

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 ●

Summary of findings

Overall summary

About the service:

- ☐ Highfield House residential care home provides personal care for up to seven people with a range of needs including learning disabilities and behaviours that may challenge. There were seven people at the home at the time of inspection.
- ☐ The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment.
- Staff had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People received care from staff who were kind and caring and knew them well. Staff were patient and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff.
- People's support needs were assessed regularly and planned to ensure they received the assistance they needed. People's support was individualised. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of to share any concerns.
- The provider had systems in place to investigate and monitor accidents and incidents. The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts. The registered manager was open and honest and had a development plan in place to drive forward improvements.

Rating at last inspection:

- ☐ Rated Good overall (last report published 28/01/2016)

Why we inspected:

- ☐ This was a planned inspection based on the rating at the last inspection. The service continued to be

rated good.

Follow up:

- ☐ We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Highfield 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by two inspectors 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.

Service and service type:

Highfield House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection we spoke with one person and three relatives to share their views about the support they received. We spoke with five staff members and the registered manager who was available throughout the inspection.

We looked at the care and review records for two people who used the service and two staff files. We looked

at recruitment and training. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us and relatives confirmed they felt safe at Highfield House. One person told us they felt calmer since moving to Highfield and felt safe having their own room.
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Staff had a handover system to pass important information about people when changing shifts.
- The registered manager had implemented a system which analysed data on accidents and incidents and this was able to identify any patterns or trends to prevent these accidents and incidents from happening again. For example, data could identify if a specific member of staff was involved and they could be offered more training and support.

Using medicines safely

- We observed medicines being administered safely on the day of inspection. Staff told us they received regular competency checks to identify whether they were administering medicines safely.
- Where medicines were given 'as and when required', there was guidance in place so this would be administered consistently.
- Medicines were stored safely and daily temperature checks were carried out to ensure medicines were kept at the correct temperature.
- The provider had systems in place to ensure medication was administered safely. Medication Administration Records (MARS) were completed to record what medication had been given. We sampled MARS on the day of inspection that were completed correctly. We did identify some gaps for the current week, however, the provider had weekly audits in place which would identify these gaps. The registered manager was able to tell us what action they would take to confirm medication had been given as prescribed.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were very detailed and gave clear guidance to staff. They were presented in an easy read format and contained photos of the person.

Staffing levels

- People told us, "There is enough staff, all of the time."
- Relatives told us there were enough staff to support people and we observed this in practice.

- There were thorough recruitment processes in place.
- We saw evidence of recruitment checks taking place before staff were appointed. This ensured only suitable staff were employed to support people.

Preventing and controlling infection

- We found the home to be clean and tidy.
- We saw staff using personal protective equipment and observed that this equipment was readily available to them.
- We saw staff supporting people following good standards to ensure they could protect against the spread of infection.

Is the service effective?

Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people had restrictions within their care plans to keep them safe which they did not have capacity to consent to, the provider had made appropriate applications to the local authority for a DoLS.

- People were able to decide what they would like to do and when they would like to do it. We observed how some people were eating breakfast at 11.30am whilst others were eating lunch at this time.

- We found where people were unable to make a decision for themselves, the provider had completed a mental capacity assessment and/or best interests decision and had involved the person as much as possible in making their own decisions.

- Staff always gained consent before carrying out a task. Where people were non-verbal, staff knew how to recognise facial expressions and body language to determine whether they were happy to consent or not.

Staff providing consistent, effective, timely care within and across organisations

- Staff told us they had good support from the speech and language therapy team, as evidenced in the boards and signs around the building. However, processes put in place to aid communication were not always effectively used. On the day of inspection one person had an appointment at the doctors and needed help to understand where they were going. The key worker said they did not know where the pictures were to help this person's understanding. Senior staff assured us they would locate the pictures and it was normal procedure to use these pictures to help people's understanding.

- People were supported by key workers. Key workers are staff dedicated to a particular individual and who know them well.
- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans we sampled.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment and regular care reviews so they could be sure they could support people in the way they wanted to be. We observed that people and families were involved in care planning as much as possible, and care planning documentation was produced in easy read format to help people understand.
- People's equality and diversity needs were identified within the care plan and staff received training in equality and diversity to be able to meet people's individual and diverse needs.
- People were offered choice. For example, there was a takeaway planned for the evening meal and people were able to choose which takeaway they would like to eat.

Staff skills, knowledge and experience

- People were supported by staff who had the skills and knowledge to do so. We observed evidence of continual learning and development in staff files.
- Where new staff were appointed, we saw an induction process was in place. The Care Certificate standards were included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet.
- Some people were able to understand what a healthy diet was saying, " Beans on toast is healthy."
- People's weight was monitored and one person had achieved a more healthy weight since moving to the home. Another person had lost a lot of weight but the provider had acted appropriately, seeking medical advice and this person's weight had now stabilised.

Adapting service, design, decoration to meet people's needs

- There was a large and spacious garden at the back of the home which was accessed through French doors from the lounge. People were able to access the garden freely and enjoy being outside in the fresh air.
- There were pictures of people in the lounge looking happy and relaxed.
- People were able to decorate their rooms how they wished.
- Some of the decoration was tired and the provider was in the process of re-decorating the lounge and updating the kitchen.
- The provider had developed a sensory room where people could relax and improve their wellbeing.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives told us that staff were kind. One relative told us, "All kind, friendly and down to earth. I don't think I've been in when they've been nasty or on an off day."
- We observed that staff were patient and gave people the time they needed. For example, people were not rushed when going out and were given ample time to prepare.
- Relatives told us they could visit whenever they liked.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes respected. People's care plans were written in easy read format to help people express their views. There was evidence of best interest decisions in care plans where people needed help to make their choices.
- One person was involved in interviewing staff. They had prepared two questions to ask during the interview so they could be part of the decision made on whether a candidate was someone they would like to work at the home.
- The registered manager told us they had tried questionnaires to support people to express their views of the service, but they had not had a lot of response. They were now implementing a 'family forum' to try another way of encouraging people to share their views on care at Highfield House. This involved tea, cake and a chat on how the service could improve and an action plan was implemented to action any suggestions made.
- The registered manager had listened to people's views and had implemented "you said, we did" which was displayed on the office door.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and we observed how staff always knocked before entering people's rooms.
- People were treated with dignity and respect. For example, when a person came in from the garden, a member of staff quickly identified they needed personal care and discreetly took them to their bedroom.
- People were encouraged to maintain their independence. A relative told us, "[Person] tries new things, goes out shopping and on trips. They are doing a lot better now. They didn't go out much at home."
- A staff member told us how one person was now able to manage their own medication since moving to the home. Another person was able to eat independently which they were unable to do before moving to Highfield House.
- We observed lots of examples on the day of inspection where people were encouraged to be independent. For example, we saw people being encouraged to make their own breakfast. Staff told us, "We work to help

independence."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

How people's needs are met

- People's needs were met and staff showed they understood how to support people. People at the home were mainly non-verbal and staff knew how to communicate with people using sign language, gestures and facial expressions. We observed this in practice when one person displayed a particular behaviour and staff knew that this meant they would like time alone.

Personalised care

- A care plan and assessment was in place to show the support people needed and these were reviewed regularly. People and their relatives were involved in their care reviews. The reviews were completed in easy read format using pictures to help people be involved as much as possible. A relative told us that there had recently been a meeting to discuss medication and psychiatric support for their relation.
- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests. . For example, one person liked horses and was able to go horse-riding when they liked or just walk down the road to feed the horses.
- The registered manager was aware of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. We observed two complaints which had been investigated and the outcomes recorded. The registered manager knew the importance of monitoring complaints received for any trends. There was an easy read complaints policy in each person's file so they had it in an accessible format.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management.

End of life care and support

- Whilst the files we sampled did not have end of life care plans, the registered manager had written to families asking them to consider end of life plans but they had declined at the present time.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had good oversight of the service and had systems in place to identify and manage risks to the quality of the service. For example, they had systems to investigate and monitor accidents and incidents. We sampled some accident charts on the day of inspection and found accidents and incidents had been recorded in detail and body maps completed to record any marks or bruising. We found three accident and incident charts where the staff member had not followed company procedures and the registered manager took immediate action to rectify this.
- Relatives thought the service was well led and the registered manager was approachable. One relative told us, "Yes, it's well led."
- Staff spoke positively about the registered manager. One staff member told us, "The registered manager has an open door policy, they are easy to approach."
- Care plans were very person centred and contained lots of information about what was important to people and what goals they would like to achieve. The registered manager was in the process of updating these to make them even more person centred and easy to understand.
- The registered manager was open and honest about some of the challenges they faced within the service and how they was going to manage these.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff received regular supervisions and competency checks. Staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed on the provider's website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

Engaging and involving people using the service, the public and staff

- The registered manager had developed a family forum to obtain people's feedback.

- Staff were aware of the Accessible Information Standard and we saw that information for people was produced in an easy read format.
- Staff meetings were held to engage staff with the service and gain their feedback.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- There was ongoing training for both management and staff to continuously develop their knowledge in order to support people appropriately.

Working in partnership with others

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was confirmed by relatives and health professionals we spoke with.