

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 10 January 2018 and was unannounced. The Boat House is a care home that provides accommodation with personal care and is registered to accommodate eight people. The Boat House provides a service to younger adults with a learning disability and complex needs.

The accommodation at The Boat House consists of a large lounge and dining room, a kitchen and sensory room for seven people to use; there are seven bedrooms on the first floor with a lift to access these. There is one self-contained flat on the ground floor, for one person. This area has a bedroom, lounge and kitchen and has its own front door which leads into the service. The home is located in the town of Tamworth next to the canal. The service has a vehicle people can use and there are good links to public transport and local community facilities.

The Boat House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection five people were using the service as we placed a condition on the provider's registration to restrict new admissions into the service, unless we gave written permission. On our previous inspection in July 2017 we found improvements had been made and agreed that the provider could admit one person into the service. During this inspection the provider demonstrated to us that improvements have been made and could now be sustained and as a result we will remove this condition to enable the provider to admit new people.

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.

At the last inspection on 18 July 2017 we rated the service as 'Requires Improvement' and we asked the provider to take action to make improvements. We did this as where systems were in place to ensure people's safety, such as monitors, the provider needed to ensure this did not place restrictions on people. The provider needed to review how people were supported, to ensure they received additional staff support to enable them to be involved with the activities they enjoyed. On this inspection, we found this action had been completed.

On this inspection we found there were sufficient numbers of staff to meet people's individual needs and keep them safe. People were supported to take part in a variety of activities and hobbies and to maintain

their interests. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to make decisions about their care and where restrictions were identified; applications to ensure these were lawful had been made.

People received care from staff who had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Identified risks were assessed and managed in a way that promoted people's safety. There was a safe procedure for managing people's medicines and people received these as prescribed.

The staff were friendly and caring and had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs.

Each person had a support plan with detailed information and guidance personal to them. People were able to choose what to eat and drink and provided with photographs and pictures to support them to make this choice. People were supported effectively with their health needs and had access to a range of healthcare professionals.

There was a consistent staff team who knew people's abilities, support needs, preferred routines and social preferences. Staff respected people's privacy and dignity and treated them as individuals. People were able to maintain personal relationships with people that were important to them.

Quality assurance systems were in place to review the care and support people received and to take action to continuously improve the service. Staff felt supported by the registered manager who was approachable and open to suggestions about the service people received.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood about the different forms of abuse and knew what they should do to safeguard people. Where people may be at risk, this had been assessed to minimise the chance of harm. People were protected by staff who knew how to implement infection control standards. People received their medicines as prescribed and people were safeguarded by safe employment practices.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs and understood how to support people to make decisions that were in their best interests. People were able to choose what to eat and drink and were supported to have access to healthcare services when they needed it.

### Is the service caring?

Good ●

The service was caring.

Staff knew how to speak and communicate with people and had formed respectful and caring relationships, involving people in all decisions. The staff had respect for people's privacy and dignity and enabled people to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised and personalised care which met their individual needs and preferences. Staff worked to ensure people's lives were as fulfilling as possible. People's views were

listened to and acted upon by staff and concerns were responded to.

**Is the service well-led?**

**Good** ●

The service was well led.

The culture of the service was supportive of people. Staff understood their roles and responsibilities and knew who to talk to if they needed advice and support. Quality assurance systems were in place to ensure people were cared for safely.

# The Boat House

## 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.

This inspection visit took place on the 10 January 2018 and was unannounced. The inspection visit was carried out by one inspector.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We spoke with three members of care staff, and the registered manager. We also spoke two relatives and two social care professionals to help us to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

## Is the service safe?

### Our findings

On our previous inspection we saw that some people did not always receive the level of support they were commissioned to receive. People were allocated individual staff support to enable them to be safe and participate in activities and this was not always provided. On this inspection we saw improvements had been made.

There were enough staff to keep people safe and meet their needs and support was organised according to the dependency levels for each person. Due to people's complex needs, each person received individual support from a member of staff; in addition, people had an agreed number of hours each day where they received the support of two members of staff to enable them to participate in activities in the home or to go out to places that interested them whilst keeping them safe. For example, a person may require two staff in a vehicle for travelling. One person had moved into the home since our last inspection and the staffing levels had been reviewed to reflect their needs. We saw that each person received individual support and activities were planned to enable them to do the things they wanted to do. Where people did not receive any planned support from a second member of staff during the day, there was a record of how these hours were provided at a different time to ensure they received the care they had been commissioned to receive. One member of staff told us, "If people don't receive the extra support on a particular day then we record this to make sure they still get this at another time. This doesn't happen very often though but can be useful as it means people may go out for longer for other activities." A small amount of agency staff were used within the service and the registered manager confirmed that where possible, only agency staff who people knew were used, to ensure consistency of care. They told us, "If we have to use agency then we try to have them as the second support staff as we need to make sure the staff know people well."

People who used the service had complex needs and may have behaviour that put them and others at risk. The staff had received training on how to support them in the least restrictive way. Where incidents occurred, detailed records were in place to demonstrate the support they received. The provider worked in partnership with health and social care professionals to recognise and identify what may trigger specific behaviours and how to support people to keep safe. Risk assessments were in place for relevant aspects of individual care to minimise the risk of harm. For example, there were risk assessments for supporting people in the community and how to keep them and others safe.

People received their medicines as prescribed and these were stored individually in people's bedrooms. Staff who administered medicines had undertaken training and their competence was checked. One member of staff told us, "The manager checks we are still competent with medicines and if there are any concerns, we have to have further training before we can be responsible for medicines again." Where errors had been made or people had not received their medicines as prescribed, the staff had raised this as a safeguarding concern and the registered manager had reviewed how medicines were administered to ensure lessons were learnt. One member of staff told us, "They take this very seriously and have now built in more checks, so we can now make sure people have had their medicines as needed." Where people required medicine 'as required' or to manage their behaviour, we saw this was not administered excessively and was monitored to ensure people were referred, as required to external professionals.

Staff recognised where people may be at risk or harm and knew how to keep them safe from situations in which they might experience abuse. The staff recognised and knew to report potential abuse so action could be taken if they were concerned that a person was at risk. Where safeguarding concerns had been identified, these were reported and a notification sent to us. The staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

The staff were responsible for ensuring that all areas of the home were clean and had received training to maintain infection control standards. We saw staff wore protective equipment and hand gel was available around the home. We saw that staff wore plastic gloves and aprons when serving all food and drink and helped people to clean their hands before eating their lunch. Infection control standards were reviewed as part of the quality assurance systems to ensure standards were maintained.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

## Is the service effective?

### Our findings

On our previous inspection it had been identified that people may lack capacity to make important decisions; most people had an assessment completed to evidence how their capacity had been assessed and what decisions had been made in their best interest. However, these assessments and a best interest decision had not always been completed for some important decisions relating to people's care. On this inspection we saw improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the MCA and recognised where people needed support to make decisions. Assessments had been completed and demonstrated how capacity had been assessed and decisions had been reached. We saw best interest decisions had been made about people's care and support and people who were important to them had been able to contribute in the decision making process. Family members told us they felt included with how decisions were made. One family member told us, "The staff make it easy for us to be involved. It's difficult at first as we are no longer the main carers, but the staff have listened to what we have said and used this to make sure [Person who used the service] they receive the right care." Where people had restrictions placed upon them and could not leave the home without support, we saw the appropriate DoLS orders had been applied for or authorised.

Staff had a positive attitude towards learning and participated in training to understand people's experiences of care. We saw before people had moved into the home, the staff received the training they needed to effectively support and manage their specific complex care needs. One member of staff told us, "The week before [Person who used the service] moved here, we had intensive training so we could meet their needs and to understand how to help them to move, how they could express themselves and how to help them to have their medicines and manage their epilepsy. When they moved here, we all felt well organised and prepared." Another member of staff told us, "The training was good and well managed; I didn't feel rushed. We got to meet the person and had the training we needed from people who knew them, so it was all geared around their individual needs, not just an overview." One health care professional recorded that the trainers had commented that they were a good staff team and were keen to be involved with the training and supported each other throughout.

Some people had epilepsy and needed medicine to manage this. Staff had received training to understand when to use medicines and how to identify people may be experiencing a seizure or at risk of this happening. Some people had rescue medicines which could be used. One member of staff told us, "We've had the training to know when to use any medicine and what to do if the seizure doesn't stop." We saw there

was a seizure management plan and guidelines for staff to follow which matched the support staff described to us.

People were supported to eat the food they enjoyed and chose from a range of drinks. The support plans included an assessment of their nutritional requirements and preferences and the speech and language therapist had assessed how to support them to eat safely. Information was available about how to prepare and serve different food and what to look for if people may be exhibiting difficulties with eating. We saw that people's dietary needs were met and that specific diets were followed in accordance with their needs. People had a choice of what they wanted to eat. A menu with photographs of meals that could be prepared was displayed in the dining room to help people make a choice. We saw one person was supported to make their own breakfast and drink. One member of staff told us, "We recognise how important it is for people to do what they can. We are here to support them. We are lucky that we have the staff to do this and it's lovely to see how much people have developed and do so much more for themselves than they used to."

People were supported by staff to keep safe in their home and the provider had systems in place to monitor and maintain equipment. People were able to access all parts of the home as it had been designed for people with a physical disability. The staff were given guidance on how to use any equipment. People had personal moving and handling equipment which was checked to ensure it was still suitable. We saw where people used walking frames to help them to move, the staff were near, to ensure they were safe but enabled them to move independently.

## Is the service caring?

### Our findings

People were supported to decide what to do and make choices about their care. Staff understood how objects of reference could be used to help people decide what they wanted. An object of reference is an object which has meaning assigned to it to help people to understand. For example, we saw where people wanted a drink; staff would show a cup or beaker to help them to understand what was being asked. One member of staff told us, "[Person who used the service] has a board and we encourage them to pick a picture and put this on the board to help to explain what they are feeling. We also have a menu choice board, so they can chose what they want to make or eat. It's better for people to see a picture or photograph as this is something they understand and is meaningful to them." Staff had also received training for intensive interaction. One member of staff explained this training developed their skills to interact with people through using their own style of communication and sounds. They told us, "This is working really well and we have found that they change the sounds they are making and interact with us more since we have been using the technique." We saw the staff using this technique when interacting with people and this demonstrated staff had developed their approach and were creative in overcoming barriers with communication.

We saw that staff supported people to maintain their dignity by ensuring any personal care support was provided privately. We saw people were supported to maintain their appearance, and staff helped them to choose clothing that met their preferences and personal style.

Staff respected people's decisions and supported them to do the things they wanted to do. We saw one person wanted to walk around and did not want to join other people for their meal. This decision was respected and they were able to have their meal later. People chose what activities they wanted to be engaged in and whether they wanted staff to join them. People received individual staff support but this was not intrusive and staff recognised people may need personal space. People were empowered to spend time alone in their bedrooms if they preferred and we saw that the staff respected this. Staff explained that where people wanted time to be alone, they would sit outside their bedroom to ensure their safety and could respond to any emergency but recognised people needed to have private time. One member of staff told us, "It's important people have time away from us and can be private. We also need to make sure they are safe and don't harm themselves, so in these instances we stay just outside of their room. We feel this is the least restrictive way we can do this and when people want our company they will let us know."

The staff treated people in a kind and respectful way and spoke kindly with them, in an adult manner. The staff knew the people they cared for well and we saw people were given opportunities to show their displeasure or to be upset or angry. One member of staff told us, "We have to careful not to label people as being challenging just because they don't want something. People have different moods and they should be able to express these, the same as we all do without being judged. It's good that we are building these close relationships with people, as we are learning more each day about who people are and how they let us know about what they are feeling. It's about trusting each other."

Staff supported people to maintain relationships with those closest to them. Relatives told us there were no

restrictions on visiting their family member and said they always felt welcomed when they visited.

## Is the service responsive?

### Our findings

People were supported to pursue their interests and take part in social activities. People received a number of commissioned hours each week to have additional staff support so they could do the activities they enjoyed safely in the home and when out. We saw people being supported to go out to do activities, such as going ten pin bowling, visit the library or an animal farm. One member of staff told us, "Nothing is off limits. We try and look at things we know people like to do but also new experiences. We have a good relationship with people and it's about understanding how people show us they are having fun and what they want to do each day. It can be something as simple as a walk out or playing football on the field, each day is different." There were activities available for people within the home too; for example, craft activities and games. The staff had developed one lounge area into a sensory room. This included having tactile equipment and lights and staff told us people enjoyed being able to spend time in this area.

People were supported by staff who knew them well and understood their preferences. Staff described their responsibilities and told us that they ensured people were supported and all records were up to date. They also explained they would book healthcare appointments and speak with family members to ensure they remained involved. One family member told us, "I speak with the staff a lot. [Person who used the service] isn't able to speak on the phone so it's nice to keep up to date with everything and to know they are well."

People had plans in place which detailed how they liked to be supported. People's plans covered all aspects of their lives; including cultural, spiritual and sexuality in line with the provider's equality policy. Staff knew about the plans and told us how they supported people in line with them which included how to support people to express themselves. Some people received support from a speech and language therapist and there was communication guidance for staff. One member of staff told us, "We don't just focus on what people are saying as some people can't tell us what they want or are feeling, it's about what they are doing, their facial expressions and also behaviour. Some people made different sounds to express themselves. The staff understood whether the sounds may indicate whether they were happy or sad."

Each person had a folder which had been created to record the significant events each month and included photographs of activities that they had done. One member of staff told us, "This is more meaningful for people than the care records, as we can use this to talk about what they have been doing and whether they enjoyed it. People enjoy looking through these and it's good as it reminds us what we have done and we can talk about this." This showed us that people received personalised care and had opportunities to engage in the hobbies and interests that they enjoyed.

The staff worked closely with people and recognised changes in people's behaviour which could indicate they were concerned or unhappy. One member of staff told us, "We have a pictorial complaints procedure to help people to understand how to make a complaint, For some people it's up to us to notice the changes in their behaviour as this may indicate they aren't happy or are complaining to us in their own way." Relatives knew how to make a complaint and who to go to if they had concerns. There had been no recent complaints, though we saw where complaints or concerns had been received, the registered manager considered the circumstances of the complaint, listened to people's views and responded to any concerns

to ensure continuous improvement.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

## Is the service well-led?

### Our findings

The service now had a registered manager and staff told us they were approachable and they felt well supported. Staff said they received regular support and supervision from them and senior care staff to enable them to do their work effectively. One staff member told us, "It's much better now we have a manager. Everything is lot better and we have more consistency and we all now know what is expected of us. This is good for everyone that lives here as we are more settled and happier." Another member of staff told us, "We can see the difference the manager has made by just looking at the number of incidents we get now. These have really reduced and I think it's because we know what we are doing and are getting the support." The registered manager and deputy manager told us they tried to lead by example and told us having a presence in the home enabled them to observe what was happening and identify improvements and recognise good practice.

There were procedures for staff to share their views and opinions of the service through supervision. Relatives were given the opportunity to speak with the registered manager about how they felt and to share ideas or concerns about how the service was managed informally and through a satisfaction survey. The responses were analysed and we saw the last review identified that menu choices needed to be changed to enable people to make informed choices. We saw as a result of this, there was now a menu board with photographs.

Staff knew who to report concerns to and knew about the provider's whistle blowing procedure and felt confident reporting concerns or poor practice to the managers. One staff member told us, "I feel a lot more confident now and if I was worried about anything then I'd report it and I know something would be done about it because I can see the changes now."

Quality assurance systems were in place and checks were completed within the home to ensure the safety and quality of service was maintained. These included routine audits in medicines management, checks on records, regular maintenance of equipment and health and safety checks. The registered manager used these to identify and implement improvements. Accidents and incidents were monitored for trends and patterns and were used to review care for people to reduce any identify risk.

There had been regular visits from the local authority contracts department to monitor the care and support provided. On their last visit, no concerns were identified and outstanding areas of concern were identified as being completed.

The registered manager reflected on the values and culture of the organisation and was committed to continue to improve experiences for people who used the service. Where there had been incidents where people challenged staff or may have harmed others, these were reviewed with staff to determine whether any lessons could be learnt and how improvements could be made to support people. An audit was completed of the numbers of incidents that occurred and identified any trends. The analysis included reviewing whether potential or actual harm had occurred and the potential reason for the any incident. Any incidents of behaviour that challenged the service were discussed and learning from them took place.

The staff worked in partnership with other agencies and care professionals to ensure that people received the support they needed. The guidance from specialist health workers and learning disability specialists was incorporated into care plans to ensure staff had the information to ensure people had care which benefitted from expert advice.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and there was a link on their website to the latest report.