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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 31 March 2016. We had previously inspected the home on 6 January 2016 and found the service was not well-led. The provider was not assessing people's risk of harm or their ability to make choices and decisions about their care. Additionally the provider did not have systems in place to monitor and improve the quality of the service people received. We issued the provider with a warning notice and told them improvements were required by 11 March 2016. At this inspection we found that the required improvements had been made although we identified other areas of concern which needed to be addressed.

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

There was no registered manager in post at the time of our inspection but a new manager had been appointed and had been in post for four weeks. The acting manager had started the process to register with us. 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 living in the home were funded for one-to-one support however there were times when this wasn't maintained. Some members of staff did not demonstrate a positive caring relationship with people. People were not encouraged to eat a healthy and balanced diet. The management changes had affected the morale of staff.

Staff understood their responsibility to protect people from avoidable harm and potential abuse and knew how to report concerns. There were processes in place to ensure that staff were trained to care for people and suitable to work within a caring environment. People were supported by staff to manage their behaviours to protect them and others from harm. There were arrangements in place to ensure people received their prescribed medicines at the right time and the correct dose.

Relatives were happy with the care and felt welcome to visit at any time. Complaints and concerns were listened to and reassurance was provided that improvements would be made. There was an effective audit programme in place which identified areas for improvement. Relatives were encouraged to take an active part in their relations care and asked to share their views on the service. People's care had been reviewed to ensure it met their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. People were not always monitored as closely as they should be. Staff understood their role in protecting people from harm and abuse. People were supported to take their prescribed medicines at the right time.

Is the service effective?

Requires Improvement

The service was not consistently effective. People were not supported to make healthy food choices. People who were unable to make choices for themselves were supported by staff who made decisions based on their best interests. Staff received training to deliver care and support. People were supported by healthcare professionals and specialist advisors to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring. Some staff did not engage with people to promote positive interactions. People were supported to improve their independence. Relatives were welcome to visit at any time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People did not have access to sensory support in a designated quiet and calm area. People were supported to take part in activities which they enjoyed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. There had been management instability which affected the morale of staff. An audit programme had been introduced to monitor the service and drive improvements.

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 unannounced inspection took place on 31 March 2016 and was carried out by one inspector.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home. On this occasion we had not asked the provider to complete information for the Provider Information Return about their service. The PIR is a form that asks the provider to give us some information about their service, what they do well and any improvements to care they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We were unable to speak with people who used the service on this occasion, so we observed the care being provided in communal areas to understand people's experience of care. We spoke with three members of the care staff, the acting manager, the quality and compliance manager and the head of operations for the provider. We contacted two relatives by phone after our inspection. We did this to gain views about the care and to check that the standards were being met.

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

Requires Improvement

Is the service safe?

Our findings

The level of staffing was determined by people's individual support needs. Each person living in the home was receiving funded staff support on a one-to-one basis with some people receiving additional staff support when they were out. This level of support was required to ensure people were safe and to protect others. A member of staff told us, "We have some staffing issues at the moment. There have been times when people don't truly get their one-to-one but we do our best". We saw, during our inspection that some people did not have staff with them at all times as planned for them. On one occasion one member of staff was alone in the lounge with two people. The member of staff did not know where their colleague was. Staff told us there was no emergency buzzer located in the lounge and if they needed assistance urgently they would shout for help. This meant that the level of support people received did not always meet their assessed needs which could present a risk for themselves and others.

Some people who used the service presented with complex behaviours that challenged their safety and that of others. Staff we spoke with demonstrated a good understanding of the behaviours people might present with and the actions they would take to help them settle. We saw that individual risk assessments and specific management plans had been developed to guide staff on the best way to support people and keep them safe. We saw that staff kept a record of each incident, noted what may have been the cause of the behaviour. This meant people were supported to manage their behaviour to ensure their safety. People's risks had been identified, for example how to support people safely in the bath. We saw a range of risk assessments with action plans which provided guidance for staff to ensure that risks were managed appropriately.

We spoke with members of staff about their understanding of protecting people. Staff told us they had received training on recognising harm and abuse and were able to give us examples of what they would look out for, the actions they would take and who they would report their concerns to. One member of staff told us, "I'd look out for changes in people's behaviour as well as the obvious signs like a bruise. I'd report to the senior carer or manager but I know I can also report it to the local authority or CQC myself". We reviewed the most recent referrals the provider had made. When they had identified concerns we saw that appropriate actions had been taken to ensure that people were protected.

There were arrangements in place to manage people's prescribed medicines correctly to ensure they received the correct dose at the right time. We looked at people's medicine administration records (MAR) and saw they had been completed correctly. There was guidance in place for staff to advise them how to recognise when people required medicines given on an occasional basis, for example for pain relief or to settle people when they were anxious. If people had allergies to certain medicines these were clearly highlighted on their MAR. Daily and weekly audits were in place to monitor the administration of medicines and ensure stock levels were correct. We saw that staff received training to administer medicines and there were checks in place to review their on-going competency.

New staff told us they provided information about themselves before they were employed at the service. One member of staff told us, "I had to fill in an application form and give them names of people to contact

for my references". We looked at three staff files and saw that all recruitment procedures, including security checks were completed before staff were eligible to work at the service. This demonstrated that there were arrangements in place to ensure staff were suitable to work within a caring environment.

Requires Improvement

Is the service effective?

Our findings

People were not always supported to eat a healthy balanced diet. There was a weekly menu on display in the kitchen however this did not correspond to the food that was recorded as eaten in people's care plans. We saw there was a reliance on takeaway fast food. We read in one person's care plan that they had eaten fish and chips one day and had another takeaway burger and chip meal the following day. A relative told us, "They have a lovely kitchen but they never cook anything." The menu choice on the day of our inspection was for either a beef or sausage casserole however the meal was replaced with spaghetti bolognese which according to the menu and people's records, had already been served that week. We looked in the refrigerator and saw that other than six eggs there was no fresh food. We spoke with the acting manager who told us that staff were due to buy groceries that day. The acting manager also told us that staff did cook meals but some were better than others and this was an area they would look at to improve.

Relatives we spoke with told us that staff had the skills required to care for people. One relative told us, "My relation has complex problems and I think the staff understand them". Staff told us they had access to internally provided training and opportunities to gain nationally accredited qualifications. One member of staff told us, "I've recently done training on autism, it was fantastic. It taught me how to recognise different characteristics". Another member of staff told us, "I'm going to do the Care Certificate. I'm waiting for the paperwork to arrive". The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Several members of staff had not worked within a caring environment before joining the staff at The Boat House. Staff told us they received an induction into the service. One member of staff told us, "I did some induction training when I started but a lot of it was based on dementia which we didn't need to support people here so we've had to do it again". Another member of staff told us, "I'd not done care before I started here. I wasn't just thrown in at the deep end; I had training and guidance from the other staff". The acting manager told us when they started working at the service they found that the training records were inaccurate and did not reflect the training staff had received. The acting manager also told us that they were reviewing staff knowledge and their competency to deliver care to ensure they had the skills they required to care for people effectively.

The people living at the home were not able to make decisions about their care and support for themselves. At our previous inspection on 6 January 2016 we found that people's decision making abilities had not been assessed and their movements were being restricted. 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. At this inspection we saw that people's capacity to understand and make choices had been assessed and had identified they required support from staff. We saw that arrangements were in place to hold best interest decision meetings for each person to

include the person's family and appropriate health care professionals.

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). People living in the home were unable to understand risks to their health and safety and were accompanied by staff in the home and when they went out. We saw that the provider was working within the requirements of the Act. DoLS applications had been approved for everyone in the home as they had been deprived of their liberty to move around freely to protect their health and welfare.

We saw that, when necessary people had support from other health care professionals to maintain their physical, mental and psychological health and welfare. A relative told us, "My relation looks healthy and the staff let me know when they've seen the doctor". People's care plans provided evidence that people visited their doctor and had specialist support from learning disability and mental health specialists.

Requires Improvement

Is the service caring?

Our findings

A relative told us, "Some staff have got a really good bond with my relation. It's lovely to see. Unfortunately I have seen some staff who just aren't interested". As people were unable to tell us about their experience of care we observed how staff interacted with them. We saw that the relationship between staff and the people they were supporting was variable. Some members of staff demonstrated a lack of interest in the people they were supporting. For example, we saw that some staff maintained a distance from the person they were providing with one-to-one support and made no attempt to either speak or make eye contact with them. We saw that when other members of staff spent time interacting with people it had a positive impact on the person. These members of staff spoke kindly, smiled and laughed with people on an individual basis. We noted that there was a change in the person's demeanour and they became more animated when they received attention. This demonstrated that people were affected by the interaction of staff.

Relatives told us the staff supported people to improve their independence. One relative said, "The staff have encouraged my relation to become more mobile. They're doing things now that they couldn't before they came here". A member of staff told us, "Each person has a key worker. The key workers are working with people and looking at ways to develop their independence".

Staff were able to tell us about the people they supported and demonstrated a good knowledge of people's personalities and characteristics. One member of staff told us, "We know what people like to do and what upsets them". People were unable to communicate verbally and staff told us how they would interpret their needs. Staff told us that some people would hold up a cup when they wanted a drink or take their hands when they wanted to move to another part of the home. A relative told us, "My relation lets the staff know what they want alright!"

Relatives told us they were able to visit whenever they wanted. One relative told us, "The staff have been really helpful and supported me to come here for visits. They have been great". Another relative said, "We can call in when we want".

Requires Improvement

Is the service responsive?

Our findings

People's care plans had been updated since our last inspection and provided information which was relevant to their current care needs and preferences. We saw that that there were arrangements in place to regularly review the care plans to ensure any changes in people's support were updated. A relative told us, "There's been no discussion with parents in the past but the new acting manager is making time for us".

We saw that people passed their time when they were at home by entertaining themselves which including listening to their music, looking through shop catalogues or handling fabrics. There were no opportunities provided for people to experience new activities in the home for example being involved in art or craft. A member of staff told us, "I think they are looking for someone to provide entertainment and support for people". People were supported to spend time outside of the home. During our inspection two people went for a walk with staff on Cannock Chase and another person accompanied a member of staff to the shops. A relative told us, "Sometimes we pop in but they've gone out for the day". A member of staff said, "We try to get people out because it improves their mood". We saw that people attended a local leisure centre to take part in activities including spending time on a trampoline. One person went horse riding when the weather was suitable. A member of staff told us, "We're sorting out risk assessments to take [name of person] swimming. They've been in the past and enjoyed it".

There was a complaints procedure in place. Relatives we spoke with told us they would speak with the staff or the acting manager to raise concerns. One relative told us, "The new manager responded positively when I raised something. They took ownership of the problem and responded well. That's an improvement".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 6 January 2016 we found that no action had been taken to assess people's risk of avoidable harm or their ability to make choices and decisions for themselves. We also found that there were no management arrangements in place to ensure the quality of the service was monitored or take action when shortfalls in the service were identified. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008. We issued the provider with a warning notice and told them they must improve by 11 March 2016. There had been a change in the management arrangements since our last inspection. A new manager had been appointed and had started the registration process with us. We found at this inspection that improvements had been made in all areas associated with the warning notice however some improvements were still required to ensure management stability and staff were fully supported to fulfil their role.

Relatives and staff told us they had found the frequent changes in management at the home unsettling. A relative told us, "This has been a new setting for my relation who finds change difficult. It hasn't helped them settle because there have been so many changes going on". A member of staff told us, "We've had a lot of managers. Some things have changed and then gone back to the way they were before. It can get confusing". Another member of staff said, "It's been stressful, a difficult time. Morale has been low with all the changes". Staff told us there had been positive changes since the acting manager had started. One member of staff said, "Things have moved quickly in the last month. We've been asked for our input which hasn't happened before".
Staff told us they had not had regular supervision meetings to discuss their performance and development. A member of staff told us, "I've had two in the past year. I know the new manager is improving this". There was a whistleblowing policy in place. Staff we spoke with told us they were happy to raise concerns externally if they felt the correct actions were not being taken. One member of staff said, "I would speak out if necessary, I'm that sort of person".

An audit programme had been implemented since our last inspection to monitor the quality of the service and identify where improvements were required. We saw that checks were kept on aspects of care, the health and safety of the environment and staff recording. When omissions or the need for improvement had been identified, appropriate actions had been taken to ensure this was rectified. For example we saw that the medicines audit had identified that staff were not carrying over the quantity of medicines in stock which would make stock control more difficult. We saw this had been raised with staff and the records were being completed correctly. A satisfaction survey had been sent to relatives with a plan to repeat it after the acting manager had been in post for a few months. One relative told us, "I think they were interested in my comments".