

Pharos Care Limited

The Boat House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 18 July 2017. The service was registered to provide accommodation for up to 8 people. At the time of our inspection 4 people were using the service as following our previous inspection we placed a condition on the provider's registration to restrict new admissions into the service. This was because this provider was placed into special measures by us. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. This inspection found that there was enough improvement to take the provider out of special measures, however we need to ensure the provider can sustain these improvements and we will keep the service under review.

There was a manager in the service who was undergoing our assessment to become the registered manager of the service. 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.

Where people's liberty was restricted, this had been done lawfully to safeguard them. Where systems were in place to ensure people's safety such as monitors, the provider needed to ensure this did not place further restrictions on people. When people did not receive the support they needed for some activities this needed to be reviewed to ensure people received their care as planned.

People were protected from the risks of abuse because staff now understood where harm may be caused and took action when people were at risk. People were cared for by staff that had the knowledge and skills required to support them. The training was designed to support staff to meet the specific complex needs of people who used the service. Medicines were managed safely to ensure that people received their medicines as prescribed and to keep well.

Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed. The staff were developing good relationships with people so they understood how to help them participate with activities that they enjoyed. People were treated with dignity and respect and the staff were kind and caring.

People had access to health care and were supported to attend healthcare appointments when they needed it. People could eat and drink the food they liked and given the time they needed to eat independently. A variety of food was offered and meal times were a relaxed experience.

There were now systems in place to review the quality of the service provided and the provider was committed to developing and improving the service.

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 not always safe.

People had individual support and where additional support for activities was not provided, information was needed to ensure that people received the care they were commissioned to receive. Staff knew how to recognise harm and how to report this to ensure people were protected from further potential abuse. People received their medicines as prescribed. Recruitment procedures now meant checks were carried out to ensure staff were suitable to work with people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Where people needed help to make particular decisions they were generally supported to do this in their best interests. Some decisions around clothing and how to be supported at night needed to be reviewed to ensure people were not restricted. Staff received training and knew how to support people. People received healthcare to keep well and could choose what they wanted to eat and drink.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere and people had developed positive relationships with people and had a good understanding of how they wanted to be supported.

Good ●

Is the service responsive?

The service was responsive.

People were encouraged to develop their independence. There was a variety of activities which people could take part in within the home or when out and they could try new activities. Where a complaint had been received, these were responded to.

Good ●

Is the service well-led?

Good 

The service was well-led.

The manager promoted positive values and staff were committed to continuing to develop the service and providing people with the care they wanted. Staff told us they were supported in their role and able to comment on the quality of service and raise any concern. Systems were now in place to assess and monitor the quality of care and make improvements to the service.

The Boat House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 July 2017 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

People who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received and how the staff interacted with them. We spoke with six members of care staff, the manager, the quality manager, a social care professional and commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met. We observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed the reports carried out by the local authority quality monitoring officers.

Is the service safe?

Our findings

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

People who used the service had complex needs and their service was commissioned to enable them to have individual staff support during the day and two staff members to support them when going out. One commissioner informed us they were concerned that people did not always have the staff support they needed to do planned activities. On one day we saw one person had not received support from a second member of staff to enable them to participate in an activity as only one staff member was available. The staff explained that agency staff had been needed but had failed to arrive. The manager agreed that where people did not receive the support that was planned, this should be recorded to demonstrate how they were offered other opportunities to go out and receive the support that had been commissioned.

On our previous inspection we identified that suitable action had not been taken to protect people from harm and abuse. Staff did not always recognise what constituted abuse and the actions they should take to ensure concerns were reported. This meant there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff now demonstrated they had a good understanding of how to protect people. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. One member of staff told us, "Our procedure here is to report it to the manager and they will make the referral but we know we can do this too and the phone number is in the office, so we can call them if we are worried." Where potential harm had been identified this had been reported to the local authority under agreed safeguarding procedures and they had liaised with them to ensure these were investigated.

On our previous inspection we saw that some environmental risks were not being managed to keep people safe. Some people displayed complex behaviour that challenged their safety and that of others and action had not been taken to keep people safe in their home. This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made.

Some people needed support to manage their anxiety and may display complex behaviour. We saw that people had a behavioural support plan which recorded how to identify whether a person was settled, disruptive, destructive or dangerous, with guidelines for staff to follow about how to support them. One member of staff explained, "We have a one, two, three strategy, which means, this is what we are planning, this is what we are doing and this is how it finishes. This really helps [Person who used the service] manage their anxiety as they can understand what is happening better. We are finding this really helps." Another

member of staff told us, "People have separate management support plans. For some people we now use breathing techniques to help people calm down or use different sensory equipment. It has really helped and we have fewer incidents now." Another member of staff told us, "We have more consistency now we have better support. It's having an impact on people too. You can see this just by looking at the number of incidents that occur each day."

On our previous inspection we saw that the recruitment of some members of staff had not been satisfactorily completed. Some people's references and background checks included information that needed further consideration before they were employed to work with people in a caring environment. This meant the provider did not have an effective system in place to ensure people were supported by suitably recruited staff to keep them protected. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made.

Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Where agency staff were used within the service, the quality manager had completed an inspection of the agency's staff recruitment records. They told us, "We need to make sure that all the staff were suitable to work with people and this was one of the ways we could ensure that."

People were supported by staff who they knew well. New staff had been recruited into the service and there was now only a small reliance on agency staff. One member of staff told us, "The way we support people has changed. We now work with everyone rather than just one or two people. I've really enjoyed doing this as I've got to know people so much better and feel more relaxed and comfortable supporting people. It's been a great experience getting to know everyone and it's helped us to work better as a team and support people."

People received their medicines when they needed them and they had personal medication cabinets in their bedroom. The staff administered any medicines to people individually and people knew the reason why they were needed. The number of medicines were recorded and checked weekly to ensure there were safe procedures in place. Where any medicines error was identified, we saw medical support was sought and a safeguarding referral had been made. Where people needed medicines 'as required' we saw there was information available to guide staff when these were needed. One member of staff told us, "Some people need medicine because they are becoming anxious. It's important that we know when to offer this."

Is the service effective?

Our findings

On our previous inspection we identified that people may have restrictions on their freedom as some areas of the home were not always accessible and lap straps were being used when people were in their wheelchair to stop them from getting out. Staff had not recorded why these decisions had been taken or that they were in the person's best interest. This meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made although some further improvements were still required.

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

On this inspection we checked whether the provider was now working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw staff sought people's consent before they provided support. One member of staff told us, "People have their own ways of showing us if they are happy or want to do something. We always ask and respect them if the answer is 'no'." It had been identified that people may lack capacity to make important decisions; most people had a capacity assessment completed to evidence how capacity had been assessed and what decisions had been made in their best interest. One person wore specialist clothing that was difficult to tear and the manager agreed that a best interest decision was needed to show how this was the most suitable clothing for them. One member of staff told us, "I can see why this is needed but when going out they wear ordinary clothes over this so they have their dignity maintained."

Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements, DoLS orders had been applied for or authorised. Where access to parts of their home was limited, further information had been submitted to evidence how this was in their best interests and to be considered under a DoLS review. One member of staff told us, "We have done the DoLS training and now understand that you have to put an application in if you want to lock a bathroom door. You have to do this to protect people's rights." We saw one order recorded that a monitor should be used to ensure they were safe in their bedroom at night. The supporting care plan directed staff to support them back to bed if they tried to leave their room. We discussed this to ensure the monitor was not used to place further restrictions on them from leaving their bedroom but used only to keep them safe. The manager arranged for this to be reviewed and further guidance to be provided to staff.

On our last inspection we saw that staff training arrangements were not always effective and improvements were needed. During this inspection we saw improvements had been made. People had complex behaviour and may harm themselves or others. All the staff had received training to support people and used agreed

techniques to safely manage complex situations. One member of staff told us, "We have an internal trainer now and they come here regularly so know people really well. They watch how we work and help us to support people and think of different ways we can de-escalate situations without needing to restrain. The training is a lot more person centred." One commissioner told us, "Their behavioural support team works as a good model, providing enhanced support initially then skilling up a core staff team." Staff could choose to do external training and one member of staff told us, "I'm really enjoying doing a learning disability course through a local college. At the moment we are looking at the safeguarding regime so we know when we should take any action. It's good when you are working as a part of a team who shares your goals and want to make it better."

On our previous inspection we identified that meal choices had a reliance on fast food and people were not offered a balanced healthy diet to support their wellbeing and improvements were needed. On this inspection we saw people ate a variety of different meals and a choice was offered at meal times. There was a flexible and relaxed approach to meal times and people could choose to eat where they felt comfortable. There was a photo and picture menu displayed and these were used to help people to make a choice about what they wanted to eat. The staff recognised that some people liked food they could manage themselves without the need for cutlery and to have access to snacks. One member of staff told us, "Many people have quite high sensory needs so food is very important to them. It's not just about taste but the experience and being able to touch the food. We recognise that and try to plan meals so they can have that sensory stimulation."

The care records included information about health care and professional's advice. The staff understood people's health care needs and could describe to us the support they provided to support people to keep well. One member of staff told us, "If anything changes with people's health then we record it in their health book. We also use memos which highlights that we must read, because something has changed. We saw when people had been unwell they had visited their doctor and specialist health care professionals. One member of staff told us, "If someone has a specific health need then we get training to understand." This meant people were supported by staff who had received training to provide the support they needed.

Is the service caring?

Our findings

On our last inspection we saw that improvements were needed as some of the information recorded demonstrated a lack of understanding about the complex behaviours a person with a learning disability might demonstrate. On this inspection we saw improvements had been made.

People were now supported by staff who valued them and had developed a closer relationship with people who used the service. We heard staff speaking kindly with people and referring to people positively and in an adult manner. One member of staff told us, "It's harder to get to know people when they are not able to speak to you but I can honestly say we have all learnt to look past that. I now recognise the different smiles people have, to tell me how happy they are or whether I'm supporting them in the right way. You can really see the difference in people and as a result we are all happier and it shows. People want to be with us more or will show us how we can help. I'm really happy."

We saw staff were comfortable with people and joined in activities which people enjoyed. Staff spoke knowledgeably about people and what interested them and the important role other people had in their life. When speaking with staff, they spoke positively with pride about how they had helped to develop the service and how there was now a homely atmosphere and people were enabled to develop and do things that interested them.

People's dignity was protected by staff who spoke with them discreetly when enquiring about their personal needs and provided assistance when they saw their clothing was in disarray. Staff spoke about how people communicated to let them know if they needed personal care. Some people used sign language to help them express themselves. We saw staff understood the signs that people used and responded in an appropriate way and reinforced each sign. One member of staff told us, "We have signs of the week that we reinforce. We have found that these can help people to tell us about what they want and what is important to them."

People were encouraged to develop their independence. We saw one person was helped with living skills and was responsible for laundering their clothes. Staff helped them to use the laundry equipment. We saw they put their clothes in the machine and staff asked them which button they would need to press. The person pointed and looked for reassurance from staff before starting the machine. One member of staff told us, "We are trying to help them with their independence. They made their own sandwich at lunch time and now they are doing their washing. They need our support but that's fine and it's good to see the developments they are making." One commissioner told us, "They have supported individuals well and have increased their independence."

People were given time to consider their options before making a decision and staff encouraged them to express their views. One member of staff told us, "You need to be patient and wait. As people aren't able to speak and tell you what they want or whether they are happy, you have to listen and watch their responses. The more time I spend with people the more I learn to understand their own communication style."

People were supported to maintain relationships with family who were able to visit them. Where significant events occurred, the staff spoke or emailed family members so they were included and aware of important information.

Is the service responsive?

Our findings

On our last inspection we identified that improvements were needed to ensure that people's care included information about what activities interested them. The staff were not being creative to provide people with a variety of activities which were meaningful to them. On this inspection we saw improvements had been made.

Each person had a plan of activities which had been organised around what they like to do or would like to experience. One member of staff told us, "We have become more creative and there are no limits now. When [person who used the service] went out they always went in a car or van. They have now been on a bus and loved it." Another member of staff told us, "We have a weekly planner which helps so we can organise staffing flexibly so people can do what they like. On a Wednesday some people like to go to a local club so the staff will work late so they can go. We have more to do in the home now too, with arts and crafts and particularly look at sensory activities." A photo book recorded significant events that people had been involved with. One member of staff told us, "It's good that people can look through these and remember what they were doing."

On this inspection we saw that the staff were available to provide support throughout the day and spent time with people to meet all their support needs, and keep them safe. Staff stayed with people, although were careful to allow people personal space. One member of staff told us, "The more we have got to know people the more we understand what they enjoy and how they want to spend their time. I really enjoy spending time with people now and seeing their reactions. Things have changed and for the better. You can see how much happier people are."

People had a support plan and discussed this with staff to ensure it met their current support needs. We saw the support plans were personalised and contained information to assist staff to provide support. They contained information about what people admired and liked about them, how they celebrated special events and what and who was important to them. The manager showed us how the support plan was being developed to include a breakdown of how people could achieve specific goals. We saw that the care records were reviewed regularly or when people's needs changed.

There was a complaints policy in place and where any concern had been received these had been investigated and the person had been informed of the outcome. A trend analysis had been completed to identify whether complaints shared a theme. One commissioner told us, "When there have been issues raised I have found the service to be very responsive in addressing quality issues." The manager told us, "It's about looking at what lessons can be learnt from any complaint and moving forward." Compliments were also recorded and we saw that family members had written to compliment staff on recent support to enable people to go to visit their dentist and helping to encourage a better sleep pattern.

Is the service well-led?

Our findings

On our last inspection we identified that there had been a lack of consistency within the leadership of the home and the service was being managed alongside a supported living service attached to The Boat House; this was registered with us separately and therefore should be run independently. Quality assurance systems had not been effective at identifying concerns and a consistent approach to the management of the home to drive and maintain improvement had not been carried out. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made.

The service now had a manager who had submitted an application to become the registered manager. The staff told us that they provided leadership, guidance and the support they needed to provide good care to people who used the service. The staff told us as a result of this support there had been many changes within the service and one member of staff said, "If we carry on working as we are, it can only get better. It makes you proud when you can see the changes that have been made since the manager started working here. Everything is a lot more professional now and the standards have improved." Another member of staff told us, "Having a manager who supports you makes all the difference. When you read the last report, it no longer reflects what happens now."

The staff knew the action to be taken to escalate concerns through whistleblowing. There was a dedicated whistleblowing telephone service where staff could speak confidentially and gain advice on how to act. One member of staff told us, "The number is displayed outside of the office. We can call this in confidence to report anything. Under this management they are fully dedicated to make changes and I'd be happy to raise any concerns I had and confident they would be dealt with." Another member of staff told us, "There is a procedure you go through. You can go to your manager and then go above them if things aren't sorted out or go straight to reporting it on the whistleblowing number. For me it would depend on the severity of my concerns as it may be I think you need to go straight to the police. I feel confident now though that I would be listened to."

A new quality survey had been developed and forms had been sent out. The manager explained that they were currently awaiting the surveys to be completed and would analyse the results when they were returned. We will review this on our next inspection.

Staff were encouraged to contribute to the development of the service and staff meetings were held for them to discuss issues. During these meetings, staff told us they were able to discuss how to improve the service, the support provided and raise any concerns. One member of staff told us, "You are now taken seriously when you raise anything. It's good to be listened to." Another member of staff told us, "Last time we discussed the environmental health report and how we could make improvements, as we need to make sure everything is wrapped up and labelled. Everything is everybody's responsibility to do things right so we discuss how these improvements can be made." Another member of staff told us, "We talked about how we could make improvements in the garden area and we have now started a sensory garden." Another member of staff told us, "We look at how care plans are changing and paperwork. This is much better now as we are

on top of things so it's a much easier job."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. The locality manager completed audits of how the service was managed. Where concerns were identified the manager told us these were discussed with them and the team to ensure improvements could be made. Unannounced visits were made to the service at night time to monitor the work carried out by night staff. One member of staff told us, "It's important that everyone is doing things in the right way, we are all part of a team whether we work days or nights."

The staff were supported to develop their skills and knowledge. They now received regular supervision to review how they worked and this also identified their skills and where they needed support. One member of staff told us, "Supervision is more meaningful now. They listen to us and what we could do better and what training we need. We never used to get much support but that's all changed now." Staff competency checks were also completed as part of the supervision process to ensure staff were providing care and support effectively and safely.

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