Care Quality Commission

Pharos Care Limited

Highfield 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

Overall summary

This unannounced inspection took place on 2 December 2015. At our last inspection on 25 November 2014 we asked the provider to take action to ensure that accurate and appropriate records were maintained to protect people against the risk of unsafe or inappropriate care and treatment. This action has been completed.

Highfield House is a residential home providing accommodation for up to seven younger adults with learning disabilities or autistic spectrum disorder. At the time of the inspection five people were living there. The home did not have a registered manager in post. The deputy manager was acting up into the manager role until the new manager commenced working at the home. 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.

People's relatives told us they felt staff kept their family member safe from the risk of harm or abuse. The provider had appropriate systems in place to protect people from

Summary of findings

potential harm. Staff understood their responsibilities in protecting people from harm and knew how to report issues of concern. There were sufficient numbers of staff on duty to meet people's individual needs. The provider had effective recruitment processes in place and appropriate checks had been undertaken before staff began working at the home. People were kept safe by staff that had the skills and knowledge to support their needs.

Risks to people's health and care needs had been assessed and were managed in a way that supported people to remain independent. People received their medicines at the correct times and as prescribed. Medicines were managed, stored and administered safely. Assessments of people's capacity to consent had been completed and where necessary records and decisions had been completed in people's best interest. The manager and staff understood their responsibility to protect people's rights.

People were supported to eat and drink a variety of different foods and drinks. People had access to different healthcare professionals to ensure that their health needs were met. Staff were kind and caring. Staff understood people's choices and preferences and respected their dignity when providing care. People were supported to take part in a variety of different activities and hobbies during the day. Relatives told us they felt comfortable raising concerns with the manager or staff members. The provider had a system in place to respond to people's complaints or concerns.

There were audit systems in place to monitor the quality of care people received. This included gathering feedback from people, relatives and staff. Checks took place of people's care plans, medicines and incidents and accidents. There was evidence that learning and improvement took place to improve the quality of the service provided to people. People's relatives and staff spoke positively about the leadership and approachable nature of the manager.

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 safe?
The service was safe.

People were supported by staff that understood their responsibilities to protect them from the risk of harm or abuse. There were sufficient numbers of staff on duty to meet people's health and support needs. Risks to people were assessed and managed safely. People received their medicines safely.

Good

Is the service effective?
The service was effective.

People were supported by staff that had the relevant skills and knowledge to meet their needs. People were asked for their consent before care was carried out and staff understood their responsibilities to protect people's rights and freedom. People were supported to have enough food and drink when and how they wanted it. People had access to healthcare professionals as required.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect and their privacy and dignity was upheld. Staff understood people's individual communication methods and used these to help people make choices about their care. Staff knew people well and what was important in their lives.

Good

Is the service responsive?
The service was responsive.

People received care and support that was personalised and reflected their individual and changing needs. People were supported to follow their interests. Staff knew how to raise concerns on behalf of the people they supported.

Good

Is the service well-led?
The service was well-led.

People spoke positively about the leadership and approachable nature of the manager. Staff were supported and understood their roles and responsibilities. The provider had systems in place to monitor the quality of the service people received.

Good

Highfield 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.

The inspection took place on 2 December 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the home. This includes statutory notifications which are notifications the provider must send us to inform us about certain events. We also contacted the local authority for information they held about the home. This helped us plan the inspection.

We spoke with one person who lived at the home, two relatives, three staff and the manager. We looked at four people's care records, records relating to medicines for two people, three staff files and records relating to the management of the home. We also carried out observations across the home regarding the quality of care people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

One person who lived at the home told us that they felt safe with the staff that supported them. They said, "Yes I am safe with staff." All of the relatives we spoke with told us they were confident their family member was safe at the home and not at risk of harm or abuse. One relative told us, "[Person's name] is very happy I think they are safe, we have no concerns."

Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and how they would respond to protect people from harm. One member of staff said, "I would contact my line manager I would make sure the person was safe first though." Staff told us they had completed training in protecting people from harm and this was discussed at team meetings and during one-to-one sessions with the manager. We asked staff how they would recognise signs of abuse for people who could not verbally communicate with others. A member of staff told us, "I would be able tell by gestures or change of mood I know people here very well." All staff we spoke with told us they were confident the provider would take appropriate action if any concerns were raised as the provider had responded appropriately to situations previously.

Staff we spoke with understood how to support people where there were risks identified such as supporting people with epilepsy. One member of staff told us, "We know people here well and are aware of their individual needs we update their care plan and risk assessment as required." We looked at risk assessments in four people's care records and saw that support was being provided as directed. We saw that information had been updated and reviewed regularly to ensure staff continued to meet people's needs appropriately. For example, we looked at a risk assessment for behaviour management. Staff we spoke with and records demonstrated that staff were clear about what actions they would take if a person required support.

All incidents and accidents were recorded in detail and reported appropriately by staff to the manager. We saw that the manager analysed all incidents and took action to minimise the risk of a re-occurrence. For example, one person had stumbled and fell backwards onto the floor; as a result staff increased their observations of this person to ensure they remained safe.

We observed staff were able to spend time with people such as supporting people with different interests or daily tasks. One member of staff told us, "I feel there are enough staff to meet people's needs. There's four staff on duty each shift during the day." Another member of staff told us, "I feel that there is just enough staff we can meet people's needs." Staff told us they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. We saw that there was sufficient staff on duty to assist people with their care and support needs throughout the day.

We looked at the recruitment processes for new staff and saw that the provider had systems in place that ensured staff were recruited with the right skills and knowledge to support people living at the home. Staff told us they had pre-employment checks completed before they started work at the home, including a Disclosure and Barring Service check (DBS) and reference checks from previous employers. DBS checks help employers reduce the risk of employing unsuitable staff.

One person told us they were supported to take their medicines when required. We observed staff supported people to take their medicines safely. For example, we observed a member of staff stay with a person whilst they took their medicine and check with the person afterwards that the medicine had been swallowed. We looked at two medicine administration records (MAR) charts and saw that these had been completed correctly. Some people had medicines that they took only when required. We saw that there was guidance in place to support staff in the administration of these. Staff that gave medicines told us they had received appropriate training and their competency to administer medicines was checked by the manager. We saw that medicines were stored securely at all times and the manager checked medicines regularly to ensure that they were administered and disposed of safely.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the staff and considered staff well trained. One relative told us, "Once staff get to know people they are very good." All the staff we spoke with told us they felt supported by the manager and said that they had received the necessary training and support to do their job. One staff member said, "I have had the right training I feel I can do the job well." Staff we spoke with told us they had completed an induction when they started their job which included shadowing experienced staff to get to know the people they cared for. One member of staff said, "I shadowed a couple of shifts in order to build trust with people; it also helped me to get to know people and gave me opportunity to look through the care plans. I also went out with people in to the community." Staff told us they had regular one-to-one meetings and appraisals with the manager. They said that they felt confident to discuss any concerns they had during these meetings and that they were provided with feedback on their performance by the manager. One member of staff said, "I have regular supervisions (one-to-one meetings) and [name of manager] will assess my performance if there are any issues they will discuss them with me and it's dealt with. They are very good."

We saw that staff sought people's consent before providing them with care or support. Staff we spoke with were able to explain how people who did not use words to communicate would agree or refuse care or support. We saw on a number of occasions where staff offered people choices such as with personal care and the staff understood people's response through the sounds or gestures they made. We observed an occasion where one person refused support. We saw the member of staff gave the person space and time before attempting to support them again.

The Mental Capacity Act (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). We checked whether the service was working within the principles of the MCA.

Care records we looked at showed that mental capacity assessments had been completed. Where people lacked capacity to make decisions the MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. We found the manager had an understanding of the correct procedures to follow to ensure people's rights were protected. We saw that where authorisations were in place to deprive people of their liberty; the person's representatives had been involved, and decisions were agreed in the person's best interest. Staff were complying with the conditions applied to the authorisations to ensure people remained safe. All staff we spoke with confirmed that they had completed training in MCA and DoLS and were able to explain how they supported and protected people's choices and rights.

The support people received at meal times was dependant on their individual needs. Some people were able to prepare their own meals with the help and support of staff. One person told us they could choose when and where to have their meals. They also said, "Like the food." We saw people preparing and eating their meals and saw that the atmosphere was relaxed and we observed friendly interactions between staff and people. Drinks were readily available throughout the day and people were encouraged to make their own drinks with the support of staff if required. Staff told us that the evening meal was a social activity where people and staff sat down together. We saw that meals were chosen by the people living at the home using picture cards. We looked at care records and saw where required people's food and drink was recorded to ensure staff had the information needed to support people to receive a balanced diet to remain healthy.

Relatives told us their family members were seen by the doctor and other healthcare professionals when required. One relative told us, "Staff keep me fully informed of any appointments I do generally go and a member of staff comes too." We looked at four people's healthcare records and saw that appointments with healthcare professionals were recorded. This showed that people attended appointments they needed to stay healthy. We saw evidence of advice being recorded from different

Good

Is the service effective?

healthcare professionals such as dentist, chiropodist and opticians. We saw that staff were provided with clear guidance on what actions they would need to take in order to meet people's individual health needs. For example, we saw one person's food and fluid intake was monitored to keep them healthy.

Good

Is the service caring?

Our findings

People were not able to tell us in detail themselves of their experience of living at the home although we observed people smiling and responding positively to staff. We observed staff took every opportunity to engage with people for example when entering communal room's staff spoke and smiled with people. One person told us staff were, "Kind." One relative said, "Staff are nice and caring." We saw staff interactions were friendly and respectful. For example, we saw one person sit with a member of staff and hold their hand. The staff member took the opportunity to engage with this person by talking to them about activities they enjoyed.

People at the home were allocated a key worker. Keyworkers were allocated to people to ensure consistency of care and be a point of contact for families. Staff we spoke with were able to tell us in detail about people's individual needs, likes and dislikes. Staff said that they worked closely with people to ensure they understood what was important to them and to ensure they cared for people in a way that was personal to them. We saw that staff supported people as far as possible to express their views and be involved as much as possible in making decisions about their care needs. We saw one person's bedroom and found it to be decorated to reflect their interests and personal choice. The room had various personal items which were important to them. We spoke with the person about their room and they told us they were very happy with their room and said, "I like the pictures on the wall." They told us that people could get up and go to bed when they wanted.

A member of staff said, "People have a choice when they get up, what they want to wear. We support them to make decisions when needed." We saw people were supported to maintain their independence as much as possible. Staff told us and we saw that people were encouraged to develop their daily living skills. For example, laundry, tidying their bedroom and shopping.

People's dignity and privacy was respected and promoted by staff. Staff we spoke with were able to explain the actions they took to protect the dignity and privacy of people. One relative told us, "Staff respect [person's name] and they are well looked after." One member of staff said, "I knock the door and wait and then say I am going to enter their room. I make sure the windows, curtains and doors are shut before providing care." Another member of staff told us, "I respect people if they don't' want to do something I would try a different approach or try again later. For example, I try and encourage [person's name] to have a shave everyday but I won't force the issue I respect them." Where possible personal care was provided to people by male members of staff when females were required to provide personal care to people this was clearly recorded and the reasons why. One member of staff told us, "Personal care as far a possible is done by the male staff, it respects people's dignity."

People were supported to maintain relationships with family members and friends. Relatives told us they were welcomed and could visit throughout the day. However, one relative said that people were very often out or busy with activities so they preferred to let the staff know when they were planning to visit the home.

Good

Is the service responsive?

Our findings

At our last inspection in November 2014, we found the provider was not meeting the regulations regarding the maintenance of accurate and appropriate records. The provider sent us an action plan outlining how they would make improvements. We found at this inspection the provider was meeting the requirements of the Regulations.

Staff we spoke with knew people's individual needs and interests. Staff told us that people had different key workers who would spend time with people to plan their care and activities.

We saw that people were involved as much as possible in their care and support planning. Relatives we spoke with told us that they had been involved in planning their relative's care and confirmed that they were in regular contact with staff to discuss any changes in their relatives needs or to participate in review meetings.

We looked at four people's care records and found that these gave detailed information about people's support and care needs. Peoples care needs were assessed and reviewed with them. We saw that information was individual to the person and included information about their likes and preferences. We saw that individual risk assessments had been completed and updated when required for people such as epilepsy seizure monitoring records.

Staff we spoke with were able to explain people's individual health needs and any actions they might need to take such as supporting people to choose healthy food options. Staff told us that information about changes to people's individual care and health needs were shared at daily handovers. They said the handover meetings were important as it provided staff with the most up to date information about a person's care needs.

We observed staff communicating with people in a variety of different ways such as using signs or gestures. Most people living at the home were not able to express their needs and preferences verbally, however one person was able to confirm that staff responded straight away to their needs. We saw that staff were responsive to people's needs. One relative told us, "I have no concerns, staff are always available and able to respond quickly to [person's name]."

One person told us about the various activities that took place at the home. They told us that they had gone to the cinema and had a take-away the previous day. Staff told us and we saw that people took part in a variety of different activities throughout the day. For example, swimming, shopping and a trip to a Christmas market. Staff told us they planned activities with people around their individual interests. For example, staff told us about one person who enjoyed time in the sensory room listening to music. We saw that people were also supported to participate in activities in the local community one person attended a drama group. During our visit we observed people taking part in a number of different activities such as going out for lunch, using the computer, talking to staff and completing jigsaws.

Relatives told us they had not had reason to complain but would feel confident to complain if they needed to. One relative said, "I would put it in writing if I had any concerns, but I would first approach the manager and talk things through." Some people at the home would be unlikely to make a complaint due to their level of understanding or communication needs. Staff we spoke with were able to explain how people would communicate if they were unhappy. Staff said they would observe people's behaviour or body language to know if they were unhappy. We saw information about how to make a complaint was made available and had been produced in an easy to read format. This could be used by people to tell staff if they were unhappy. All the staff we spoke with understood the provider's complaints procedure and said if people raised any concerns they would contact the manager straight away. Staff said they felt confident any issues would be addressed appropriately by the provider. We looked at the provider's complaint log and saw that there had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

Everyone we spoke with were complimentary about the manager and about how the home was managed. One relative said, "[Managers name] is very approachable, easy to talk to. The home is well run." Staff spoke highly of the manager. One member of staff said, "The manager is good, open and approachable. The home is running smoothly; you can raise anything with [manager's name] and it will be sorted." Another member of staff told us, "If I have any concerns the manager will deal with it straight away, they are always available and very approachable." All the staff we spoke with confirmed that they were well supported by the manager and any concerns were listened to and acted on appropriately. Staff were aware of the provider's whistle-blowing policy, including raising concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation.

Staff told us that they attended regular meetings with the manager and felt confident to raise and discuss any issues. They told us minutes of meetings held were produced and any concerns raised were actioned immediately. For example, internet safety for people living at the home. Staff told us the culture of the home was open and friendly and said that they were always able to contact the manager if and when they needed to. Staff confirmed they were provided with guidance and support by the manager which enabled them to feel confident in their role.

The home did not have a registered manager in post. A new manager had recently been appointed but had not yet commenced working at the home. Therefore the deputy manager was covering the duties of the role until the new manager joined the home. The manager demonstrated a good knowledge of the people using the service, members of staff and their responsibilities as a manager. This included the requirement to submit notifications when required to us when certain events occurred such as allegations of abuse.

The provider had systems in place which ensured the effective running of the home. For example, we saw processes were in place to learn from events such as incidents and accidents. We saw that the manager and provider carried out regular audits of the home such as medicines, care planning and health and safety checks. Information was analysed by the manager and the provider to see if any trends or patterns were developing. Information was used to produce action plans to improve the service provided to people living at the home. We saw that there were regular meetings held with people living at the home. Information was shared with people using various communication methods such as picture cards. Relatives we spoke with said that they had not attended any recent meeting but said that staff kept them well informed of any issues.

The provider had undertaken a process of obtaining feedback from people, relatives and staff. We saw that an analysis was completed by the provider and outcomes were communicated to people. We saw that the manager had implemented the refurbishment of the communal areas of the home following feedback. We saw that people living at the home were involved in this process and had chosen the decoration and soft furnishings of the rooms.