Pharos Care Limited

The Boat House

Inspection report

24-28 Lichfield Street
Fazeley
Tamworth
West Midlands
B78 3QN

Tel: 01827289654
Website: www.midwaycaregroup.co.uk

Date of inspection visit:
07 August 2019

Date of publication:
03 September 2019

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

About the service

The Boat House is a purpose -built care home that provides accommodation with personal care and is registered to accommodate eight younger adults with a learning disability/autism. There is one ground floor self-contained flat where one person will receive support and assessment for developing their life skills and independence. There were seven people living at the home at the time of our inspection.

The accommodation consists of two large lounge/dining areas, a kitchen and accessible garden area with a scenic outlook of a canal. There are seven ensuites bedrooms on the first floor with a lift to access these. There are good links to public transport and local community facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service did not have a registered manager. There was a project manager who was running the service with the support of the provider. Some people were unsure who the manager was.

While visibly clean there was scope to make the environment more interesting and ensure all furniture was clean. The provider was aware and has allocated resources for refurbishment.

People and relatives received support from staff in a timely way and were not kept waiting for assistance. People looked comfortable in the presence of staff and we heard they were safe. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised.

People were supported by staff who were caring, responsive and knowledgeable about people's needs and preferences. We saw staff consistently respected people and promoted their privacy, dignity and independence.

People received effective person-centred care and support at the point this was provided and based on their individual needs and preferences. Staff were knowledgeable about people's needs and preferences and there were good relationships with the people. Supporting people's communication preferences did need development to aid consistency, this is an area the provider had already identified needed improvement. People and relatives told us they had a positive experience in respect of the care and support they received.

They told us they received support from staff in a timely way and were not kept waiting for assistance.

We saw people looked comfortable in the presence of staff and people told us they felt safe at the home. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised.

Staff respected people and promoted their privacy, dignity and independence.

People received person-centred care and support at the point this was provided and based on their individual needs and preferences.

People were supported by care staff who had a range of skills and knowledge to meet their needs. Staff understood their role, felt confident and well supported. Staff received supervision from the provider. People's health was supported as staff worked with other health care providers to ensure their health needs were met.

People were supported by staff to have choices, and the provider's policies supported this practice.

People knew how to complain. Staff knew how to identify and respond if people were unhappy with the service. People were able to communicate how they felt to staff, and said staff were approachable and listened to what they had to say. Relatives said concerns raised were addressed appropriately.

Quality monitoring systems were in place, and the provider used this to aid their learning and improve people's experiences and safety.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 this service was Good (last report published 10 February 2018)

Why we inspected

The inspection was prompted due to concerns received that alleged people were not always safe due to inappropriate use of restraint. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 safe.
Details are in our well-Led findings below.

Good

Is the service effective?

The service was effective.
Details are in our well-Led findings below.

Good

Is the service caring?

The service was caring.
Details are in our well-Led findings below.

Good

Is the service responsive?

The service was responsive.
Details are in our well-Led findings below.

Good

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement

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 Care Act 2014.

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

Service and service type
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 service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. This included notifications the provider is required to send us in respect of incidents at the service such as allegations of abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. This included Health watch who raised the concerns that prompted our inspection. Health watch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England.

The information of concern from Health watch centred around staff using methods of restraint inappropriately.

We used all this information to plan our inspection.

During the inspection-
We met five people who lived at the home and spoke with two people at length about their experience of the care provided. We also spoke with three relatives of people who lived at the service by telephone. While we considered using the Short Observational Framework for Inspection (SOFI) this was discounted as we judged it may have caused some people anxiety. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six staff including support workers, senior support workers, the project manager and an area manager.

We reviewed a range of records. This included two people's care records and medication records.
We also looked at numerous incident records, and other records in respect of documenting incidents at the service. In addition, we saw a variety of records relating to the management of the service, including policies and procedures.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance, service user forum, servicing and further governance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

This meant one aspect of the service were not always safe which may mean an increased risk there could be an impact of people's safety.

Preventing and controlling infection
●The home was overall visibly clean. We found some of the settees were holding some odour. We raised this with the project manager who told us the replacement of these was planned as part of the home's forthcoming redecoration and refurbishment.
● A relative told us, "There are concerns with his carpet, but he throws his coffee. They're [the provider] looking at non-carpet options".
● Staff told us they had a ready supply of personal protective equipment and these were used appropriately during our inspection.

Systems and processes to safeguard people from the risk of abuse
● People looked comfortable with staff. A relative told us, "There's been a couple of faux pas recently and both are being investigated by social services and the police. They involve staff. In both cases other members of staff took the right action".
● Staff had a good understanding of safeguarding and expressed confidence in their ability to escalate any concerns to relevant statutory authorities if needed.
● The project manager had a good awareness of what safeguarding was, when it should be reported and what actions they should and should not take.

Assessing risk, safety monitoring and management
● A relative told us risks to people were managed. They said "He's always got 1-1 support with him. Never seen him without it. Most of the young men have challenging behaviours. The staff step between them so they're thinking of other people's safety too".
● Any risks to people who lived at the service were robustly assessed and considered any impact on people's rights. Staff demonstrated a good understanding of people's risk assessments and how to minimise risks to people.

Staffing and recruitment
● There were enough staff available to keep people safe. A relative told us their loved one, "Always has somebody there".
● People were supported by staff in accordance with staffing levels set by commissioners. People needed support on a one to one, or two to one basis and there were enough staff available to provide this.

● Staff were subject to several checks prior to employment, this including a Disclosure and Barring Service (DBS). These checks will show if prospective staff have any criminal convictions or are barred from working with vulnerable people.

Using medicines safely

● Medicines were handled safely. Staff involved in handling medicines had received appropriate training and were also assessed for competency.

● People's medicines were stored safely, either in lockable storage in their bedroom, or centrally in the medicines room. We noted there was no hi – low thermometer used to monitor the temperature range of the medicine's refrigerator, however the project manager said one was on order.

● Medication Administration Records (MARS) were accurately completed and there were appropriate protocols in place for any medicines people took 'as required'. Staff understood these.

Learning lessons when things go wrong

● Any incidents that occurred were fully documented, reviewed and then analysed monthly by the provider to identify any learning.

● A member of staff told us how they had discussed a person's behaviours of concern due to regular incidents of self-harm and had identified potential triggers. Based on monitoring this had led to a decrease in behaviours of concern from this person.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same at good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Staff had detailed information about people's assessed needs. These assessments contained expected and relevant information about people's needs. Staff demonstrated good knowledge of people's individual needs as detailed in these assessments.
- We saw assessments considered people's needs in respect of their protected characteristics, for example, disability.

Staff support: induction, training, skills and experience
- Relatives told us staff had the skills and knowledge to care for their loved one. A relative told us, "Watching staff with the other young men, I think they do a good job".
- Staff told us they felt well trained and up to date with current knowledge and skills. One member of staff told us they had support from the provider's in-house behaviour team.
- Staff were knowledgeable about people's specific health care needs and how to respond to these.
- Staff told us they received supervision, and this was a useful support tool for them, as it allowed them to reflect on their practice and discuss any support needed.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat the food they enjoyed and chose from a range of drinks.
- People said they could have snacks and drinks when they wanted and that the food was nice.
- Care plans included an assessment of people's nutritional requirements and preferences and where needed a speech and language therapist had assessed how to support them to eat safely. Staff were aware of these requirements.
- People received assistance from staff with eating when required, and adapted cutlery and high-sided plates was available to help people eat independently. The television was switched off during lunch which removed any distractions from meal time.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People had support from a range of professionals in support of their individual health care needs. For example, local GPs, dentists, opticians, district nurses as well as specialist teams such as psychiatry, dieticians and speech and language therapists.

● People were able to access community medical services as needed, whether routine or emergency. A relative told us their loved one needed dental treatment and, "It was fixed at the dentist very rapidly and all's fine now. The manager rang straight away".
● People's records showed staff followed advice from community health professionals with their recommendations used to update care plans.

Adapting service, design, decoration to meet people's needs
● People were able to access all parts of the home as there was plenty of space with consideration of the needs of people who had a physical disability.
● The décor of the communal areas was bland, but the project manager said they were looking at redecoration in the near future to provide a more stimulating environment and the area manager confirmed funds had been allocated for this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.
● People's ability to make specific decisions and consent to these was documented, and where they were assessed as not able to, decisions made in the persons best interests were fully documented.
● Staff were knowledgeable about the MCA and the need to ensure people's consent, or best interests were gained/followed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same at good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People presented as comfortable in the presence of staff and there were occasions where staff showed kindness in how they spoke with people.
- A relative said "Staff seem to be [kind]. They seem very friendly". Another relative said staff treated people with dignity, "Through the kind way they speak to them"
- People were appropriately dressed in accordance with their preferences and presented as well groomed. Some people chose not to wear shoes or socks, but this was their individual preference and staff respected their choices.
- People had items they valued given to them to support their emotional well-being.
- All people living at the home received constant support from one or two care staff . Staff were aware this could be restrictive and would at times distance themselves to give the person space but would be in view, so they were able to respond if needed.

Supporting people to express their views and be involved in making decisions about their care

- One person told us not all staff listened to their views. Staff said they did and responded to this person's concerns during the inspection. We discussed with the project manager what steps could be taken to provide them with a visible reminder of choices made, through providing them with a copy of their care plan. We did see the person's long-term choices had been listened too however and action had been taken to make changes as the person wanted.
- Staff were seen to observe people's behaviour to gain an indication of their choice. For example, one person showed excitement when given something they liked but was unresponsive when shown something they did not like.
- Some relatives told us they felt staff listened to people.
- People were assessed as having limited capacity. MCA assessments set out clearly what specific decisions people could/could not make and what staff should do in their best interests. Staff were knowledgeable about these.
- One person had an advocate at the time of our inspection, with another having used an advocate in the recent past, but possibly needing further input to support their independence.

Respecting and promoting people's privacy, dignity and independence

- All bedrooms were single and had ensuites which allowed people privacy, and people were able to spend time in their bedrooms or other areas of the home as they wished.

● A relative told us staff did try to encourage people's independence when possible telling us, "It all depends. If they think someone will do something for them, they'll let them do it. They can tidy their room, take their dirty washing down, make a cake, go shopping, choose their clothes and they like to choose people's birthday cards".

● Some support workers helped people with their independence by use of very simple and direct instructions, for example, "Take your plate" (with pointing towards the kitchen). We saw the person was able to understand and follow these instructions and achieve the task they were carrying out successfully. This reflected people's communication plans which stated staff should use simple and direct language.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same at good.

This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had received training in communication methods appropriate to people who lived at the home, this including for example Makaton. We saw some staff use Makaton although this presented as inconsistent on occasions, for example a support worker was seen to put someone's socks and shoes on in preparation for going out without use of Makaton. We had seen this person use Makaton earlier in the day. A relative did tell us staff used signing, "More than at the last home he was at".
- When discussed with the project manager and provider they were aware staff skills in communication with people varied and they were looking to improve this.
- The consistence of use of communication methods was varied. For example, a member of staff told us a person used a planning board, but this was not seen in use. The staff member told us this had only been out of use for a couple of days and was to be revised. The project manager told us this was to tie in with revision of the person's care/communication plan as identified in the provider's action planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person we spoke with told us they did not have access to some equipment to allow them to follow their chosen pastimes, for example a radio. We found they did have this equipment in their room and the project manager agreed they would look at ensuring the person could use this independently.
- Some people were engaged in individual activity during our inspection with various activities outside on the decked area and one person watching programmes on their I-Pad. There was also activity to watch on the canal outside with boats passing by. Some people were supported by staff to go out into the community.
- Staff were able to tell us what activities individual people liked. People had individual planners, although the actual activities which people undertook were not always the same but were recorded on a separate record.
- A relative told us, "[Person's name] seems to go out a lot to do different things. He is happy. We know he is. If he wasn't happy he'd say no." Another relative told us, "They [staff] are trying hard. They encourage him to go out and to have interests. He has a good relationship with a couple of men carers".
- Relatives told us there was no restriction on visiting the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People were involved through their assessments as they were unable to make complex decisions (as shown in capacity assessments). People's assessments were used to find out what people's choices and preferences were through periods of observation. These had led to care plans describing people's preferred choices, routines and preferences though the day.

● The project manager told us they had identified care plans that could be better, and they were currently reviewing these to make them more accessible and easier to understand.

Improving care quality in response to complaints or concerns

● People said they could share concerns and had done so.

● Families knew how to complain. Those who had complained told us the response from the provider had been appropriate and they were aware of what steps had been taken to address a specific matter.

● For example, a relative told us they were concerned a person was sore and it was, "Instantly sorted. That's all you can ask for." Staff told us how they were able to identify whether people were dissatisfied by observing people's behaviour.

● The provider's complaints procedure was available within the home in a variety of formats to aid understanding.

End of life care and support

● The project manager told us the service did not routinely cater for people who were at the end of their life. They said talking to people and their parents about their advance wishes was a delicate subject, although where possible they would look to broach this subject where it did not cause any anxiety.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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 location has a condition of registration that it must have a registered manager but has not had one since the previous manager deregistered in May 2019. A replacement manager was employed but has since left. The provider told us they are currently recruiting for a new manager. Relatives told us there had been a turnover of managers and commented on the need for more consistency.
- The provider's registration identified the service was set up to offer care to people whose primary need was their learning disability/autism. The service at the time of our inspection accommodated a person whose primary need was dementia.
- We advised the provider, if looking to accommodate people with needs different to those the service was set up for, to notify CQC as to how they intended to provide for this need (for example, staff may require additional training) and request a change to their registration.
- We saw the previous CQC inspection rating was displayed at the home and on the provider's website.

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

- The provider had a range of quality monitoring tools in use and these informed an overall action plan for the service. This had identified the need for staff to be more consistent with communication methods and identified ways to progress this. For example, observation of staff and looking for demonstration of intensive interactions as well as using staff as communication champions.
- This action plan also considered appropriate individual goals for each person.

Working in partnership with others

- The provider told us they had good working relationships with other health care professionals to assist with the provision of joined up care.
- People's care was planned based on advice from different health care professionals, for example, advice given by Speech Therapist in respect of people's food textures.

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 provider had been open as to incidents and when things had gone wrong, informing us what had

happened and what action they had taken to address this through formal notifications.
● A relative told us in respect of one of these incidents they were fully informed as to what happened and what action was taken. They told us the right action was taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●A relative told us a person was a representative on a service user forum. The provider told us this was in respect of any changes the provider was looking to make across the services they ran, for example they were gaining people's views on revised care plan formats.
● The provider told us they did visit the service on a weekend to speak with visitors and there was a family forum in March 2019 from which actions had been agreed for taking forward, based on the views shared.
●Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns they had if necessary. Staff told us they were overall well supported by management and felt able to approach the project manager or provider for support.

Continuous learning and improving care
● There was evidence of the registered manager and provider learning from some incidents and putting systems in place to respond to what they found. For example, we saw analysis of one person's behaviours of concern had led to changes that had reduced the number of incidents.