

Pharos Care Limited

# Pharos Supported Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The office inspection took place on 30 November 2016 and we visited people who use the service on 8 December 2016. The inspection was announced. We gave the provider short notice before our visit that we would be visiting to ensure the registered manager was available.

On 07 January 2016 we carried out a focused inspection because at the previous inspection on 21 October 2016 we found that the provider was not meeting all the regulations as a result we issued requirement notices. At this inspection we found that some improvement had been made but we identified that further improvements were required.

Pharos Supported Living is a domiciliary care service that provides care and support to people mainly in a supported living environment. This meant a number of people live in the same building but have different flats within the building. There is a communal room if people chose to use this; alternatively they have the same facilities in their individual flats as would a person living in the community. There were nine people living in two supported housing and one person living in the community. The support provided is for people who may have a learning disability, physical disability or autism. The service supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night.

There were two registered managers in post who job shared. 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.

Staff were safely recruited with all the relevant checks completed to ensure that people were supported by staff that was suitable. The provider did not always follow their own procedure in ensuring that staff were competent before supporting people alone.

The provider had processes and systems in place that kept people safe and protected them from the risk of harm. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm but was unclear how to escalate concern if the provider did not take action.

People had been involved in the planning of their care, the support of relatives and other healthcare professionals, to ensure that care was provided in the person best interest. The provider was aware of the action to take to protect people's legal rights.

Most staff received adequate training but not all training was thorough and staff competencies assessment and supervision were not always completed to ensure staff had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences.

Where appropriate people were supported to access health and social care professionals. Staff was caring and treated people with dignity and respect and people felt they could speak with the staff about their worries.

People were assisted when they had given their consent. Care staff ensured that people who needed support with preparing meals and drinks received the support they needed.

Staffing levels and on call arrangements for the supported living accommodation was not always clear, to ensure adequate staff were available to support people.

There were systems in place to monitor the quality of the service provided but these were not always effective in identifying areas for improvement.

## 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 always safe

People felt safe with the staff that provided them with their support and people were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were not always supported by sufficient numbers of staff that they knew, and on call arrangements were not clear in the event of an emergency.

People were supported by staff to take their medicines as prescribed by their GP.

### Is the service effective?

**Good** 

The service was not always effective

People were supported by staff that had received training in various different subjects. However competency assessments was not completed to ensure that staff thoroughly understood training that they had received.

People's rights were protected.

People were supported by staff when required with their meals to help them stay healthy.

People received support where appropriate to received medical support when needed.

### Is the service caring?

**Good** 

The service was caring

People were supported by staff that was kind and respectful and people's privacy, dignity and independence was maintained.

### Is the service responsive?

Good ●

The service was responsive

People received individualised care and support that met their needs, because staff was aware of people's individual needs likes and preferences.

People informed staff of any concerns they had who then informed the management and action was taken where required.

### Is the service well-led?

Requires Improvement ●

The service was not always well led

The provider had processes for monitoring and improving the quality of the care people received, but these were not always effectively used to identify where improvements were required. Staff allocation and on call arrangement in an emergency was not effective to ensure that people were always supported by someone they knew and were familiar with.

The provider did not always ensure that one of the supported living accommodations was separated from a residential home that the provider also owned which cause confusion to people using the service, relatives, and professionals.

# Pharos Supported Services

## 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.

The registered office was inspected on 30 November 2016 and we visited people who use the service in their own homes on 08 December 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day we needed to be sure that someone would be in. The inspection team consisted of two inspectors. One inspector visited the office on the first day of the visit and two inspectors visited both supported living accommodations on 08 December 2016.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts that the provider is required to send to us by law. We spoke with the NHS Clinical Commissioning Group [CCG] to ask them for information about the service and reviewed information they shared with us. The CCG purchases care on behalf of people who need support.

During our inspection we spoke with six people who used the service five staff members, one healthcare professional, the manager, the director and five relatives. We looked at records in relation to three people's care to see how their care was planned and delivered. Other records looked at included staff recruitment and training records. This was to check staff were suitably recruited, trained and supported to deliver care to meet each person's individual needs. We looked at complaint records and quality checks that have been completed by the provider.

# Is the service safe?

## Our findings

Staff were recruited safely and we checked the recruitment records for two members of staff. These records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with people. Staff who we spoke with confirmed that they were not allowed to start work until these recruitment checks were in place. There is a large recruitment programme in place at the time of inspection. One new member of staff, commenced employment on 30 November 2016 had not worked in care before. The rota showed that the staff member was to shadow other staff but from the rota, daily records and staff information we found that the member of staff had supported people alone on two occasions. This is not in line with the providers own policy which states that the competency of new staff must be checked.

We saw that at one out of the two locations where personal care was provided staffing levels ensured that people were supported as part of their contracted hours and there was sufficient staffs to do this. However one of the supported living services was adjacent to a care home run by the same provider. We were told by the people who used the service that staff from the care home supported them when staff who worked in the supported living accommodation was not available. The registered manager told us that they used a floater [this is a member of staff that is not included in the staffing levels for the care home and is extra to requirements]. However rotas seen showed that this facility was only available at weekends, which may mean that staffing levels during the week were not sufficient to provide support to people living in the supported living accommodation and the residential home. We saw that people in the supported housing service had call bells, to use in an emergency. The emergency calls bells alerted staff in the care home so that they could respond to the call. However, staff did not always respond and this placed people in the supported living accommodation at risk. The staffing rota showed that at weekends someone from the care home was allocated to respond to calls from the supported living accommodation; however no one was allocated during the week. This showed that there were not sufficient staff available to meet the needs of people in the supported living accommodation service. one staff member told us, "We are quite stretched as we also cover both services. Relatives spoken with confirmed when the call bells were used, it was the residential care staff who work in the residential home who respond.

People spoken with told us they felt safe when staff supported them. One person told us, "Staff make me feel safe by being here." Another person told us, I feel very safe with them [staff]."

Relatives told us that that they felt their family members were safe and any concerns were reported to them so they were kept fully informed about all aspects of their relative's care.

We saw that people had risk assessments in place, covering several areas of individual needs to ensure risks to their health and safety were reduced as much as possible. The care records we looked at during this inspection included risk assessments for medication, transport, mobility, safety at home, getting lost in the community and mental health. We saw risk assessments were reviewed regularly. Staff spoken with were able to tell us about how they reduced risks and kept people safe. One staff member told us, "We follow

people's risk assessments such as when making hot drinks and cooking food to ensure the person is safe." Another staff member told us, "When [named person] goes out they take their phone with them, we contact them to make sure they are safe, we don't ask them where they are as this would be an intrusion, they tell us they are safe then we will ring again later, this is in their risk assessment which they have agreed to." The person spoken with confirmed this.

We saw there were procedures in place for protecting people from abuse and when safeguarding concerns had been identified the appropriate action had been taken and reported to the local authority. Staff spoke with confidence about categories of abuse and confirmed they had training in this area to keep their knowledge up to date. We saw records that confirmed this. One staff member told us, "We listen to what people are saying to us, looking out for bruises and noticing if they [ people who use the service] are withdrawn, I would report it." Staff we spoke with demonstrated a good understanding of safeguarding people. All staff said they would report to the manager if they had any concern about a person or if they suspected that abuse may be taking place. Some staff when asked were unsure about how to escalate concerns to external agencies such as the police or social services if they felt the organisation were not listening to their concerns. However, one staff member told us, "I have used the whistle blowing policy and action was taken."

People told us when staff supported them with their medicines checks were completed to ensure that staff gave the medication as prescribed. One person told us, "They [staff] look after my tablets they are kept in my bedroom, locked away." We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure people received their medicines as prescribed. People had assessments completed with regard to the levels of support needed. We found there were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff confirmed they had received training on supporting people with their medicines.



## Is the service effective?

### Our findings

One person who used the service told us, "Yes they are trained they [staff] told me." A relative told us that they felt the staff who looked after their family member was professional and felt that they had the appropriate training to meet their family member's needs. Staff spoken with told us they felt supported in relation to their role and had training to enable them to support people as they preferred. Training records showed that staff completed on line training in addition to classroom training in various different subjects. For example, some staff had training in supporting people who had a percutaneous endoscopic gastrostomy [PEG]. This is because people have difficulties with their swallowing and the PEG allows nutrition, fluids and/or medications to be put directly into the stomach. However the training did not include how to clean and rotate the PEG. This meant that people could be left at risk of infection. This had been identified and some staff had received additional training, with further training planned.

Some staff confirmed that they had regular supervision so they could discuss any concerns they had about people and ensured that where required training was identified. However some staff told us that supervision was not always held regularly but they could speak with their line manager if they had any concerns or issues they would like to discuss.

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's capacity to make decisions had been assessed, however, where people were unable to make decisions there were no records available at the time of our inspection to show that a discussion had taken place with all relevant parties to ensure that the decisions being made were in the person's best interests. Following our inspection the provider sent us information that showed that external professionals had been involved and risk assessments were in place so the least restrictive support was provided. One member of staff told us, "I always ensure they [people who use the service] agree. You get to know the clients and know how they communicate." Another member of staff said, "I always give people options and seek their consent before doing anything with them." Observation showed that people were consulted about their care so consent was gained. Although we saw that the required applications were made to the court of protection when needed these records were not available on people's records. It is best practice that all information about people when they have any restrictions in place should be in the person's care record so staff have the information available to support people in the least restrictive way.

Staff spoken with were clear about the support people required, and how to provide the support as people preferred. One person told us, "Staff help me to look after myself, and are very good." A visiting professional told us, "Instructions are followed to the letter; staff are very forward in asking for advice and contacting me when needed. I pop in unannounced and I have never had any concerns."

People who were supported with their meals told us that staff ensured that they prepared what they wanted. One person told us, "I like my dinner and I help cook it." Another person told us, "I help them [staff]

cook my food." Staff told us they supported people to plan their meals and tried to ensure that people ate as healthily as possible.

People told us and records confirmed that they were supported to access healthcare professionals to make sure they received medical attention when needed. One family member told us, "My relative was having problems and staff let me know so [named person] was referred to doctor, [named person] also see's dentists, and attends hospital appointment with the staff and they [staff] keep me fully informed." This showed people's health care plans were followed.

## Is the service caring?

### Our findings

We received some positive feedback from relatives about the service. One relative said, "The staff are kind and helpful. I can't fault the place." Another relative told us, "We're very happy with the care he gets there. The staff are very caring." A third relative said, "He [person who uses the service] is extremely happy there and it is really noticeable how much he enjoys being there. Very caring staff." People told us that staff were kind to them and helped when they wanted to go out to places of interest to them.

We saw what people looked comfortable and relaxed in the presence of staff. Staff were polite and friendly to people they supported. We saw staff knock on doors and wait to be invited in to the person's flat. Staff spoken with knew people well. Staff were able to tell us about people's past history and the individual characteristics of people. They described to us the things people enjoyed doing or their preferences of activities they liked. One person told us, "They're [staff] kind to me, look after me." Another person told us "I like it here." A third person told us, "It's my home and I am very happy."

People were encouraged to be independent and make their own choices where possible. We saw staff encourage people to make decision about the support they wanted. For example, two people chose not to speak with us during inspection and this decision was respected. A visiting professional told us, "The staff promote people's choices which I have seen, where support is required staff support them with whatever the person wants to do. We saw that staff involved people and talked to people, making general conversation. Staff praised people when they did something, such as completing a task that was part of their support plan. Staff told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan. One member of staff told us, "Although this is supported living I am mindful that I am are working in someone's home and as such I am respectful of their wishes and treat people with the respect, privacy and the dignity they deserve." Another member of staff told us, "I treat everyone as I would like to be treated if I were in their position."

Records seen supported what people and staff told us. We saw that people were supported to stay in touch with relatives who either visited them or spoke with them on the telephone. We saw that arrangements were made so people could stay with their relative over the festive session.

## Is the service responsive?

### Our findings

People were involved as far as possible in planning their own care and making decisions about how their needs were met. The registered manager told us, "We encourage people to be as involved as possible in their support planning. Care plans gave staff detailed information about how people liked to have their needs met. Where appropriate, family members were involved to help ensure as much information was collected as possible to provide personalised care. The registered manager told us the emphasis was put on each person reaching their full potential, and to develop their skills and experiences. We saw that people had flexible activity plans in place. One person told us they were going to an activity in the afternoon. One person said they had a voluntary job. People spent time in their flats doing whatever they wanted to do, for example, one person liked to watch YouTube videos on their computer and another liked to watch tv and go to the pub for a rum and coke. Records seen indicated that these events took place.

Staff told us that they would support people in activities they liked doing and support them to make choices. One person told us, "I like to do the washing up and hoovering and staff support me to do this." Another person told us, "I go to the residential unit to mingle with them, I think the staff give me a choice, I can't remember." A third person told us, "I do what I want, they [staff] help me, and they make sure I am safe."

Care records seen were detailed with people's choices and preferences and showed that people were supported with the choices they made in relation to the support they wanted. People were also support take part in activities that was important to them. For example, One person told us, "I like football and sometimes go to Birmingham." Not all people spoken with were aware of their care plan. One person told us, "I don't know what's in my care plan." We offered to go through the care plan with them but they refused. Some care records seen had a pictorial format to support people in their understanding of their care plan so they could be more involved. We saw that care records were individualised. Relatives told us they were regularly involved in the review of their family members care plans. Relatives told us they knew they could approach staff if they had any issues.

We saw that a complaints procedure was in place. One person told us they would tell staff if they had any complaints and relatives were aware of the complaints procedure. One relative told us that they had raised an issue which was dealt with straight away. The relative told us, "I don't have any problems with speaking with staff and they normally take me seriously and resolved the matter."

People spoken with were not able to tell us what they would do if they had a complaint. Staff told us that they would share information with the registered manager if a person made a complaint so it could be addressed. One staff member told us, "If person told me they were unhappy with something then I would tell the registered manager so they could discuss with the person to make sure that something was done. We don't get many complaints because we try and prevent issues occurring before a complaint is made."

## Is the service well-led?

### Our findings

Relatives and people told us that they were not happy that the care home and supported living provision was being run as one. People told us that all information about them was kept in the residential unit. Staff told us that they went to the residential unit to complete care plans. One person who used the service told us, "I go over there even if I don't want to." The person could not tell us why. A staff member told us the people only go over to the care home if there was an event was taking place.

Relatives spoken with all shared concerns with us about the care home and the supported living accommodation being run as one unit. One relative told us, "It's like trying to work in the fog, I don't know who is who, who is responsible for what. I was told by staff that the care home is responsible for ordering prescriptions when I queried medication. I have spoken with other relatives and they feel the same, there is no boundary. My relative has lived in supported accommodation before and it was never like this one." Another relative told us, "Mangers come and go, this will be the sixth manager in 18 months no stability at all." A third relative told us, "Staff are based in the care home, they are using so many agency staff that my relative does not know who is coming. Some that come don't understand what my relative is saying and do not communicate effectively with my relative which upsets [named person]." Another relative told us, "If we don't know who is responsible how are people living in the support accommodation with their disability and understanding supposed to know."

We discussed with the compliance manager for the provider people's views about the need to separate the two services. The provider told us, and we saw evidence that the provider was looking into ways to separate the call bell system so this would not impact on the care home and separate the on call arrangements. However no date had been finalised. The director told us that they were re-structuring the management teams and have appointed a project manager who will have responsibility for the supported living accommodation.

We saw that the atmosphere in the supported living accommodations was open, friendly and welcoming. People told us and we saw staff were approachable. Relatives spoken with told us that they were kept informed about their family member's care and if there were any concerns they were contacted. One relative told us [named person] had improved dramatically since moving into the supported living accommodation. Relative's told us that the staff always contacted them and asked their views about the service provided to their relative and if improvements were required.

Registered providers are required to notify the CQC about certain events which may affect people who use the service. This helps the CQC to discharge its statutory responsibilities to protect and promote the health, safety and welfare of people who use health and social care services. We received some notifications in a timely manner. However during our inspection we requested information about an incident that we had seen in a care record. The director told us that the record was at head office. This information was not contained in the person's care plan and we did not receive an official notification about this incident at the time of the event. We requested that the information was sent to us, which we received following our inspection.

The provider's incident report form includes a follow up review by the registered manager, where instructions of the action to take are given. We saw that the incident form was completed and the action to take included reviewing the persons care plan and updating a risk assessment. However we found that this had not been completed and the care plan seen had not been updated with current information. We also noted that the provider had stated on the incident form that we were not notified which corresponds with the record we hold about the provider. This showed that procedure for report incidents was not always followed and where it had been identified that the required actions had not been taken there were no follow up actions recorded.

We saw that there were systems in place to audit and monitor the service provided. We saw that various processes were in place for internal monitoring, which included auditing and reviewing care records, medication records, staff recruitment and views of relatives and people who use the service. People were asked about the care they received which also involved social workers, relatives and other health professionals, to ensure the service provided met peoples need as they preferred.

The compliance manager told us that a full audit of the service provision was taking place and the areas identified with the care home and the supported living accommodation was being looked into and people feedback was being taken into account. We were informed that one of the registered managers had resigned from the organisation. However there was registered manager in post. 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.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider must ensure that the regulated activity personal care is separated from other regulated activity within the organisation and monitoring and reviewed as one regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing levels must ensure that on call arrangement are adequate to ensure people receive support when needed in an emergency.</p>