

Pharos Care Limited

Highfield House

Inspection report

115 Wolverhampton Road
Pelsall
Walsall
WS3 4AD
Tel: 01922 692988
Website: www.Pharoscare.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of this home on 25 November 2014. We last inspected Highfield House in November 2013 and they were meeting the regulations we inspected against.

Highfield House is a care home providing personal care for up to seven younger adults with learning disabilities or autistic spectrum disorder. The home has a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

We found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. You can see what action we told the provider to take at the back of the full version of this report.

People and their relatives told us they felt safe at the home. Staff had knowledge of safeguarding procedures and how to report concerns they may have. The home

Summary of findings

had sufficient staff numbers with skills and experience to meet the needs of the people who lived at the home. Medicines were administered correctly to people and disposed of in a safe way.

Staff had good understanding on how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) affected their practice. The manager had made an appropriate application to the local authority in accordance with DoLS and was following legal requirements.

People had a good choice of meals, drinks and snacks and were encouraged to make their own decision about the food they wanted to eat. Staff had good knowledge of people's care needs and how to respond to them. People had access to health care professionals as and when they required. Relatives told us that they had been involved in the review of their relatives care needs.

Staff were caring in their approach to people. Staff took time to speak with people ensuring the person's understanding. People and relatives told us that staff had a caring approach and were respectful of their privacy.

People told us staff listened to their views and supported them to make choices. Staff understood people's needs and preferences and respected people's choices.

The manager was able to demonstrate a good understanding of people's needs that lived at the home. The manager had an 'open door' policy and staff felt at ease to ask for support and advice as required.

We found a number of issues which the provider's own audits had failed to identify. Quality assurance systems were not effective in identifying issues or trends which would improve service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Relatives and staff told us that they felt people were safe.

Staff had the knowledge and skills to protect people from the risk of abuse.

People were supported by sufficient number of staff to meet their needs and support their independence.

Medicines were safely managed and monitored.

Good



Is the service effective?

The service was effective.

Staff had training and the knowledge they needed to meet people's needs and preferences.

People were supported to have suitable food and drink when and where they wanted it. Staff understood people's nutritional needs.

The manager and staff understood the requirements of the Mental Capacity Act and were meeting the requirements of DoLS, which meant that people who lacked capacity had their rights protected.

People's healthcare needs were met with the support other health professionals.

Good



Is the service caring?

The service was not consistently caring.

People felt staff were caring and helped them with their care.

People were supported to have their individual choices and preferences met.

People's dignity was not always respected.

Good



Is the service responsive?

The service was not consistently responsive to people's needs.

Care and health documents were not updated or contained enough detail to respond to people's needs. This increased the risk of people receiving inconsistent care.

People were supported to take part in a range of activities in the home and in the community which was organised in line with people's preferences.

People and their relatives were listened to and encouraged to raise concerns.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

We found a number of concerns during our inspection which the provider's own audits failed to identify.

The provider did not carry out a robust analysis of accidents and incidents to identify trends.

Communication between the provider and staff was poor.

People, their relatives and staff were all complimentary of the manager and felt that they were listened to and any issues or concerns would be addressed.

Requires improvement



Highfield House

Detailed findings

Background to this inspection

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

The inspection took place on 25 November 2014 and was unannounced. The inspection consisted of two inspectors.

Before our inspection we reviewed information we held about the home. We looked at statutory notifications of incidents that the provider had sent us since the last inspection. A statutory notification is information of events which the provider has to notify us about by law. We spoke with the local authority to ask their opinion of the home. We used this information to help us plan our inspection.

During our inspection we spoke to the manager, deputy manager and two care staff. We also spoke to one person living at the home. People who lived at this home had learning disabilities. The majority of people were unable to tell us their experience of living at the home. We contacted three relatives of people living at the home to find out their views of the home.

We looked in detail at the care documents of four people using the home. We looked at the medicine management processes and at the records relating to the management of the home.

We looked at three staff files and training records. We observed how care was delivered between staff and people during mealtimes.

Is the service safe?

Our findings

People told us they liked living at the home and felt safe. One relative told us, “I know [name of person] is safe and secure, I have no concerns about [name of person] safety or welfare.” Another relative we spoke with told us, “I am happy with the home and I feel [name of person] is safe.”

Staff we spoke with understood how to keep people safe and protect people from harm. Staff were also aware of the different types of potential abuse and how they might identify these and actions they might take. Staff also knew how to escalate concerns. Staff were aware of the need to ‘whistle blow’ on poor practice and felt confident to do so.

Staff we spoke with understood how to support and protect people where they were at risk. For example supporting people with their money. Staff knew they needed to report any concerns they had about people’s safety. We observed staff and saw that they demonstrated that they were aware of people’s risk and how to keep people safe.

One relative told us, “There is lots of staff about they respond quickly to my relative’s needs.” We found that there were sufficient staff to support people with their needs. During the lunch period we saw staff supporting

people to make lunch and sitting with people whilst they ate their meal. This showed that there was enough staff to support people to undertake daily living tasks and to remain as independent as possible.

We were informed by the manager that the home used a staffing tool which ensured the staffing numbers and skill mix was sufficient to keep people safe and was based on people’s dependency needs. We saw that there was enough staff to provide support to people on a one to one basis. One relative told us, “There is always staff available they take time and listen and support my son well.” We saw staff spent time supporting people with daily living tasks and social activities away from the home. This showed there were sufficient numbers of trained staff to support people to be independent and participate in activities of their choice.

People’s medicine administration records were up to date and showed people received their medicine when they needed them. We found some people were prescribed ‘as required’ medicines to be taken only when needed such as for pain relief. We saw that people had protocols in place which gave directions of how and when ‘as required’ medicines should be given to people. We looked at the medicine’s fridge, which was used to maintain the effectiveness of medicines that required storage at a lower temperature. We found that medicines were stored appropriately.

Is the service effective?

Our findings

One relative told us, “Staff are well trained and know [name of person] needs.” We saw that staff had the knowledge and skills required to support people’s care needs. Staff told us they felt confident in their role and felt supported by the management team. We looked at records which showed staff were supported through induction and other training. An induction is a process of introducing someone to a post or organisation.

We saw that staff communicated with people in a sensitive manner. Staff had good knowledge of people’s care needs and how to respond to them. We saw staff spent time speaking or using body language to communicate with people as they assisted them with their daily activities. We heard staff speak clearly with people and repeat information to ensure people’s understanding wherever possible. We saw that staff had the skills and knowledge they required to meet people’s needs.

The manager was knowledgeable about Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS). MCA ensures that the human rights of people who may lack mental capacity to take particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is a no less restrictive way of achieving this. We were told at the time of our inspection that a DoLS application had been submitted to the local authority in relation to digital locks on external doors. We spoke to staff about their understanding of MCA and DoLS. We found that staff had a good understanding and were clear about the implications of these, such as a person’s capacity to make decisions.

People told us that the food at the home was good. One relative told us, “Food is good, staff encourage [name of person] to have a varied diet.” We observed that people were asked by staff to make decisions about the food they ate and were supported by staff to prepare their meals in order to develop independence. We saw pictures of food which helped people choose meals each day. We saw breakfast and lunchtime meals were eaten at different times to accommodate people’s waking times, activities and choice. The evening meal was a social activity where people and staff sat together to have their meal. We saw people were offered a choice of evening meal by choosing from a picture menu. Staff we spoke with had knowledge of people’s dietary needs and their food preferences. Staff demonstrated an understanding of how to meet people’s nutritional needs by a healthy diet.

One relative told us, “I am fully involved with [person’s name] healthcare needs and staff are proactive with healthcare appointments.” Another relative told us, “[Person’s name] weight was being monitored by the GP and staff were monitoring [person’s name] food intake.”

We saw that people had a healthcare folder which detailed people’s health care appointments. We saw records for one person who required regular optician appointments. Although we could not be sure whether this was done from the records we established they had received this and got new glasses. Staff told us that people attended the health checks they needed to remain healthy. We found that people had received support from other healthcare professionals when needed.

Is the service caring?

Our findings

We heard one member of staff shout to a person. We spoke with the staff member about this. The staff member told us they were instructing the person to return to their own one to one session in the other room and wanted to ensure the person complied. We heard another member of staff asking people who lived at the home if they wanted to go to the toilet in a way that did not maintain their dignity. We raised this with the manager and they told us they would address the matter.

We saw staff knocking on people's bedroom doors and waiting before entering. We observed staff spoke respectfully to people and waited for people to answer. Some people at the home required support with personal care, we saw people were responded to quickly and in a manner showing respect. We saw that people looked well cared for. One relative told us, "I always find [person's name] looks clean and tidy." We saw people were relaxed with the staff who were supporting their needs. Another relative told us, "Staff are very patient; they take time to explain things clearly."

One relative told us, "The personalities of the staff are very caring, their attitudes are good and my [person's name] responds to them." People at the home were able to tell us

they were happy and that staff were "kind." We saw staff supported people in a kind and caring way. Staff took time to speak with people ensuring the person's understanding. The home had a relaxed atmosphere and staff said they enjoyed supporting people who lived at the home. We saw that staff communicated with people in a variety of different ways and some staff have been trained to use Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff we spoke with were able to explain methods people use to communicate their needs or feelings. We saw people were relaxed with staff and felt confident to approach staff throughout the day.

Staff supported and respected people's choices. One relative told us, "Staff were very approachable and caring and always treated people with respect." We saw one person choosing what they wanted to eat for breakfast and another person have fish and chips at lunch time. One relative told us, "[person's name] makes their own choices and staff always assume [person's name] has capacity to make a choice." We saw that people and relatives were involved in how care was to be delivered and staff listened to what they wanted. We saw that staff listened to what people were saying and helped them to make decisions and choices.

Is the service responsive?

Our findings

We looked at four people's care plans and saw they covered aspects of a person's individual care need, support required and how these were met. We found information recorded was often inconsistent and did not always reflect people's current care needs. Some of the information included in records such as how people needed to be supported, was inaccurate, which the manager confirmed. The manager and staff told us information held in the care plans had not been updated or reviewed recently. Both the manager and staff recognised this as a shortfall and told us they were working on updating these records. Staff told us they understood people's needs as they got to know the person and not from information supplied in the care plan. In the absence of records there was a risk that people's care could not be monitored for prompt action to be taken.

We saw people's health needs information were kept separately. We found information had not been updated and the outcome of people's healthcare appointments had not been recorded. For example, one person had attended an appointment with their psychiatrist but no outcome was recorded. Another person had recently visited the optician for new glasses which was not recorded in their health care records, although some staff knew about the outcome of this. We saw that people's records did not contain all the required information in a central place to ensure this was monitored. In some instances, we asked staff whether people had received the care and treatment they needed as this was not recorded in their care records. We found that there were inconsistencies in staff knowledge about whether this was received and what the outcome was. Some of this care and treatment was important to maintain people's health and wellbeing. The lack of records that were up to date and fit for purpose added the risk of people receiving inconsistent care.

This demonstrated a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One relative told us, "I am fully involved in the review of my relatives care." Another relative told us, "I am fully involved in any decisions that are taken." One person told us they were fully involved in making decisions and choices about how and when they received their care. Staff responded quickly to their needs. We saw that people had a choice at what time they got up and went to bed. We observed at lunch time people could choose what and when they wanted to eat.

People told us that staff gave them a choice, were aware of their preferences and treated them as an individual.

One person told us, "I am asked what I would like to do." Staff supported people in choosing activities based on their likes and preferences. People were supported to access a wide range of activities both within the home and in the community for example a trip to local shops and Christmas market had been arranged. We found that there was a wide range of activities available each day for people to choose based on what people liked doing. An activity board was used for people to see what activities had been planned for that day. We observed people taking part in activities during the day. This included one person using the computer, visits to the shops and sitting talking to staff.

We spoke with relatives and they told us they did not have a copy of the complaint's policy but felt confident to speak with the staff or the manager. We saw that the policy was displayed in the entrance hall. Some people using the home would be unable to make a complaint due to their individual needs and understanding. Staff we spoke to were able to confirm how a person would communicate if they were unhappy about something and how they would address the concern. Staff told us they would observe people's body language or behaviour to know if they were unhappy. Staff would distract the person and move them from the situation that was causing them anxiety. The manager had told us they had not received any recent complaints but these would be welcomed and addressed appropriately.

Is the service well-led?

Our findings

We looked at how the provider ensured the quality of the home was maintained. We found that arrangements were in place to monitor the quality of care provided. However, information was inconsistent and did not identify some of the concerns we found during our inspection. For example, care plan audits had not identified information which was out of date. We saw information was collected but was not analysed to identify trends or address concerns which could be used to improve the quality of the home. We saw that summary sheets were used to monitor and record trends in incidents and accidents. However, we found that not all incidents and accidents were recorded to ensure this information was included in the analysis. These had not been identified by the provider's own quality assurance systems.

We observed the manager had good knowledge of the staff team and of their responsibilities as a manager. We saw that the manager had the help and support of a deputy manager and operational manager. We spoke to staff and they informed us that the home owner had recently merged with another care provider. Staff told us they were not well informed about the change and this had impacted on staff morale within the home. We spoke with the manager about the concerns raised by the staff regarding communication. The manager said they would discuss concerns with the operational manager of the home.

One relative told us, "Its teamwork, [person's name], staff and family we work together." Another relative told us, "The manager is always about and is very approachable." The

manager told us they had not held any recent relatives meetings or completed any surveys to seek people's views. Feedback was obtained from direct conversations with relatives and staff at review meetings. People and relatives told us they would be confident to speak to staff or the manager if they had any concerns. We spoke with the manager of the home and he was able to demonstrate a good understanding of people's needs that lived at the home. People told us staff listened to their views and supported them to make choices.

One relative told us, "I am very happy with the service and management of the home." We saw that the home had a clear management structure. Staff demonstrated an awareness of their role and responsibilities and spoke positively about the management team. One staff member told us, "I feel supported by the management team." Another staff member told us, "We are like one family everybody supports everybody with the manager at the head." All staff we spoke with told us that they would feel confident to report any issues or concerns to the manager and felt these would be addressed appropriately. Staff we spoke with said they had the full support of the manager and the deputy manager. Staff said all concerns were addressed appropriately, the manager had an 'open door' management style and they felt at ease to approach and ask for advice and support as required.

The manager told us links with the local community had been developed and people were supported to access local shops to promote their independence. This showed that people were supported to undertake the hobbies and interests they wanted to do.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person must ensure that service users are protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of accurate and appropriate records.</p>