

# Pharos Care Limited

# The Junction

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 September 2015 and found the service was not well-led because the provider was not assessing people's risk of harm or their ability to make choices and decisions about their care. Additionally the provider did not have systems in place to monitor and improve the quality of the service people received. The provider sent us a copy of their action plan detailing how they would make the required improvements within a time limited period.

We undertook a focused inspection on 6 January 2016 to check that they had followed their plan for improving the leadership arrangements and in the other areas of concern we identified. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Junction on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Junction provides accommodation and personal care for up to eight people with a learning disability. There were four people living in the home on the day of our inspection.

You can read a summary of our findings from both inspections below.

There was no registered manager in post at our inspection in September 2015 or January 2016. The acting manager told us they had started the application process to become registered with us but this had only been sent the day before our inspection in January 2016. 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 our last inspection we found that people's risks had not been identified or assessed. At our focused

# Summary of findings

inspection we found that no improvements had been made. No risk assessments had been undertaken and there was no information provided to ensure people were supported correctly. People's care records did not provide up to date and relevant information which reflected their current needs.

Some people did not have the capacity to make decisions and there was no information to demonstrate how their capacity had been assessed. Staff did not record how they made decisions in people's best interest when they were unable to contribute themselves.

The provider had not implemented an audit programme to monitor the quality of the service to identify where they could make improvements in people's care and wellbeing.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### **Is the service well-led?**

There was no registered manager in place. People's current care was not reflected in their care records which had not been updated since our last inspection. No assessments had been undertaken by the provider to protect people from risk. There were no management plans in place to provide staff with guidance on the most effective way to support people with complex behaviours. The quality of the service was not being audited to identify where improvements to people's care could be made.

**Requires improvement**



# The Junction

## 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 unannounced inspection took place on 06 January 2016 and was carried out by two inspectors.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home. On this occasion we had not asked the provider to complete

information for the Provider Information Return about their service. The PIR is a form that asks the provider to give us some information about their service, what they do well and any improvements to care they plan to make.

We were unable to speak with people who used the service or their relatives on this occasion, so we observed the care being provided in communal areas to understand people's experience of care. We spoke with four members of the care staff, the acting manager and the area manager for the provider. We did this to gain views about the care and to check that the standards were being met.

We looked at three care plans to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks, training records and staff rotas.

# Is the service well-led?

## Our findings

At this inspection we saw that the provider had not followed their action plan to improve the service and were still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection we found that risk assessments had not been completed for people who lived at the home. People's care plans did not reflect their current care or level of risk. We found at this inspection that the care plans still contained information which was out of date and referred to risks which were no longer valid. For example some people's care plans referred to risks associated with their schooling. At this inspection we found that no action had been taken to review the records or identify and review people's current risks associated with their care. Staff confirmed that they had not been provided with further information since our last inspection.

We saw that one person's complex behaviour caused them to harm themselves when they were anxious. We read an entry in the person's care plan which said, 'Stop from self-harming' but staff had not been provided with guidance on the best way to support the person to reduce their risk. Some people who used the service presented with behaviour that challenged their safety and that of others. There were no management plans in place to help staff understand what might trigger people's challenging behaviour or provide guidance for them on the best way to support people. We saw that staff took a different approach to supporting people which resulted in a variable level of success to calm the person. This demonstrated that people were not supported in a consistent manner by staff.

Some people who lived in the home did not have the mental capacity to make decisions for themselves. 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. There were no capacity assessments to demonstrate people were unable to make specific decisions. We saw that decisions had been made on behalf of people by staff without determining that

people could not make these decisions for themselves. For example one person had a sensor mat in their bedroom. This was used to alert staff that they were out of bed. There were no entries in the person's care plan to show the person had consented to its use and if they lacked capacity how the decision to use the sensor mat was made in their best interest and protect them from the risk of falling.

At our last inspection the manager told us an audit system was being implemented and in their action plan the provider indicated that an audit programme would be in place by November 2015. Since our last inspection only one audit had been introduced which monitored the management of medicines. This had been implemented following staff errors in the administration of medicines. The provider did not have any other systems in place to assess, monitor and improve the quality of care people received. The provider informed us on their action plan that they would provide relatives with an opportunity to comment on the service. The action plan indicated that a report of the finding would be completed by January 2016. The acting manager told us that this had not been completed and no survey had been circulated.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no registered manager in post. At our last inspection the acting manager told us they had started the process to register with us. We checked the progress of this application prior to our inspection but could not see an application had been submitted. The acting manager told us they had sent their application to register with us the day before our inspection.

All of the people who lived in the home were receiving care on a one-to-one basis with staff accompanying them at all times. One person who did not have the capacity to make decisions for themselves had in the past, left the home without the knowledge of staff and had been brought back against their wishes. 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). We saw that DoLS applications had recently been sent for consideration and assessment in line with legislation.

This section is primarily information for the provider

## Enforcement actions

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17(1) (2) (a) (b) (c) (e) (f)

There were no established processes to assess, monitor and mitigate the risks relating to people's health, safety or welfare or improve the quality of the service.

### The enforcement action we took:

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