

Pharos Care Limited

# The Boat House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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.

### About the service

The Boat House is a residential care home providing personal care to up to 8 people. The service provides support to younger adults with a learning disability or autism. At the time of our inspection there were 8 people using the service.

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

#### Right 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 supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff enabled people to access specialist health and social care support in the community.

#### Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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

### Rating at last inspection

The last rating for this service was good (published 3 September 2019).

### Why we inspected

We received concerns in relation to people's safety monitoring. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Boat House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# The Boat 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

The Boat 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. The Boat House is a care home without nursing care. 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 manager registered with us, however, prior to our inspection, they had very recently left the service. The provider was actively recruiting for a registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, this included Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 1 person who used the service and 2 relatives of their experiences of the care provided. We spoke with 5 members of staff including the deputy manager, who was acting as the interim manager, the operations manager, seniors, support workers and the provider's positive behaviour support trainer.

We reviewed a range of records, this included 2 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment. 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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by staff who were trained to recognise and report on abuse.
- Staff confirmed the process they followed if they had any concerns including documenting the information and informing a senior member of staff or the manager. Staff were confident senior staff responded to concerns. One staff member told us, "People are safe here, we know them well and follow protocols in place."
- People's relatives confirmed they felt people were safe. One relative told us, "[Person's name] is safe, staff are very good with them, this is the best home they have been in."

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed, monitored, and managed safely.
- People's care records included details of their risks and information and guidance for staff to follow to safely meet their needs.
- We found some windows were not compliant with safety regulations, however, when informed the provider took immediate action to ensure restrictors were put in place to help keep people safe.
- People's relatives we spoke with confirmed staff knew people well and how to support their risks and needs. One relative told us, "Staff recognise the signs, they know what to do, they divert [Person's name] attention and work with them."

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. Any conditions related to DoLS authorisations were being met.
- Staff received training in the MCA and DoLS and supported people in line with the principles of the MCA.
- People's care records included information on consent and decision specific best interest documentation.

### Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- Staff completed an induction when first employed which included a range of topics to help them in their role. Staff we spoke with confirmed they had the right training and support to meet people's needs.
- People were cared for by a consistent staff team. Senior staff reviewed and considered the staff skill mix and people's preferences when assigning staff to support them.
- People's relatives we spoke with were complimentary of the staff group. One relative told us, "The staff are brilliant with [Person's name], they explain things to them in a way they understand." Another relative told us, "Staff know how to care for [Person's name], they have come on leaps and bounds and gained confidence since living there."
- The provider had recruitment checks in place prior to staff employment to ensure they were suitable for the role. The checks included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People's medicines were safely managed.
- The provider had effective processes in place to safely manage people's medicines. People's medicines were securely stored and their medicine administration records (MAR) were completed to show they were administered as prescribed.
- People's care records contained information and guidance to instruct staff to safely administer their medicines in line with people's preferences and needs. Protocols were in place where 'as required' medicines were prescribed, and they contained clear details for staff to follow. For example, where people could not verbally communicate when they were in pain.
- Staff worked with external professionals to safely support people with changes to their medicines. One relative told us, "Staff have supported [Person's name] to not have PRN medicines (as required) for their behaviour, which is brilliant."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's visiting approach was in line with guidance and there were no restrictions in place.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff completed accident and incidents records which were inputted onto the Provider's electronic system and reviewed to ensure required action was taken.



- The interim manager regularly analysed the accidents and incidents for themes and trends to reduce the risk of them happening again. For example, they identified where incidents were occurring around a similar time of day. They took action to suggest snacks or lunch during this time of the day. This was monitored and showed the number of incidents reduced.

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

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

- The provider had employed a registered manager since our last inspection; however, they had very recently left the service. The provider was supporting the interim manager whilst the registered manager's post was being filled. The current managerial oversight ensured audits and checks were being completed.
- At our last inspection we found the service was supporting someone who's primary need they were not registered to provide care to. The service was no longer supporting this person and therefore now supported people who's needs were registered. The interim manager informed us they would only accommodate those they were registered for.
- Staff told us they were supported and worked well together as a team to care for people. A relative we spoke with confirmed this, "The care is good, everyone works together really well. Staff always try to find what is the best for [Person's name]."
- The previous inspection report was displayed in line with regulatory requirements.

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

- The interim manager and staff shared a positive culture, and they were passionate about supporting people.
- Staff and relatives, we spoke with were complimentary of the way the staff team worked together to meet people's needs. One staff member told us, "It is such a good team, we [Staff] know the service users really well, we just gel." One relative told us, "I cannot fault the place, [Person's name] is very happy there, they have come such a long way, the staff are on top of it and do a good job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The interim manager understood their responsibility to be open and honest and staff shared the same approach. One staff member told us, "We are very much open and honest, we say it how it is. We always contact people's families and make them a part of everything."
- We reviewed when incidents happened required action was taken, including investigation and the duty of candour, where needed with lessons learnt.

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

- People, their relatives and staff were involved in the running of the service.
- People's relatives confirmed they could provide feedback on the service and were assured action was taken. One relative told us they requested further communication and updates from staff. They confirmed once discussed this improved and they now received regular updates and photographs.
- Staff confirmed they had the opportunity to make suggestions to improve people's experiences of care. They attended daily 'flash' meetings to be kept informed and up to date with any changes to people's needs.
- Staff acted on feedback raised and made improvements to the service. However, the provider had identified the requirement to collate and document people and their relative's feedback. They were in the process of sending surveys to gain further input and suggestions for improvements on the care people received.

#### Continuous learning and improving care

- The provider had systems in place to review and improve the service.
- Senior staff completed regular audits and checks of the home and quality of care people received. Where shortfalls were identified, actions were taken to address them.
- We found where 1 people's needs had changed; their care plan did not reflect this. Staff knew how to support people to meet their current needs and the interim manager updated their care plan when raised. The interim manager also planned to complete further checks to ensure updates were completed in a timely manner, following care plan reviews.
- The provider had reviewed their recent local authority quality assurance visit report and made improvements to the service in response to it. For example, they had reviewed their training modules and updated people's medicine protocols to provide further details.

#### Working in partnership with others

- The provider worked in partnership with others to provide good outcomes for people.
- Staff told us they had good working relationships with external professionals to meet people's needs. This included the GP, learning disability nurses, occupational therapists, and the local pharmacy team.
- Staff had positive support networks with the local community. When people visited the local pubs and supermarkets, the staff within them provided support to people and helped ensure their independence was promoted.
- People accessed different day trips through a local external company, where staff supported them to attend those of interest to them. The external company held different events including themed parties and crafts and activities sessions.