

Pharos Care Limited

Pharos Supported Services

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?	Requires Improvement ●

Summary of findings

Overall summary

Our inspection of Pharos Supported Services took place on 21 December 2017. At our last inspection in January 2017 the provider was rated as 'Requires Improvement' in the key questions of Safe and Well Led. There were breaches in Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the required action had been taken and the provider was now meeting the regulations.

This service provides care and support to 22 people living in six 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

There was no registered manager in post. 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. However two managers were jointly responsible for the management of the service and one of these managers had submitted their application to register.

People were supported by staff who knew how to report concerns of abuse and had the knowledge to manage risks and keep them safe. There were sufficient numbers of staff available to support people and staff had been recruited safely. Medication records evidenced that medications had been given in a safe way.

Assessments completed took into account people's needs under the equality act. People's rights were upheld as they were supported by staff who understood the principles of the Mental Capacity Act. Staff received training and support in order to support people effectively and people were supported to access healthcare services where required.

People were supported by staff who were kind and caring. Staff respected people's privacy and dignity. People had support with their communication needs and felt involved in decisions about their care. People were supported to maintain their independence where possible.

People were involved in the planning and review of their care. The provider was responsive in making changing to people's planned care to ensure that people's needs could be met. People knew how to make

complaints and there was a system in place to investigate any complaints made.

Systems in place to monitor the quality of the service had not been completed consistently and areas for improvement had not always been acted upon in a timely way. People spoke positively about the management of the service and had been supported to provide feedback on their experiences.

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.

People were supported by staff who knew how to report concerns and manage risks to keep people safe.

There were sufficient numbers of appropriately recruited staff to support people.

Medications were given in a safe way

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Is the service effective?

Good ●

The service was effective.

People who had characteristics protected under the Equality Act had these needs assessed to ensure any additional support could be provided.

People were supported by staff who were trained and had the skills required to support them.

People's rights had been upheld under the Mental Capacity Act.

People had their dietary needs met and access to healthcare services where required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring to them.

People were treated with dignity and supported to maintain their independence where possible.

People had access to advocacy services where required.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and reviewed. People were supported to pursue their interests.

There was a complaints procedure in place and people were aware of how to complain if they needed too.

Is the service well-led?

The service was not always well led.

Audits were not completed consistently and where areas for improvement were identified, these were not always acted on in a timely way.

People were given opportunity to feedback on their experience of the service.

People spoke positively about the manager and staff felt supported in their role.

Requires Improvement 

Pharos Supported Services

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 took place on 21 December 2017 and was announced. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity started on 21 December 2017 and ended on 05 January 2018. We visited the office location on 21 December 2017 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to relatives on the 03 and 05 January 2018 .

The inspection was carried out by one inspector.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We used information the provider sent us in the 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.

We spoke with five people and one relative. We also spoke with four members of care staff, the two managers, and the Head of Operations. We looked at four care records, three staff recruitment files and records held in relation to quality assurance, staff training and complaints.

Is the service safe?

Our findings

At our last inspection in January 2017, we found significant shortfalls in the provider's systems to ensure there were sufficient numbers of staff to support people. This resulted in a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We checked to see if improvements had been made and found that the provider had taken action to improve the staffing levels at the service and the breach had been met.

At the last inspection, we found that the staff who supported people in a supported living setting were being shared with staff at the adjoining residential home that was also owned by the provider. This had meant that people within the supported living setting had extended waits for support as staff were not always in the building. At this inspection we found that this had been addressed. The provider informed us and people confirmed that the supported living setting and residential home now had different staff teams so that staff were available in the supported living setting at all times. The call system that people used to call staff for support had also been separated from the residential home to ensure that the two services were not linked and that people living in supported living had access to their own staff teams.

People told us there were sufficient numbers of staff to support them and that their support was provided by a regular team of staff. One person told us, "I always get the same staff visit. I get on well with them". Another person said, "We get the same staff". Some people told us they were actively involved in choosing the staff that supported them and felt able to change their team if they wished. One person told us, "If I have a problem with them [staff], I can say". People told us that the staff always arrived at the correct time to support them. One person said, "Staff are always here on time". Other people told us that if they needed support, they could use their call bell and that staff would arrive in a timely way. This meant that the provider had taken action to ensure that they met regulations in relation to staffing.

People told us they felt safe when staff visited them in their homes. One person told us, "It is lovely". This was confirmed by relatives we spoke with who also felt that their loved one was safe. The relative told us, "Yes, [person's name] is safe".

Staff we spoke with had received training in how to safeguard people from abuse and knew the actions they should take if they thought a person was at risk of harm. One member of staff told us, "If I had a safeguarding concern, I would take it to my manager. There is an on call manager we can contact out of hours and they respond quickly". We saw that where concerns had been raised, the managers had responded appropriately, investigated these and reported them to the local authority safeguarding team and Care Quality Commission as required.

People were supported to manage risks to keep them safe. We found that many people receiving care and support could exhibit behaviours that may challenge. The manager had risk assessed these and provided risk assessments for staff that detailed how they should support people. These assessments provided details including potential triggers to the person's distress, signs and behaviours that indicate the person may be distressed and strategies the staff should use to support the person. All of the staff we spoke with

were aware of the actions they should take when a person displayed behaviour that challenged and this reflected what was included in the person's risk assessment. We found that risks in relation to people's safety had been addressed. For example, the provider told us in their Provider Information Return (PIR) and records we looked at confirmed that the manager had assessed what action would be needed in the event of fire and completed a Personal Emergency Evacuation Plan (PEEP) for each person receiving support. We spoke with staff who were aware of the PEEP for each person and how they should keep people safe in case of fire. We saw that staff had received training in Infection prevention to ensure they were aware of how to manage any infection risks when supporting people. Staff told us they wore Personal protective equipment (PPE) where required to ensure that infection risk was reduced.

Staff told us that prior to starting work, they had been required to complete a check with the Disclosure and Barring Service (DBS). The DBS would show if a person had a criminal record or had been barred from working with vulnerable adults. Staff had also been required to provide a full work history alongside references from their previous employers. Records we looked at confirmed that these checks took place. This meant systems were in place to reduce the risk of unsuitable people being employed.

People told us they received support with their medications and were happy with how staff provided this support. One person told us, "The staff prompt me to take my medications". We looked at Medication Administration Records (MAR) and saw there were no gaps in the recording of medications given, which showed that medication had been given as required. Some people had medication that was to be given 'as and when required'. We saw there were protocols providing staff with information about when these medications should be given to ensure consistency. We saw that staff had received training how to support with medication safely and could evidence their competency in this.

Staff told us and records we looked at confirmed that training had been given in Infection prevention and control. Staff displayed a good understanding of the actions they should take to reduce infection risk when supporting people. This had included wearing Personal Protective Equipment (PPE) and ensuring they follow the provider's policies and procedures.

The managers informed us how they ensured they learnt from incidents that occurred to improve on the service provided. They informed us they had learnt from the concerns raised in the previous inspection and had made a number of changes to the staffing levels in supported living settings to improve the quality of care for people supported. People confirmed this and told us this had improved their care. The provider had informed us prior to the inspection of a number of medication errors. We saw that the managers had taken action to learn from these incidents and had implemented systems to reduce errors in future. This included re-training staff and audits being completed of medication. This meant that the provider had shown that they were able to learn from incidents to ensure that the service provided could be improved where required.

Is the service effective?

Our findings

Before people started to receive support, we saw that an assessment of their needs took place. This assessment looked at their care needs and preferences with regards to their care. We looked at people's care records and saw that initial assessments took place and addressed a number of areas including; Medical History, personal care needs and dietary needs. The assessments also addressed any protected characteristics under the Equality Act 2010 and we saw that people had been asked about any religious needs they have as well as their sexual orientation. This ensured that the provider was able to ensure they provided support that addressed areas other than the person's immediate care needs.

Staff told us that before they started work, they had been required to complete an induction that included completing training and shadowing a more experienced member of staff. One member of staff told us, "My induction was pretty good. It went through the training, policies and procedures and then I shadowed for over a week. I had a lot of support". Staff confirmed they had also completed the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too. Staff also had access to ongoing training. The training included courses that were specific to the needs of the people they supported. One member of staff told us, "I have done quite a bit of E-Learning and there is also some face to face training. The training is more than enough". All of the staff we spoke with felt that the training was thorough and provided them with the skills they needed. Staff confirmed they had regular supervisions in which they could discuss their personal development and request further training. A member of staff said, "We have supervisions and they [management] always ask if we want extra training".

There were effective systems in place to ensure information about people's needs were communicated. One member of staff informed us, "We have good handovers [with staff] and the communication book is there to give us the information we need". Another member of staff said, "If there are any changes, it goes in the communication book and we read it and sign to say we have the information". All of the staff spoken with felt they were provided with the information they needed to support people effectively.

People told us they were happy with the support they received with their meals. One person told us, "I do my own shopping and pick my own food". Another person said, "I can cook and do this alone [with staff supervision]". We saw that people's dietary needs had been assessed and a record was kept of the support people required with their meals. Staff we spoke with had a good understanding of people's specific dietary requirements and what support they required with meals. People's care records showed that people had been asked about their food preferences. This meant that people's dietary needs were met by staff who had the required knowledge of their needs and their preferences with their meals.

People had access to healthcare services where required. A relative told us, "They [staff] sort all of [person's name] GP appointments and will always make sure that a staff member they trust and is comfortable with goes with them to make sure they get the best out of the appointment". Records we looked at showed that people had annual health checks with their GP and that people accessed mental health teams and Psychiatrists as required. People who had specific communication needs had communication passports in place that gave healthcare professionals information on how they should communicate with people to

ensure their healthcare needs could be met.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent prior to supporting them and we saw this in practice. When we spoke with people, staff asked prior to joining the discussion if the person was happy for them to sit in during the talk or whether they would like to speak with inspectors privately. We saw that staff ensured that the person's decision was respected. Staff told us they had received training in MCA and knew how to ensure they gained consent before supporting people. One member of staff told us, "I gain consent by asking and giving the person time to decide. For [Person's name] he cannot verbally communicate but I will know he consents as he will gesture or lash out if he does not want the support so then we just leave it".

We saw that where people lacked capacity to make certain decisions, the MCA had been followed and best interests meetings had been held that involved the person's family and health professionals where required. Some people had Court of Protection orders in place. We saw that records of these were kept in people's care records. Staff we spoke with were aware of who had a Court of protection order and what these were for. This meant that people were supported in line with the MCA and Court of Protection as staff had a good knowledge of what these were and how they should support people in line with these.

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring to them. A relative we spoke with told us, "[Person's name] is happy with the staff and they are nice to her". One person told us they did not have support during the night but that staff would often visit their flat and sit with them as they were aware that the person did not like being alone at night. The person was visibly reassured by this and spoke positively about the impact this act from staff had on them. We observed staff spending time with people and saw that all staff had developed friendly, relaxed relationships with the people they supported. People were visibly happy in staff company and could be seen laughing and joking with each other. This showed that staff had developed kind and caring relationships with people and were proactive in displaying acts of kindness outside of their required roles.

Some people who received support had specific communication needs. We saw that these had been discussed as part of the person's initial assessment and that guidance was provided to staff on how they should support the person to communicate their needs. For example, we saw that one person would be unable to communicate unless short, simple words were used. The care records clearly recorded how staff should communicate with the person in a way that they would be comfortable with and also made reference to non-verbal cues that would indicate the person's wishes. The staff we spoke with displayed a good understanding of people's specific communication needs. This meant that the provider had ensured that people's individual communication needs would be met by staff who had been informed and knew how to communicate in a way the person would understand.

People told us they were involved in their care and that they were given choices daily. One person told us that staff gave them a choice of whether they wanted support and said, "Sometimes I do not want staff in my flat at all. They always respect that and go". We saw that people were given choices about what they would like to do. We saw that each person was asked prior to leaving the providers office whether they wished to return home or do something else. In each instance, we saw staff act on what the person had chosen to do. Relatives we spoke with also told us they felt involved in their loved ones care. The relative said, "They [the management team] do keep me involved and ask for my opinion, we work well together".

The provider told us in their PIR that they respect people wishes by knocking doors, closing curtains when supporting with personal care and respecting people's property. This was confirmed by people and staff. People told us they felt treated with dignity and respect. Staff we spoke with were able to explain how they promoted people's dignity. One member of staff told us, "For example, When I go to the flats, I will knock the door and wait for them to say I can go in. I will respect their wishes if they do not want to do something". We observed staff treating people with dignity. We saw staff refer to people by their preferred name and giving them privacy when this was requested.

People told us they were supported to maintain their independence where possible. People confirmed they were able to shop for and prepare their own meals and complete their own personal care where possible. One person told us, "Sometimes I don't want their [staff] help with tasks and they will leave me be". Staff we spoke with told us how they ensured people's independence was maintained. One member of staff told us,

"We encourage independence by showing them first and breaking it down step by step. It is the biggest thing we do, teaching people to be independent".

Some people who received support from the service had the support of an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. We spoke with the managers about this and they displayed a good understanding of when an advocate may be required and how they could refer people to this service if required.

Is the service responsive?

Our findings

People told us they had been involved in planning for their care and records we looked at demonstrated this. We saw that people had been asked about how they wished their support to be delivered as well as any needs they had in addition to their physical care needs. The assessments addressed people's wishes with regards to maintaining relationships, religious needs and their preferences with regards to the staff who supported them. For example, we saw that prior to receiving support, people had been asked about their ideal member of staff in terms of gender, personality and religion so that they could be supported by staff who met their preferences. These assessments demonstrated that people had been actively involved in planning for their care and were central to making decisions about how their support would be provided.

People told us they were not aware of any formal reviews of their care plans but felt that changes would be made to the support they received if necessary. One person told us, "I haven't seen my care plan but if I wanted to make any changes to my care, I would just speak with a manager". The person was happy with this and felt confident that any changes they wished to make would be acted upon. A relative we spoke with told us the provider had been very responsive in changing the support their loved one received. The relative said, "They [the management team] go out of their way to work around [person's name]". The provider told us in their PIR that the care records were reviewed monthly and we saw that this was the case. We saw that people's care records had been reviewed and changes made to these where required. People told us that they felt staff knew them well. One person told us, "The staff are good. They know what I like". A relative added, "They definitely know [person's name] needs". Staff we spoke with displayed a good knowledge of people's needs and preferences with regards to their care. Staff told us that they were allocated key workers for specific people and this gave them opportunity to get to know them well and share this information with other staff. One member of staff told us, "We recognise the knowledge of people's key workers and so tap into that [to support our own knowledge of people's preferences]".

People were supported to follow their interests and pursue social activities where they wished. People we spoke with told us they took part in a number of pursuits that included employment in a local pub, attending college and visiting family and friends. People spoke positively about the support they received and felt that the activities they took part in reflected their personal interests. Records we looked at held information about people's hobbies and interests and staff knowledge reflected the information held.

People had been supported to maintain relationships with people close to them. People told us they were able to have family and friends visit them at any time and that staff supported them to visit others if they should wish too. Where people wished to pursue romantic relationships with others, staff were supportive of this. We observed one person discussing with the registered manager that they wished to have a girlfriend. The registered manager and the staff team were positive about this and reassured the person that they would support them if this is what they wished to do. Records we looked at showed people had been asked about their sexuality and their support needs in regards to this. Staff we spoke with were aware of people's sexual orientation and whether people wished to pursue relationships with others. This meant that the provider had been proactive in addressing people's social and emotional needs.

People told us they knew how to make a complaint if needed. One person told us, "If I needed to complain, I would go to a manager. I haven't needed too though". Another person told us they had previously made a complaint and that this had been resolved to their satisfaction. The person told us, "I was happy [with the outcome]". The provider had a complaints procedure in place and the managers were aware of the procedure they should follow where complaints had been made. We checked records held on complaints and saw that no formal complaints had been made at the time of the inspection.

Is the service well-led?

Our findings

At our last inspection in January 2017, we found shortfalls in the provider's systems to monitor the quality of the service. This resulted in areas for improvement not being identified. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We checked to see if improvements had been made and found that the provider had taken action to improve the monitoring systems in place although further work was required to ensure areas for improvement were acted upon.

We found that the provider had systems in place to monitor the quality of the service. This included audits of the daily records completed, care plans and staff files. However we found that these audits had not been completed in a consistent way. For example, we found that the audits completed by the locality manager had not been done between June and September 2017. The audits of daily records had not been completed in 2017 until the month of August. This meant that whilst systems were in place to monitor the service, these had not been utilised to ensure areas for improvement could be identified and acted on.

We found that where audits had been completed, the actions that had been identified had not always been responded to in a timely way. We saw that an omission had been identified in one staff file. This related to the information held on the staff member's DBS check. This had been identified in an audit in September 2017 with an action recorded to speak with the staff member and complete a risk assessment. The audit completed in October 2017 showed that this had not been followed up. The required action was then completed following this second audit. This meant that the provider had not taken action in a timely way to address the concerns around the staff member's DBS check to ensure that people were safe. Another audit that had been completed in October 2017 had only one action marked as completed. This meant that although audits had been completed, the areas identified for improvement had not always been acted upon in a timely way. We spoke to the managers and head of operations about this. They told us that they were aware of these issues around quality monitoring and were implementing a system where any actions not completed by the following months audit would be sent to the head of operations for review. The head of operations will then respond to ensure the identified action is taken without delay.

The service did not have a registered manager in post. A manager had been recruited and was in the process of applying to register. While the application was ongoing, the service was being jointly managed by two managers. People knew who the managers were and spoke about them in a positive way. A relative told us, "I am happy and so is [person's name]. She is coming on leaps and bounds now". We saw the managers interacting with people and saw that everyone knew who the managers were and appeared relaxed in their company.

Staff also spoke positively about the new management structure. One member of staff told us, "I do feel supported by [manager's name], I have never had a time where I couldn't get hold of her, even at 2am". Another staff member added, "She is so supportive, one of the best. She is always at the end of the phone with advice". All staff felt confident in approaching the managers with any concerns and had been informed on how they could whistle blow if they had any cause too.

We saw that people had been asked for their feedback on the service through 'Service User Feedback Forms.' We saw that responses received had been analysed and there was an action plan in place to address the suggestions made. We saw the provider had also implemented a Service User Forum. This was a system where a representative from each supported living setting would attend a meeting with the managers to discuss their home and support and make recommendations about any improvements that could be made. This was a new initiative and only one meeting had taken place but the provider informed us of their intention to hold these forums every three months to gather people's feedback.

The provider had submitted their 'Provider Information Return' (PIR) as is required. The information provided in the PIR reflected our observations from the inspection. Where the provider had identified in their PIR plans to improve the service, we saw evidence of this. For example, the provider told us in their PIR that they intended to implement a training review to refresh the training programme provided to staff. The Head of operations showed us that these reviews had now been completed and evidenced that they were commencing the new training programme as of 2018.