

Pharos Care Limited

Katherine House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Katherine House is a residential care home providing accommodation and personal care for up to 9 people. The service provides support to people with a learning disability, and autistic people.

Katherine House is a residential house with some adaptations. At the time of our inspection there were 8 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Some risks to people had not been sufficiently assessed and documented in their care records. Some parts of the environment were not always kept clean. Medicines were not always managed safely and staff competency assessments were not completed in line with the provider's own policy, and good practice.

Katherine House is a small, ordinary home forming part of a local community. The property does not appear to be a care home and mirrors the other properties on the road. People's bedrooms were personalised in line with their preferences and choices. Staff communicated with people in a way that met their needs. People were safeguarded from abuse.

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.

Right Care:

People were supported by caring and kind staff. Staff had received appropriate training, knew people well and supported people in line with their preferences. Staff worked in partnership with other agencies to promote people's health and wellbeing.

Right Culture:

Governance systems were not always robust and actions identified were not always followed up in a timely way. The oversight of risk was not always effective. Relatives and professionals had not been asked to provide feedback about their views.

The registered manager promoted a positive culture and led by example. Staff demonstrated their

knowledge of people and were respectful of people. Staff took time to offer support and reassurance when this was needed.

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 the service was good (published July 2021).

Why we inspected

We received some concerns about how safeguarding concerns were managed. A decision was made for us to inspect and examine those concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection program. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Katherine House

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 carried out by 1 inspector.

Service and service type

Katherine House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection was unannounced on the first day of the inspection 17 May 2023 and we let the registered manager know we would be returning the next day to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

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 used all this information to plan our inspection.

During the inspection

We spoke with and met all 8 people who used the service and 1 relative. We spoke with 9 members of staff including the provider representative, registered manager, deputy manager, and 6 care staff.

We reviewed a range of records. This included 3 people's care records and the medication records for 4 people. We looked at 2 staff members recruitment records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to people's care and safety were not always managed effectively. Staff were not always provided with detailed guidance to mitigate these risks.
- Some care plans and risk assessments did not contain important information, including clear and detailed instructions for staff on how to provide safe care and manage people's known risks. For example, risks from smoking and risks in relation to sore skin.
- Records were completed to show safety checks on the building had been completed. However, we found that some potential safety risks had not been identified. For example, uneven slabs in the garden that presented as a trip hazard. Damaged furniture in the garden area also had exposed foam and cigarette burns.

We found no evidence that people had been harmed however, systems were either not in place, or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings we found staff understood when people needed support and were quick to respond to requests from people to meet their care needs.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were visibly unclean, some paintwork was damaged and had porous surfaces so could not be effectively cleaned. Records of cleaning schedules were not always maintained.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. Daily and weekly cleaning schedules were in place, but these showed multiple unexplained gaps in recording. Used personal protective equipment (PPE) was placed in a bin with no lid.
- We were not assured that the provider was preventing visitors from catching and spreading infections. Cleaning schedules were not been followed and some areas of the service were visibly unclean.
- We were not assured that the provider was responding effectively to risks and signs of infection. Cleaning schedules were not been followed and some areas of the service were visibly unclean.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Some areas of the service were unclean, some paintwork had porous surfaces so could not be effectively cleaned. Records of cleaning schedules were not always maintained.

- We were somewhat assured that the provider's infection prevention and control policy was up to date. Although the policy was up to date, this was not always followed in practice.

We found no evidence that people had been harmed however, systems were either not in place, or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

Using medicines safely

- Medicines were not always managed safely.
- We observed a staff member failing to follow safe medicine administration procedures and failing to follow the provider's own medicine policy.
- Regular audits were completed and identified staff medicine competencies required updating, to ensure staff continued to administer medicines safely. However, these were not acted on in a timely way.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate people received safe and appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider immediately instigated an internal investigation when we brought our concerns about medicine practice to their attention.

- Staffing and recruitment
- There were enough staff to meet the needs of people, at the time of the inspection. Most people had 1 to 1 and 2 to 1 support to meet their needs, we saw this being delivered throughout the inspection.
- Pre employment checks were carried out on all staff to ensure their suitability and fitness before they commenced work. These included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police national Computer. This information helps employers make safe recruitment decisions.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Although information was available to staff to refer to, some staff were unsure about who had a DoLS in

place. The registered manager told us this would be addressed immediately with the staff team to ensure they had the knowledge.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection, we received an increase in concerns about the service, relating to poor care and unsafe staffing levels. We shared information about the concerns with the local authority and the provider. The provider told us they had taken the concerns seriously and had worked hard to improve the culture at Katherine House. They told us senior managers had also completed additional advanced safeguarding training and this learning would be shared across the organisation.
- People were protected from the risk of abuse.
- Staff knew the different types of abuse that could take place and told us they were confident any concerns raised with the management team, would be acted on. A staff member told us, "The manager is very good and would act on any concerns raised with them."

Learning lessons when things go wrong

- Systems were in place to record accidents, incidents and near misses. This information was analysed to identify patterns or trends.

Visiting in care homes

- There were no restrictions on visiting in line with current government guidance.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems in place to assess, monitor and improve the service. We found these systems had not always been effectively used. The provider had not sustained all the improvements they had made at the time of our last inspection.
- Systems and processes to review people's care plans and risk assessments had not ensured these were consistently robust, to mitigate known risks to people. For example, people at risk of sore skin or at risk from smoking.
- The provider's systems and processes had not ensured shortfalls in infection prevention and control (IPC) measures were identified, and action taken to address these. For example, cleaning schedules were not completed and some areas of the home were visibly not clean. This meant people, staff and visitors were placed at increased risk of harm.
- The provider's systems and processes to review people's care plans, had failed to identify that daily records, food records, key worker sessions and weight records had not been consistently maintained for all people living at the service. This meant people were at risk of not receiving the care and support they needed to keep them safe.
- The provider's systems and processes to monitor and mitigate environmental risks had not ensured potential hazards were identified, and action taken in a timely way to remove the risks to people. For example, uneven slabs in the garden that created a trip hazard, furniture with exposed foam that presented a potential fire hazard, and 2 people's mattresses were in a poor condition and this had not been identified. This placed people at an increased risk of harm.
- The provider's system to check and audit medicine practice identified that staff competency assessments required updating, but the provider had failed to do this in a timely way.

The provider's quality assurance systems and processes were not always effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a clear understanding of their role and responsibilities. This included their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- Staff were very positive about the registered manager.
- The provider and registered manager were open and receptive to our feedback during the inspection.

They acknowledged where improvements could be made and took immediate action on some matters. For example, risk assessments were implemented, deep cleaning took place and an investigation into the medicine practice was instigated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they would be implementing a system to seek the views of people's relatives and friends, this was not currently in place.
- The culture of the home was positive. The registered manager knew people's needs well, led by example and was involved in people's day to day care.
- Staff told us they felt well supported and could approach the registered manager for advice and support. A staff member told us " There are no concerns about meeting the needs of people. The manager is trying to put everything in place. There are things that the manager is doing now that was not happening before, for instance, people are going on holiday. From what I am seeing all the people are happy to live here and are happy with the support they are getting."
- A relative told us, "The manager and staff are very good. They will contact me if there is anything I need to know. " A relative told us they would like more activities to take place for their family member. This feedback was shared with the registered manager.
- There were systems in place to ensure information about people's needs was communicated with staff. This included handovers and staff meetings. Staff told us regular meetings took place and they felt consulted with about the day to day running of the home. Detailed records of staff meetings were available for staff who were unable to attend the meetings.

Continuous learning and improving care

- The registered manager was committed to making improvements and delivering good care. Where issues were identified during the inspection the registered manager responded to these concerns. They provided an action plan to us following the inspection showing all the actions they had taken and improvements that would also be made at provider level.
- The registered manager told us training, specific to meet the needs of one of the people they supported, was being planned.
- Lots of work had taken place so people were supported to go on holidays and day trips, according to their individual needs and wishes.

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate. Staff training was taking place on the day of the inspection and the healthcare professional providing the training spoke highly about staff engagement in the training session.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place, or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not always effective and had not enabled them to assess, monitor and improve the quality and safety of the service

The enforcement action we took:

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