

Pharos Care Limited

Katherine House

Inspection report

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21 June 2021

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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 ●

Summary of findings

Overall summary

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people

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

The service could show how they met the principles of right support, right care, right culture.

People lead confident, inclusive and empowered lives where they were in control and could focus on areas of importance to them. The ethos, values, attitudes and behaviours of the management and staff provided support in the way each person preferred with a view of individual development.

The needs and quality of life of people formed the basis of the culture at the service. Staff undertook their role in making sure that people were always put first with enthusiasm. They provided care that was genuinely person centred and directed by each person.

The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered through inclusion in the development of people's care to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints with a view to improving outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
- People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where

restrictive practices were used.

- People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported people to achieve their aspirations and goals.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.
- People received care and support from trained staff able to meet their needs and wishes. Managers ensured staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- People were supported by staff who understood best practice in relation to learning disability and/or autism.
- Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

Our last inspection found a breach of regulation 12 (Safe Care and Treatment). This inspection found improvements had been made to infection control systems which ensured they were in line with current government guidance. All staff wore masks, detailed COVID-19 risk assessments were in place and there were clear robust infection control procedures which informed staff practice. Incident reports were detailed, factual, complete and reviewed to identify trends and patterns.

Our last inspection found a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found staff understood safeguarding and whistleblowing procedures and all incidents had been reported to professional bodies as required.

Our last inspection found a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities). This inspection found an embedded governance system which provided oversight of the home. We found a detailed audit structure and the improvements to audits identified actions which were completed timely. A new culture of openness and involvement was established in the staff team and a new support structure was developed to support the manager.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

At our last inspection we rated this key question Inadequate.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

At our last inspection we rated this key question Good.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

At our last inspection we rated this key question Good.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

At our last inspection we rated this key question Good.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

At our last inspection we rated this key question Inadequate.

Katherine House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by four inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited the home on the 16 June 2021 whilst the third inspector reviewed records remotely and a fourth inspector undertook telephone calls to staff. An Expert by Experience made phone calls to relatives on 18 June 2021. One inspector and a medicines inspector visited the home on 21 June 2021.

Service and service type

Katherine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager in place who was in the process of registering with the Care Quality Commission (CQC) at the time of this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan the provider sent us. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met all the people living at Katherine House, one person was able to speak with us. We spoke with seven staff members including, four care staff, project manager, head of operations and head of service. We spoke with five family members and one professional.

We reviewed a range of records. This included four people's care records and seven people's medication records. We looked at two staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection risks to service users were not managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At our last inspection the provider failed to ensure that systems in place for safeguarding service users from the risk of abuse were effective. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The environment met people's sensory and physical needs.
- People were kept safe from avoidable harm. A family member told us, "'I believe her to be safe because I know her well. When I see [person] I can see how happy [person] is and they would not show that if there were any concerns. [Person] laughs and hums and sings and I know that's because they feel happy and safe."
- The service had enough staff, who knew the people. One staff member told us, "We have regular staff as the people here need that."
- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. A staff member told us, "We have safeguarding and whistle-blowing systems in place. We record any concerns and report them to the team leader or manager immediately and they report to safeguarding."
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way through risk assessments which facilitated understanding and a culture of positive risk taking.
- Staff had a high degree of understanding of people's needs and restrictive practices were only used where people were a risk to themselves or others, as a last resort, for the shortest time possible. Records we viewed showed people's needs were met through the use of supportive proactive measures.
- People's care records were accessible to staff, and it was easy for them to maintain high quality care records. We saw care records were person-centred and designed to support people to take the lead role in their care. A staff member told us, "Everything is documented in people's notebooks."
- People were supported to make their own decisions about medicines. Information about medicines was available in an accessible format. People received the correct medicines at the right time. Staff followed systems and processes to safely order, receive, administer, record and store.
- The manager understood and implemented the principles of STOMP (stopping over-medication of people

with a learning disability, autism or both) and ensure that people's medication is reviewed by prescribers in line with these principles.

- The service kept people and staff safe; they managed accidents and incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service through meetings and supervisions where necessary.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

- People's human rights were upheld by staff who supported them to be independent and have control over their own lives. We observed people making real choices in the structure of their day and the activities they took part in.
- Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. A person told us, "We know the people that we support well because of their care plan."
- People were able to input into choosing their food and planning their meals. Staff supported them to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. A staff member told us, "People have choice all day. For example, people choose what time to get up and go to bed, their own clothes, their food, when they want to eat and to go out if they like. People engage with other service users; we talk, and we laugh."
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans.
- People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. We saw people engaging in a range of activities from walking to shopping and lunch out to art and craft. One person told us, "I'm not bored I can go out whenever I want."
- People were referred to other professionals such as neurology and speech and language therapy where appropriate.
- People had good access to physical healthcare and were supported to live healthier lives. The individual health action plans retained detailed records of visits to health professionals.
- People received support from staff who had received relevant training, including around learning disability, autism, mental health needs, human rights and restrictive interventions. A staff member told us, "We have refresher training regularly." Another person told us, "All the training I have been given helps me to do my job."
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. A staff member told us, "I feel supported by the managers, when we have issues or private concerns, we can discuss them with the manager; they are always there for us. I have always felt this way."
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked or had fluctuating capacity had decisions made in line with the current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.

- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service caring?

Our findings

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their treatment and support. We observed staff engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. A staff member told us, "Staff will mentor one another to get the approach right for people."
- People and their families told us they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. People spoke highly of staff and the care they received. A person told us, "Staff are very pleasant, no one I don't get on with. Nothing at all that worries me, it's a good place, staff are very good and will help me if I need them." A family member told us, "Staff are always patient, respectful and caring towards [person], and the whole family."
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They felt listened to and valued. A family member said, "I have been included in care plans and invited to get together where we discuss everything. Social workers are involved too."
- Staff supported people to maintain links with those that are important to them. Family members were supported to visit people in the home because of the COVID-19 restrictions on people visiting in their family home. A person told us, "Staff explained it [COVID-19] to us, staff have done well knowing how contagious it can be." A staff member told us, "Service users have their parents coming to visit the home often and we support these relationships."
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. A family member said, "We've always spoken, me and the staff, they are always supportive of [person]."

Is the service responsive?

Our findings

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

- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom. People personalised their room and keep their personal belongings safe. The service's design, layout and furnishings supported people and met their individual needs. We observed people choosing furnishings for their own rooms and accessing the community to purchase them with the support of staff.
- The service met the needs of all people using the service, including those with needs related to equality characteristics. People's communication needs were always met. People had access to information in appropriate formats. A staff member said, "When we communicate, we keep short and simple so people can understand and how they prefer. People communicate with signs, objects or sometimes noises to tell us what they want."
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service. A family member said, "I have never really had to complain. If I don't agree with something, I just tell them." Another family member said, "I wouldn't hesitate to complain about anything, but I have absolutely no issues with the home, at all."
- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection the provider failed to ensure that governance systems in place were managed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

The positive conditions which were imposed following our last inspection facilitated the development and improvement found during this inspection. A new manager was in place who had led the development of the service and delivery to people.

- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. A staff member told us, "There is a positive culture because every staff member knows what they are supposed to do. Our work plan is followed by everyone."
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. A staff member told us, "The manager is very good. They are great to work with and allows you to do what you are supposed to do. They give us advice when needed and their leadership is good in the home."
- Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans and risk assessments to facilitate them in providing care to people the way they preferred. Where required, information was also reported externally. We saw the manager was preparing a report for an external body at the time of our inspection.
- People, and those important to them, worked with managers and staff to develop and improve the service. A staff member told us, "Lots of change has happened, staff and management work together better, it's good." The manager told us, "Every day we want to offer the very best to the people that live here."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Feedback was sought through questionnaires and meetings regarding people's needs and development.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.