Pharos Care Limited

Katherine 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

Overall summary

This inspection took place on 6 October 2015 and was unannounced. It was undertaken by two inspectors.

Katherine House is a residential care home registered to provide personal care to people who have a learning disability and behaviours that challenge others. On the day of the inspection, the home was providing care for nine people. The home has three floors which are only accessible by stairs. Each room is single occupancy.

Katherine House is required to have a 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.

On the day of the inspection that there were adequate numbers of staff on duty.

People told us that they could speak with the staff if they had any concerns or did not feel safe. Family and professionals also stated they felt the staff looked after the safety of the people who used the service.

Summary of findings

People were protected from abuse and avoidable harm because the provider had effective systems in place. There were risk assessments in place to identify any potential risks associated with peoples care. Staff had the skills and knowledge to manage these risks and made sure people were kept safe.

Staff were recruited using robust procedures and only after appropriate checks were completed.

Systems were in place to make sure people received their medicines safely.

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.

Staff received the training and support they needed to carry out their role effectively.

People were encouraged and supported by staff to maintain a healthy diet. People were supported to attend their appointments with health care professionals.

We observed positive interactions between the staff and people who used the service. Staff worked with people in a respectful, caring and informal way.

Staff knew people well and responded to people's needs. People were supported to participate in their hobbies, individual and group activities as well as work placements.

A complaints procedure was in place and available for people in a number of different media formats including in pictures and audio tape so that it was accessible to people.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken by the manager and senior manager of the 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.

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

Risks to people were assessed and staff understood how to keep people safe.

Staff were recruited using robust procedures and only after appropriate checks were completed.

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

People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and they were supported with their nutritional choices.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights so that they were not subject to unnecessary restrictions.

People were supported to access healthcare professionals when they needed to see them.

Good

Is the service caring?
The service was caring

Staff knew people's preferences and helped people wanted to fulfil these where possible.

People were treated in a respectful and caring way by the staff.

People were supported to maintain their dignity and privacy.

Good

Is the service responsive?
The service was responsive

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff were aware of people's individual health needs and supported people appropriately.

Good

Is the service well-led?
The service was well led

There were systems in place to monitor the quality of the service and to strive to improve the service.

Systems were in place that supported and encouraged people to share their views of the service they received.

Good

Summary of findings

Staff told us they felt supported by the management team and were able to raise any concerns they had.

Katherine House

Detailed findings

Background to this inspection

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

This inspection took place on 6 October 2015 and was unannounced. It was undertaken by two inspectors. Before the inspection 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. Before the inspection we also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make this before the inspection.

During the inspection we spoke to three people who use the service, three members of staff, the registered manager, two relatives of people who use the service and one health care professional. We undertook observations of staff interaction with people who use the service during the inspection. These were supplemented by completing the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at three care records of people who use the service and the medicine and money management processes. We also looked at records maintained by the home about recruitment, staffing, training and the quality of the service.

Good

Is the service safe?

Our findings

One person who used the service told us, "I have a lock on my door, so I am safe", another person said, "They [staff] wouldn't let anyone hurt you. I feel safe". A third person said, "No one hurts you here or scares you. If they did then I would tell the staff."

Other people using the service had limited verbal communication skills and were unable to tell us their views about their safety. Therefore observations were undertaken to get a view of how they were cared for by the staff. These showed that positive interactions took place between staff and people who used the service. Staff responded promptly to meet the needs of people who used the service and were observed to act appropriately toward people.

Staff told us they had received training in protecting people from abuse and harm. They were able to talk about different forms of abuse and how to protect people who use the service from bullying and harassment. Staff were knowledgeable about how to report any concerns to management or relevant organisations. Family and professionals contacted also stated that when they visited the home, they felt staff looked after the safety of the people who used the service. Records we hold showed us that the provider appropriately reported concerns about people's safety to the relevant authority.

The manager and deputy manager calculated the staff required to ensure sufficient staff were available to meet the support needs of people who used the service. This was based on a number of factors including individual risk assessments of people, the level of support required for the activities being undertaken and the location of the activity. On the day of the inspection we saw that there were enough staff available to meet people's needs. We were told by the manager that there were some staff shortages. This shortfall was being covered mostly by regular staff working additional shifts.

The manager stated she was keen to ensure that, "People have support by staff that know them". One person told us, "There is enough staff on duty, I can do things for myself but where I need help staff is there". Another relative said, "The amount of staff that accompany [Person] into the community ensures that they are kept safe.

Staff knew how to manage risks associated with people's care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example the level of support required by people who used the service when out in the community, when visiting relatives or when at the home. We saw that staff were following individual risk management plans.

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported people who used the service to go shopping and to access the community for a range of activities. Money spent during these activities was recorded in individual records and all receipts were kept. Daily checks by senior staff and management were in place to ensure funds were appropriately accounted for.

Staff told us that when they applied for their job they were asked to provide references and police checks. The manager used an employment agency for recruiting staff. Records showed that appropriate checks were carried out before a new member of staff started working at the home. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Systems were in place to make sure people received their medicines safely. The assistant manager and staff told us that only staff that had received training gave medicines to people. We saw staff giving some people their medication during our visit. We saw staff were considerate and polite to people and gave the medication safely. Administration records had been completed to confirm that people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

One person who used the service told us, “Staff know how to look after me, they know what I like”. Another person said, “They know people well and know how to look after you”. Relatives we spoke with were consistent in saying that the staff looked after the people who used the service. The health care professional said, “The staff are knowledgeable about the people they support”. Staff we spoke with were able to tell us the needs of the people they supported. This was consistent with the information we saw in people’s care plans.

People used a range of different methods to communicate with staff. This was recorded in their care plans. We talked to some staff who for were able to explain how they communicated with people who used the service. For example one staff said, “[Person] has a unique way of using certain signs, we make sure all new staff are aware of this so we all know what [Person] is saying”. We saw staff talking with people using sign language, picture cards and non-verbal communication. The interactions were warm and friendly and a positive aspect of giving care to the people who used the service.

Staff told us they have received, “Lots of training and now also had e-learning”. One staff told us some of the training they had received included, “Autism, medication, safeguarding, Mental Capacity Act”. Another member of staff said they had been, “Supported to learn, develop and grow”. From our observations we saw that staff had the skills needed to meet people’s needs.

Staff told us that they received regular support meetings with the deputy manager who in turn met with the manager. They also had a monthly team meeting and monthly senior support worker meeting. Staff told that these meetings were to discuss changes in care plans, risk issues and training. Staff we spoke with said they found these meetings helpful. One staff told us that at these meetings, they share with each other their own knowledge and experience about people they worked with in order to enable them to improve the care provided. Staff we spoke with were knowledgeable about how to meet people’s needs.

Some people had capacity to make their own decisions and choices about their care. One person said, “Staff ask me what I want”. Staff were aware that where people had capacity they had to get their consent to care and, that the people who used the service had the right to make their own decisions. One person who used the service told us, “I have never been told what to do here; there isn’t anything they [staff] make you do”. We saw that one person had planned to go shopping but because the weather was poor staff suggest that they go another time. However when the person stated they still wanted to go staff accepted this decision and accompanied the person out into the community.

Other people who used the service did not have capacity to make decisions. Where this was the case, staff were aware of the arrangements in place to ensure that decisions were made in people’s best interest. Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest.

We saw a good example of this with how staff supported people to access the kitchen. We observed that people who had capacity were able to freely access the kitchen by using the key code. We also observed that where people did not have capacity they were supported by staff to access the kitchen. Access to the kitchen was restricted because there were people in the home that could hurt themselves if they went into it on their own.

DoLS are placed so that any restrictions in place are lawful and people’s rights are upheld. One member of staff we talked to was able to explain what DoLS meant for the way they supported people. The manager told us that all applications for DoLS where required had been sent and some were still awaiting decision.

Staff told us and we saw that there was written guidance available about how and when each person may need to be restrained. One staff we spoke with was able to show us the agreed way to restrain for one of the people who used the service they cared for. This was as recorded in the person’s care plan. The manager told us that she had worked with professionals to find the least restrictive method of restraining to try and maintain respectful and caring relationships with this person. She also talked about other ways the staff supported people, for example by giving them a personal space within the home to go to and time out if they became upset.

Good

Is the service effective?

One person said, “The food is good here. I like what I get”. A relative told us that, “[Person] does have options with the type of food they want to eat and has the option of a sandwich if [Person] doesn’t like what’s on offer”. They also told us that staff support and encourage [Person] to have a healthy diet.

One person said, “I get a good selection of food”. We spoke to another person who was able to show us the meal they had chosen on the board. Some staff told us that menus are chosen every week with people who used the service being involved. Staff told us that people are supported to choose from two options for their evening meal. Pictures of meals were used to help people in choosing what meals they wanted to eat. Meals chosen are put up on the notice board with a picture of the person underneath a picture of the meal they want to eat so that all staff are aware of people’s choice of meal.

The assistant manager told us that people have a monthly discussion about their own physical health and wellbeing with staff. People also discussed health issues during the monthly care plan review sessions called “talk-time” with their key worker. 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 were supported to attend their health appointments. For example one person said, “I have to go to the optician today”. Another person told us that they were off to see the Dentist later that day and that she was aware that staff would accompany her.

We saw that doors to the rooms of people had been personalised with, for example, photographs or other personal items. Artwork created by one of the people who used the service had been hung around the home. The manager told us and we saw that some people had chosen to decorate their rooms according to their own tastes. This showed people were involved in decisions about their living space. It also showed that staff worked together with people to create a personalised environment.

Good

Is the service caring?

Our findings

One person who used the service said, “I like it here, they [staff] are nice people”, and another person said, “Staff always speak to me nicely” and a third person said, “I love it here”. A relative we spoke with said, “When [Person] visits me, and it’s time to go back [Person] is always happy to go back to the home”. We saw that all people were well dressed in individual styles. This showed that staff recognised the importance of how the way people looked affected their wellbeing and self-esteem.

We observed positive interactions during the inspection. Staff worked with people in a respectful, caring and informal way. The health care professional we spoke to said, that when staff accompanied people who used the service to her clinics, she always noted staff were interacting with people in a positive and friendly way.

We saw that there was information available to people in accessible formats. We also saw staff communicating with people using different forms of communication. For example one staff used Makaton sign language. Makaton is a particular way of communicating using signs and symbols with predefined meanings. Another member of staff said, “We know people so we know what their behaviours and gestures mean”. We saw one staff used non-verbal communication with one person during lunch to support the person in choosing what they wanted to eat. We saw the interaction by the staff was friendly and done with positive humour. We saw the person who used the service actively pay attention and engage with the staff. Staff ate their meals with the people who used the service. This enhanced the social aspect of mealtimes.

We were told by one of the people who used the service that, “Staff always knock on my door”. We saw during the day that staff did knock and sought permission before entering bedrooms. Staff were able to explain to us how they respected people’s privacy and dignity with matters such as personal care.

We observed that people who used the service were able to go to quiet spaces within the home. People also had single occupancy bedrooms that they could access if they wanted privacy. We saw that people were able to go to their rooms anytime they wanted and this was respected by staff.

We saw that people’s privacy was promoted by the fact that all personal records and files of people who used the service were kept securely. We saw that the staff were not talking about people’s needs in front of other people. We saw people were accompanied into the office or other private areas when they wanted to discuss matters with staff.

Good

Is the service responsive?

Our findings

One person told us, “Staff know me well enough to know what I want and if I am happy or sad”. Another said, “If I was unhappy I would tell the staff and they would sort it out”. We saw that staff responded to people’s needs. For example we saw people being supported to access the kitchen to make drinks and snacks when they wanted.

One of the people who used the service told us they liked doing art. We saw that staff had supported them by dedicating a specific place in the home where they could do their painting whenever they wanted. Another person told us they had a particular hobby and staff had supported them to take part in this by attending an organised national event.

Another person told us, “I am kept busy; I work in the charity shop two or three times a week”. Staff told us they had responded to one person’s request to be supported to learn to independently undertake a particular community activity. Staff said that they had liaised with health care professionals and were working with the person to help them achieve this goal.

People who used the service told us that they had been out on day trips throughout the year, for example to Blackpool. Relatives also told us that the home usually took people on holiday every year. One staff told us that holidays were promoted as a fun activity that people could be involved in if they wanted. This was supported by one relative who said, “[Person] is a home bird and doesn’t go on the holidays but knows the offer is on the table”. We saw there were pictures of people with staff on holiday put up in various parts of the home. The result was that this created a more personal environment within the home.

One person who used the service told us, “Staff know me well enough to know what I want”. Staff told us that they talked to people about what they wanted to do. Staff then encouraged people to put a picture of the activity they had chosen onto the weekly planning board. We saw daily recording sheets where staff had recorded the activities people had done. The staff had also written if people had enjoyed the activities or not. This information was discussed with the people in their monthly care planning meeting called “talk-time” to help plan what people wanted to do in the future.

One staff told us, “We try to meet the different needs of people by sharing information with each other”. Information about changes in care plans was shared by the manager or assistant manager and we saw that staff had to sign to confirm they had received the information. The assistant manager told us that staff were also expected to find out any new needs arising or changes in the care needs of people during their monthly care plan reviews which were called, “talk time”.

The deputy manager told us that the home held a monthly meeting for people who used the service. We saw that records of these meetings had been taken by staff. Topics talked about included deciding what people wanted to do about upcoming events, for example Halloween, Christmas. People were also able to tell staff about concerns that they had. The deputy manager told us that these meetings were another way for staff to develop relationships with people who used the service and share information.

One person who used the service told us, “If I was unhappy I would tell staff, they listen to you. I have never had to as I am happy”. Another told us, “I tell them things like my shower doesn’t work and it’s sorted straight away”. We saw the complaints procedure was in place and available for people in a number of different media formats including in pictures and audio tape so that it was accessible to people. Relatives we talked to knew how to make a complaint. One relative told us that they would go to the staff or the manager and were confident that they would resolve any problem. We saw records of a complaint from a relative and could see evidence that this was responded to in writing.

Good

Is the service well-led?

Our findings

One person said, “Staff [are] lovely”, and, “Staff listen to me”. Another person told us, “It’s friendly here, they [staff] keep me involved”. Relatives told us that they were invited to their family members’ monthly ‘talk-time’ meeting. This was a care planning review meeting. Relatives said that they felt listened to by the staff and that their contributions were valued and this made them feel they were involved in personalising the care received by people. The health care professional we spoke with told us staff work with as many professionals as possible to find out how to develop person centred care for people.

The manager told us that she had recently introduced six monthly reviews. These were meant to be a way for people to be more involved in their care and to discuss if people were achieving their goals as well as to plan for future activities. The deputy manager told us that professionals and relatives were also invited. Advocates for people who required extra support were invited to these meetings. She told us that the ethos of the home during these meetings was that, “We offer people choices not make them for them” and where possible, “People make the final decision”. However it was difficult for us to make a judgment as to the effectiveness of these meetings as none had taken place when we inspected.

Staff we spoke to shared a common vision of the service, to support people, encourage people in doing activities and create a homely environment. One staff said, “We offer support but the final decision is down to, “People who live here”. Another member of staff said, “Staff generally try very very hard to create a nice positive happy atmosphere”.

The provider has a condition on their registration that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Our records showed that there was a manager registered for Katherine House.

Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. We saw from our records that the registered manager had systems in place to ensure we were notified so that their legal responsibility was fulfilled.

People we spoke with all knew the manager well and had positive regard for them. One person who used the service said, “[Manager] is lovely”. Another said, “[Manager] is very nice and you can go to her”. One relative said they found the manager was, “Easy to talk to” and that they, “Liked her approach”. We saw that the manager was visible at the home and involved in supporting people to have their needs met. Staff told us the manager had an open door policy and one staff told us, “I can go to the office anytime”.

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken by the manager, operational manager as well as invited professionals. For example, with medication we were told that a pharmacist visited every month to undertake a medicines audit to ensure people who used the service receive their medication as prescribed. We also saw policies on complaints, infection control and care records. We saw care records had sufficient detail to enable staff to appropriately meet people’s needs.

Staff we spoke to were aware of the Whistleblowing policy and the procedure for raising issues arising at the home. One staff said, “If I wanted to raise something I would”. Another member of staff told us that they had raised an issue before, “And it was dealt with straightaway by the manager”.

The home undertook an annual customer feedback questionnaire which was given to people, relatives and visiting health care professionals. We were told by the manager that where required, staff would sit with people who used the service to assist in completing the form. This was a positive way of making sure all people who used the service had a voice that was heard by the service. Relatives told us they felt the views they shared in the customer feedback surveys, were taken into account and that they received answers from the manager on the issues they raised.

Staff we spoke to said they felt valued and supported. One staff told us they, “ I choose to come here”. A second member of staff said, “There is always a team leader available to ask if I have any issues” and that, “I feel listened to if I have a suggestion”. Another told us, “The staff team get on well”. The deputy manager said they, “Liked the team spirit”. The health care professional said, “All the staff work together as a team” and that this showed in the way staff worked with and understood the people who used the service”.