I would definitely recommend the service." However, despite these positive comments we found areas of practice in need of improvement.

Chailey Heritage Pathways was registered with the Care Quality Commission on the 19 September 2016. On the day of the inspection, the service had been operating for 11 months. Despite, the service being operational for 11 months, we found the provider's quality assurance framework was not yet embedded into practice and some areas of the quality assurance framework had not been completed yet. The registered manager told us, "Because we are a small service, we felt we needed to grow and acquire more hours of care, before we implemented all of our checks and audits." The registered manager showed us the framework they had devised which was due to be implemented in September 2017. The registered manager advised that they had made a decision to implement the framework in September 2017 as it enabled them to review the monitoring framework beforehand to ensure it was fit for purpose and robust. The framework was going to include a range of monitoring checks such as spot checks, audits of care plans, checks of scheduling of care calls, supervisions and checks on the quality of care workers interaction with people who use the service. Until the implementation of the quality assurance framework and checks, the provider had an improvement plan which was utilised as a forum to capture any shortfalls and identify how improvement with the delivery of care could be improved. However, we found not all shortfalls had been captured or identified within the improvement plan.

People's care plans held within the office did not match the care plans held within people's own homes. For example, we recognised that a number of protocols were not available in the office file but were present in the person's care plan held within their own home. One person was living with epilepsy and the provider did not have a copy of their epilepsy protocol. Daily notes made reference to care workers being present when the person was having seizures. We queried with the registered manager how they were able to assess and monitor that care workers were following the protocol correctly if they did not have a copy of the protocol. We found this was a similar theme for a person who required the use of a PEG tube. A copy of the individual's PEG protocol was not available within the care plan held within the office. The registered manager was unable to check and assure themselves that care workers were following the protocol correctly. Care workers were able to tell us what people's protocols advised and how they provided safe, effective and responsive care. However, failure to hold individual copies of the protocols meant the registered manager was unable to monitor compliance with the protocols. Subsequent to the inspection, the provider informed us of a meeting they held with the local clinical commissioning groups (CCG) where they discussed the importance of ensuring they had access to up to date protocols.

People's medicine administration records (MAR charts) were returned to the office on a regular basis. However, the provider was not undertaking formal audits of MAR charts to monitor for any shortfalls or identify how improvements could be made. The registered manager confirmed that they reviewed all the MAR charts when they were returned but identified this was not documented. For example, one person's MAR chart from June 2017 noted that one person's morning medicine had not been administered and the

code recorded on the MAR chart was 'O' which meant other. The MAR chart noted, 'if you enter a code, please ensure you make a record of the reason for this in the care notes/diary.' We found care workers were not recording the reason why they had not administered this medicine either on the back of the MAR chart or in the person's daily notes. The registered manager confirmed that the medicine had been administered by the person's parents and they were in the process of reviewing the MAR charts to implement a code which reflected that. Subsequent to the inspection, the provider informed us that they had reviewed their MAR charts and amended the coding.

On the day of the inspection, the provider operated an electronic care planning system. Care workers had been provided with electronic tablets where they inputted people's daily notes following a care call. However, care workers identified that they could face issues with WIFI and connectivity which meant there could be a delay in the daily notes being uploaded. The registered manager told us that the system to monitor and identify whether people received their support on time and for the agreed support time was through checking daily notes. The registered manager told us, "At the end of the care call, care workers will upload their daily notes to the electronic system, so when they press upload, that's when the care call has ended." However, we found discrepancies within the daily notes and the times recorded. For example, one person received support from 07.30am – 09.00am. However, the daily notes were uploaded onto the electronic care planning system at 08.39am. This reflected that the care call ended twenty minutes early. One person received a care call from 16.00pm – 18.00pm. However, their daily notes were uploaded to the electronic care planning system at 22.37pm. The daily notes made no reference to the care call being extended. The registered manager identified that it may have been a problem with connectivity which meant there was a delay in the care records being uploaded. We found this was a similar theme across the daily notes we had reviewed. Issues with connectivity meant there was a delay in daily notes being uploaded which also meant impacted on the registered manager's ability to monitor and have strategic oversight of the timings of care calls.

Despite the areas that were in need of improvement, people and their relatives had no concerns over the quality of care provided. Relatives praised the service and raised no concerns that care workers were not staying the allocated time. The registered manager was responsive to our concerns and subsequent to the inspection, sent us a revised copy of their improvement plan with all the actions they intended to take following our feedback. Although the registered manager was responsive to concerns and agreed to take action. These actions were not yet embedded into practice or sustained. A robust quality assurance framework was not yet in place. We have identified this as an area of practice that needs improvement.

There was a positive culture in the agency, the management team provided strong leadership and led by example. Staff morale was positive and the registered manager operated an open door policy. Care workers spoke with pride about working for Chailey Heritage Pathways. One care worker told us, "The best thing about this job is the children I work for. It is so rewarding." Another care worker told us, "I'd happily go the extra mile for people and their relatives. I was asked to work on my day off the other week and I was happy to. It's lovely seeing relatives having a bit of respite, knowing that I can support them."

The provider had devised their own monitoring form and tool which was due to be implemented and completed in upcoming months. As part of the provider's monitoring tool they had completed a self assessment tool for each key line of enquiry (CQC key lines of enquiry when inspecting care services). For example, the self-assessment had considered the key lines of enquiry including safe and effective. These self-assessment considered what was already place and any actions required.

The ethos and philosophy of the agency was embedded into day to day practice. The registered manager told us, "The service was implemented as there was a demand in the community for this type of support. We

held several focus groups with parents to establish the right kind of care that they wanted in the community and what would help them. We believe we deliver good care and support people with very complex care needs. We also truly believe we deliver what we say." This was echoed by care workers and relatives. Relatives praised the service informing us they would have no hesitations in recommending the service. One relative told us, "As a parent of a child with such complex needs, you can rely on them at Pathways. I would recommend them."