

Pharos Care Limited

Pharos Supported Services

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?

Requires improvement 

Overall summary

This inspection took place on 21 October 2015 and 2 November 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service incorporating supported living services for adults with learning difficulties and we needed to be sure that someone would be in. At the last inspection carried out in 09 January 2014 under previous inspection method, the provider was deemed compliant.

Pharos Supported Services provides personal care and support to people living in their own homes at Pedmore Walk. At the time of inspection, there were four people

living in self-contained individual flats. Only one person received the regulated activity of personal care. The site had a shared lounge area in the form of a conservatory, a sleep in room for staff and a staff office on the ground floor.

Pharos Supported Services required a registered manager to be overseeing the service. 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

Summary of findings

and associated Regulations about how the service is run. At the time of this inspection, there was no registered manager in post. Although the provider had employed a manager, the provider had not yet submitted their application for registration of the manager with the CQC.

The provider had effective systems in place that protected people from abuse and avoidable harm. Staff undertook risk assessments with the input of healthcare professionals. The manager had a clear understanding of what to do if potential abuse was reported to them.

Staff were recruited using thorough procedures and only after appropriate checks were completed. The service had appropriate levels of staff based on people's assessed needs. People received care and support from staff that had the skills and knowledge to carry out their roles effectively.

Staff ensured that consent was obtained and people were involved in their day-to-day care. Appropriate actions were taken to ensure any restrictions in place on people's movements were done in their best interests.

Our review of records and discussion with the provider indicated people, at the time of inspection, received their medicines as prescribed. People, were supported by staff, to access healthcare professionals when they needed to see them.

Staff treated people in a caring way and took account of their choices in the way they wanted support provided. Staff treated people with kindness and respect and maintained people's dignity and privacy.

People who responded to the CQC survey felt that staff listened to and involved them in how they wanted to receive support. People also told us that staff responded quickly when they asked for support.

Staff we spoke with recognised the importance of knowing people's routines, so that, people received personalised support.

Staff met with people regularly, took the time to get to know them and supported them in undertaking activities according to their hobbies and interests.

Systems were in place that supported and encouraged people to share their views of the service they received. However, we did not see that the views of relatives had been sought.

The provider had systems to monitor the quality of the service to help them in their efforts for improvements in quality of the service received by people but these were not always effective.

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

People were protected from abuse and avoidable harm because of the systems that the provider had in place.

Staff were recruited using appropriate procedures and only after completing the relevant checks.

The service had the correct level of staff based on people's assessed needs.

People received their medication correctly.

Good



Is the service effective?

The service was effective

People received care and support from staff that had the skills and knowledge to carry out their roles effectively.

Staff asked for people's consent and involved people in their day-to-day care. The manager sought appropriate authorisation for restrictions in place on people's movements. These were made in people's best interests.

People were supported to access healthcare services when needed.

Good



Is the service caring?

The service was caring

Staff treated people in a caring way and took account of their choices in the way they wanted support provided.

Staff treated people with kindness and respect.

Staff maintained people's dignity and privacy.

Good



Is the service responsive?

The service was responsive

People felt supported by staff that listened to them and people were involved in how they received support.

Staff recognised the importance of knowing people's routines, so that, people received personalised support.

Staff met with people regularly, took the time to get to know them and supported them in undertaking activities according to their hobbies and interests.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

The service did not have a registered manager in post at the time of inspection.

Systems were in place that supported and encouraged people to share their views of the service they received. However, we could not see if people's relative's views had been sought.

The provider had systems to help them in their efforts for improvements in quality of the service received by people but they were not always effective.

Requires improvement



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.

This inspection took place on 21 October 2015 and 2 November 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service incorporating supported living services for adults with learning difficulties and we needed to be sure that someone would be in.

There were two inspectors on the 21 October and one inspector on the visit of 2 November 2015. We reviewed information held by us on the service and provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law.

We spoke to two out of the four people who used the service, various staff including a team leader, the manager, and the operations manager and nominated individual. The nominated individual has the responsibility for supervising the management of the regulated activity provided by the organisation.

We spoke with two health care professionals on the telephone. In addition, we included views from relatives gathered from a survey sent out by the Commission. The survey also included responses given by people who used the service as well as staff. These have also been included.

During our visit, we looked at two care records of people who used the service, recruitment and personnel records of three staff, the medicine and money management processes. We also looked at records maintained by the provider about staffing, training and the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe because there were staff on site and because the building was secure during the day and night. The team leader told us that, with people's agreement, they had introduced a visitors signing in book. This was to increase people's safety because people could check who was in the building at any given time.

One person told us that they knew to go to staff if they felt bullied or harassed by anyone. However, they told us they had not needed to do this up to now. Staff were able to tell us about different types of abuse. Staff also gave us examples of how they would identify potential abuse. The manager showed they had a clear understanding of what to do if potential abuse was reported to them. One health professional we spoke with told us that, "They are on the ball when it comes to safeguarding".

The provider had policies and procedures in place to report safeguarding incidents to the appropriate authority. Our records showed that the provider had been appropriately reporting safeguarding incidents in the past year to the Care Quality Commission.

We saw records that demonstrated the provider had identified individual risks to people and put actions in place to reduce these risks. For example, mitigating the potential risk of when people were out in the community, visiting relatives or in their flats. We saw that there were individual risk management plans for each person. The team leader explained that staff used the risk plans to support people who used the service. For example, staff knowing about the impact of maintaining people's fixed patterns and routines to reduce anxiety. Healthcare professionals told us they had input into people's risk management plans and felt listened to by the staff and management. Therefore, the provider had systems in place that enabled staff to support people to meet their needs whilst keeping them safe.

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported some

people, having received their written consent, to budget their money on a weekly basis. Staff kept individual records of money spent by people. We saw that daily checks by senior staff and monthly checks by management were undertaken. This ensured appropriate accounting of people's money.

People told us there were enough staff available to support them. Records of staff rotas reviewed showed that staff on duty were a mixture of bank and permanent staff. The manager said that they worked out the staff needed for a shift based on; what activities people planned to do, their risk assessments and which staff were best suited to support them with the planned activity. The manager told us this ensured there was sufficient staff on duty. The team leader and manager provided out of ours on call cover so that should an emergency arise staff could contact a member of the management team for support.

We saw from staff records that the provider undertook appropriate checks before a new member of staff started working for them. These included obtaining references, proof of identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People's medication was stored in their flats along with the appropriate documents. The manager told us that most people were able to give their consent to receiving medication. The team leader told us that no people were currently able to self-administer their medicines. Support plans we looked at showed that staff worked with people to determine their ability or desire to learn to self-medicate. Staff then supported people accordingly with taking medication.

We saw records that demonstrated under what circumstances staff gave when needed (PRN) medication and covert medication to people. We also saw the provider had a written medicines policy that provided guidance and instruction to staff. After having reviewed this information, we concluded that people, at the time of the inspection received their medication safely.

Is the service effective?

Our findings

As part of its inspection programme the CQC sent a survey out to people who used the service, their relatives and staff employed by the provider. People we spoke to said that their care and support workers had the skills and knowledge to give the care and support needed. All relatives who responded to the survey agreed that the care and support workers had the skills and knowledge to give their relative the care and support needed.

Most of the staff who responded to the CQC survey agreed with the statement that they had completed an induction that prepared them fully for their role before working unsupervised. In addition, staff confirmed in the survey that they had received the training needed to enable them to meet people's needs, choices and preferences.

The team leader told us that she received supervision every six weeks from the manager. The team leader also said that support workers had regular supervision. We looked at four staff supervision records. These showed that staff received regular supervision and that staff attended a range of training sessions needed to give them the skills and knowledge required to carry out their roles. The manager had a system in place to monitor and assess staff's competency to ensure that people continued to receive an effective service from staff.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Most of the people who received a service had capacity to make their own decisions and choices as to how they accepted support from staff. One person we spoke with said, "I'm free to come and go as I please". The team leader we spoke with was able to give good examples of how they sought verbal consent from people. We saw records showing that where people had capacity they had consented to receiving care and support from the service.

However, where people were not able to give consent the manager had sought the advice of health care professionals and family to assist with best interest decisions.

The provider had recognised that one person was potentially being deprived of their liberty. Therefore, the provider had made applications to the Court of Protection to seek appropriate authorisation. This was a good example from the provider of how they promoted people's human rights. The manager told us about MCA training that all staff had been booked to attend so that staff would continue to meet their legal obligations and appropriately support people as their needs changed.

We saw that people had their own flats with their own kitchens. The team leader told us that, "We only offer minimal support with cooking as people are quite independent". We saw, from people's care plan reviews that staff talked with people about healthy eating. The provider had also offered education sessions on healthy eating from an external health care professional to promote healthy eating further. The provider also supported people access specialist health care professionals with regard to their nutrition and health needs.

The provider had systems in place to support people with their health care needs. We saw records of personalised care plans for people that were given to the provider from the GP surgery. The GP had given these so that staff could support people in recording changes in their physical health care. This enabled staff to identify quickly any issues where people needed support to see their GP.

Is the service caring?

Our findings

One person said, “Staff are nice”. Another person said that they, “Wouldn’t change a thing”. One of the health care professionals we spoke with said they often dropped in unannounced and had seen staff would be chatting away with people who used the service. The health care professional added that when asked by them, people would tell them that they were fine and happy. Another professional stated that when they visited they saw that staff interacted positively with people. Responses by people who used the service to the CQC survey sent out showed that two thirds of the people who replied thought that staff were caring and kind.

The team leader we spoke showed a good understanding of people’s preferences likes and dislikes. The team leader also told us that staff got to know people by chatting with them, checking their care records, and by talking with other staff about people’s care needs. The manager had developed an information resource of different types of activities people could try. Staff also used this as a way of starting discussions with people to get to know them better. Records showed that staff had discussions with people in monthly care planning meetings with their keyworker about the things they liked and wanted to do.

Each person had an allocated key worker. People told us that they knew who their key worker was and what their role was. A key worker is a member of staff that works in agreement with and acts on behalf of, the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life.

People also talked about participating in care planning meetings with their keyworker and said they found the meetings helpful. One person said, “You can get your point across”. A health care professional who attended reviews as part of his role in supporting people told us, that they liked the fact that staff encouraged people to participate in the care planning meetings.

Respect for people’s privacy and dignity was reflected by what people told us, one person told us that, “Staff give me space to do what I want”. Another person said that staff, “Deal with us as individuals”. From the discussions with the manager and team leader, we could see that they recognised it was important that people received support in a way that promoted their privacy and dignity.

Is the service responsive?

Our findings

People who responded to the CQC survey felt that staff listened to and involved them in how they wanted to receive support. People also told us that staff responded quickly when they asked for support. One person told us, that they preferred to do things for themselves and had their own routine. However this person said they were reassured that staff were available and on hand to respond. They said, “All I have to do is ask and staff provide support.”

The senior staff we spoke with recognised the importance of knowing people’s routines, so that, people received personalised support, in ways that would minimise any distress. An instance of this was of one person who liked to go out into the community, every day, at set times, for a walk. Staff told us that they ensured that any support they provided was outside of these times. They had also negotiated with this person so that, whilst out walking, the person visited local shops, to purchase grocery and personal items that they needed. This was a good example of staff knowing people’s individual needs and adjusting how they provided support. This also showed that the provider had recognised the activity as an opportunity of delivering personalised support that developed people’s living skills. Another person was given regular head massage because this helped the person relax and reduced their anxiety.

The team leader told us that staff met regularly with people in care planning meetings. We saw records that showed staff undertook reviews every month with people. The records of care plan meetings were in easy read pictorial format and covered areas of the support people required. They showed staff had spoken with people to support them to undertake activities according to their interests. For example, taking one person out on day trips to various locations because they liked to travel.

People we spoke with said they found the meetings helpful because they felt staff listened to them. The team leader told us that people’s keyworkers usually facilitated the care planning meetings. A key worker is a member of staff that works in agreement with and acts on behalf of the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. We saw from team meeting and supervision records that staff discussed and shared information about people they key worked with each other and the manager.

We asked the manager how they assigned keyworkers to people. They told us how they had spoken with people to find out what their hobbies and interests were. The manager had then used this information to assign staff with the same interests and hobbies to people. The manager stated this enhanced the relationships developed between staff and people who used the service. Improved relationships enabled staff to work more effectively with people and be better able to identify and respond to changes in people’s support needs.

People were aware that they could talk with staff if they had a complaint. One person told us they could go to the manager with any issues and knew that the manager, “Would get it sorted straightaway”. The manager encouraged staff to discuss any complaints during the monthly care review meetings. Health care professionals we spoke with said that the manager responded positively to any complaints they had raised about the support people received. One health care professional mentioned that they had made a suggestion on how staff could interact more responsively with people. They were pleased to see that the manager had reacted to their suggestions quickly.

Is the service well-led?

Our findings

At the time of this inspection, there was no registered manager in post. Although the provider had employed a manager, the provider had not submitted their application for registration of the manager with the CQC.

The manager told us about audits they regularly undertook to ensure people received quality care. These included regular checks to make sure people received the right medicines, so that they would remain well. The manager also audited care planning reviews, risk assessments and people's physical health records. These audits helped the manager to find areas for improvements in the quality of the service received by people.

The operations manager told us they undertook monthly audits to monitor against standards set by the organisation for ensuring delivery of high quality care. We saw records, which showed that after each audit, the operations manager wrote a plan of action plan to improve the quality of support delivered to people.

However, the providers systems were not always adequate in identifying shortfalls in standards. For example, not all staff had received the training they needed, in a timely way. An example of this we saw was that only two staff had attended safeguarding training.

Our review of records and discussion with the provider indicated an incident had occurred within the last six months, where people had not always received their medicines as prescribed. The provider told us they had sought appropriate medical assistance. The medical services assessed the risk of harm to people as low. The manager told us they had made changes as to how people received their medication. This included checking staff competence by observing staff giving medication to people. We were satisfied that the improvements implemented reduced the risk of incidents of this type happening again.

We looked at the records of staff meetings and saw that staff had made suggestions on how to improve the service. However, the records did not show if senior management had considered these suggestions or provided feedback to the manager or staff.

We spoke with people who used the service about the manager. People said they thought the manager was a good manager because they knew the manager would get things done straightaway. One healthcare professional told us the manager was, "Very good, accessible and firm but fair".

The team leader told us that the manager was supportive and accessible at all times and they received regular supervision from them. The team leader said, that this high level of support, gave them the confidence to carry out their role knowing they could rely on the manager at any time to ensure the service met people's needs appropriately. The team leader told us that, the provider operated an out of hour's on-call system to ensure, staff received assistance from senior staff for issues that arose out of hours which affected people's care and support.

People told us that they had received questionnaires from the provider asking for their views on the quality of service received. We saw records of previous satisfaction surveys completed by people. The document was in an easy read format. People said that they felt the provider had listened to their responses because of feedback they had received from the manager.

The team leader told us that the organisation also asked relatives of people who used the service to share their views of the service received by their relatives using questionnaires. However, we did not see any records showing feedback from family members had taken place, or what changes the organisation had made because of any feedback received.

Healthcare professionals did tell us that they were able to feedback to the manager when they visited people. They said they felt the manager listened to them. However, there was no formal way that the provider gained feedback from health care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.