

Pharos Care Limited







The Junction

Inspection report

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Date of inspection visit: 21 September 2015
Date of publication: 04/11/2015

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

The inspection took place on 21 September 2015 and was unannounced. This was the first inspection for the service which registered with us in May 2015.

The service is registered to provide accommodation for up to eight people with a learning disability who require nursing or personal care. There were two people living in the home at the time of our inspection.

There was no registered manager in post however a manager had been appointed who had started the registration process with us. 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.

There were gaps in the way people's care was recorded. There were no risk assessments in place to ensure people were supported safely. Staff understood the Mental Capacity Act 2005 but there were no records to demonstrate why decisions were made on behalf of

Summary of findings

people who were unable to make choices for themselves. The provider recognised the need for an audit programme to measure the quality of the service but this had not been implemented.

People were protected because staff understood how to recognise abuse and report it correctly. People who presented with behaviour that challenged were supported in a way that kept them safe. There were processes in place to ensure suitable staff were recruited to work in a care environment. People's medicines were managed safely.

Staff had the skills and training they required to care for people. Staff had support from the management team to discuss their career progression and performance. People were provided with a varied diet and enjoyed the opportunity to eat out and visit the pub or cinema. People had regular access to other health professionals to support their health and welfare.

Staff provided a caring environment and recognised people's individuality. People had opportunities to take part in hobbies or activities which interested them.

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. Staff understood the categories of abuse people could be exposed to and understood their responsibility to report their concerns. The provider's recruitment processes ensured that staff working at the service were suitable to be employed in a care home environment. There were arrangements in place to manage people's prescribed medicines safely.

Good



Is the service effective?

People had access to health care professional to support their health and wellbeing. Staff were supported by the manager and received training to provide them with the skills they needed to care for people effectively. People received a varied diet which met their individual needs.

Good



Is the service caring?

People received kind and compassionate care from staff. People's privacy and dignity were promoted by staff.

Good



Is the service responsive?

Staff knew people well and provided them with care that met their needs. People were supported to take part in activities which interested them both inside and outside of the home.

Good



Is the service well-led?

There was no registered manager in place. People's records did not provide information or guidance on the management of their risks. There was no information to demonstrate how people's mental capacity was assessed, how they were supported to make important decisions or their personal preferences for care. There were no audits in place to monitor the quality of the service and identify if improvements were required to provide people with more personalised care. Actions which had been identified during a fire risk assessment had not been completed.

Requires improvement



The Junction

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 September 2015 by two inspectors and was unannounced.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home. On this occasion we had not asked the provider to complete

information for the Provider Information Return about their service. The PIR is a form that asks the provider to give us some information about their service, what they do well and any improvements to care they plan to make.

We were unable to speak with people who used the service or their relatives on this occasion. We observed the care being provided in communal areas to understand people's experience of care. We spoke with three members of the care staff, the acting manager and the area manager for the provider. We did this to gain views about the care and to check that the standards were being met.

We looked at two care plans to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks, training records and staff rotas.

Is the service safe?

Our findings

There were arrangements in place to protect people from harm. Staff we spoke with demonstrated a good knowledge about the types of abuse people might be vulnerable to and what actions they

would take to ensure any concerns were reported appropriately. One member of staff said, “We know people well and would recognise if someone wasn’t themselves”. Staff told us they had received training in safeguarding adults. We noted there were posters displayed in the home which provided staff with information about how to contact the local authority directly to report safeguarding concerns.

People’s care plans contained support plans from the local authority which described the level of care and support each person required. Staff were aware of potential risks which affected the way people’s care was delivered. Staff told us about people’s risks and how they supported them to receive care in the most appropriate manner. A member of staff said, “We know [Name] needs support with steps so we make sure we keep hold of them”.

Some people demonstrated behaviours that challenged their safety and that of others. Staff were able to explain how they supported people to remain safe. One member of staff said, “We try to distract people and divert them to do something else first”. For example we read in a care plan that when one person became distressed staff took them to look at the night sky which they enjoyed. Staff told us that when they were unable to settle people by distraction they had step by step guidance to follow. All incidents were recorded in the person’s care plan. This demonstrated that staff supported people consistently.

Both people living in the home were receiving support on a one-to-one basis which meant they had a member of staff

with them at all times. The acting manager told us the staffing levels were based on people’s assessed needs. A member of staff told us, “We were short staffed but following a change in shift times recently, this has improved”. We looked at the staff rotas and saw the level of staffing was constant which meant people received care from staff who knew them.

We saw that medicines were stored securely. We looked at a sample of the medication administration records and found they were completed accurately. There was guidance in place to support staff giving rescue medicines when people needed additional support to settle or calm them. The guidance included the requirement for staff to contact a senior member of staff to approve the administration of the medicine to ensure staff had assessed the situation adequately. This ensured that people did not receive sedation medicine unnecessarily.

We observed staff administering medicines and saw this was completed safely. Staff told us and records confirmed that all staff administering medicines had received appropriate training. Competency tests had been carried out for each member of staff before administering medication and subsequently on a regular basis. This meant that measures were in place to ensure that medicines were safely administered by competent staff.

Staff told us they had provided a range of information before their employment began including evidence of their identity and previous work experience. We looked at four recruitment records and saw pre-employment checks were completed before staff were able to start work. This included the outcome of checks with the disclosure and barring service (DBS). DBS is a national agency which holds information about criminal convictions. This meant the provider had processes in place to ensure potential staff were suitable to work with people living in the home.

Is the service effective?

Our findings

Staff told us they were given opportunities to improve their knowledge and skills through training. Staff we spoke with said the training they were offered was varied and relevant to their role. For example one member of staff told us they had started the newly introduced care certificate and also had the opportunity to gain other nationally recognised certificates associated with care. Staff told us about the support they received. One member of staff said, “We have regular supervisions. I can discuss my performance and if I have any worries about people”. Another member of staff told us they had used their supervision session to enquire about accessing Makaton training which was used by a person who used the service. Makaton is a language programme using signs and symbols to help people to communicate.

New staff followed a two week induction programme which included training in basic care, for example safe moving and handling and familiarisation with the policies the provider had in place. A new member of staff told us, “I had time during my induction to get to know people and read their care plans”. Another member of staff said, “New staff shadow, experienced staff first. They don’t go on shift until they feel ready”. This ensured that people received support from staff who were confident to care for them.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements to ensure where appropriate, decisions about people’s health, safety and well-being, are made in their best interests, when they are unable to do so for themselves. A member of staff told us, “If a person can’t make a decision for themselves we make the decision with their family and

relevant health care professionals.” One person was subject to a deprivation of liberty order to maintain their safety. We saw this had been applied for and agreed by the relevant authority to ensure the person remained safe.

We heard staff gaining consent from people before providing care and offering choices. For example one member of staff told us they had tried using pictorial information to support people’s decision making on a day to day basis but found these did not work. Another member of staff told us, “We found, for instance at breakfast time that if we layout a choice of cereal people would pick for themselves”. This demonstrated that people were supported to make choices for themselves.

People received food, prepared by the care staff, which was varied and nutritionally balanced. Staff were aware of people’s food preferences and any risks associated with eating and drinking which they needed to observe. One person was taken out to a pub for their lunch and we read in people’s care plans that they enjoyed regular takeaway evenings. We saw that people were offered frequent drinks throughout the day. One person held their cup up to indicate to staff that they wanted another drink and this was provided immediately. Staff weighed people on a regular basis and we saw one person had been supported to reduce their weight.

Staff told us that people had access to health care professionals to maintain their physical, mental and psychological health and wellbeing. This was confirmed by entries in people’s care plans which showed they had visits from a range of specialist services. One person needed specialist support to maintain their physical health and staff told us they received training from a specialist nurse and were provided with a step by step guide to ensure they understood what was required.

Is the service caring?

Our findings

As people were unable to tell us about their experience of care we observed how staff interacted with them. We saw that staff were kind and spoke politely with people. Staff showed an interest in what people were doing and engaged with them on a one-to-one basis. One member of staff said, “[Name] really enjoys listening to their music”. We saw staff talking with them and showing them a variety of CD’s for them to make their own choice and smiling at them as they sung along to the music.

People’s body language and expressions indicated that they felt relaxed and comfortable in the company of staff. Staff knew the people they cared for well and we saw they were receptive to people’s moods by checking on their wellbeing. For example staff could tell us how people

expressed themselves when they were feeling sad and recognised how people might demonstrate their frustration. We saw staff offered non-verbal support and reassurance through gestures such as placing a hand on their arm whilst chatting with people.

People’s right to privacy was promoted and we saw staff checking with people before entering their rooms and asking for their agreement before providing care and support. We read in the care plans that people should be supported to choose their own clothing and for staff to ensure they were dressed in clothes which were appropriate for the climate. We saw that people were wearing clean clothes and were encouraged to add additional layers when they were going outside. This demonstrated that staff promoted people’s dignity and recognised their choices.

Is the service responsive?

Our findings

People's needs had been fully assessed before coming to live in the home. Each person had a care plan that outlined their health conditions and the actions needed to promote and maintain good health. However there were no arrangements in place to regularly review people's care to ensure it still met their needs.

Staff knew about people's likes, dislikes and understood their preferences for care. One member of staff said, "We know when [the person who used the service] wants to go to bed because they take your hands and guide you there". All of the people living in the home had a designated key worker. This is a staff member of who provides individual and personalised support to the person. For example arranging outings; ensuring clothes remain in good repair or providing one to one emotional support.

Staff responded to people's social needs. People received support to take part in hobbies and activities which interested them both inside the home and in the

community. One person liked horse riding and swimming and we saw they were supported by staff to take part regularly. Staff told us and we observed a person liked to look through catalogues and magazines which the staff provided for them. This demonstrated that staff ensured people were able to maintain the hobbies they preferred to lead a good quality life.

Staff completed daily notes about people which included how they spent their day, their wellbeing and the care they had received. Staff told us they communicated important information with the member of staff taking over from them to ensure they understood all the aspects of the person's day. This meant staff had arrangements in place to keep them updated about the people they cared for.

We saw there was a complaints process in place. The acting manager told us that no complaints about the service had been received since opening. We were unable to ask people or their relatives if they were aware of the process if they wanted to raise a concern or complaint.

Is the service well-led?

Our findings

We saw that a fire risk assessment had been undertaken when the home opened which had identified actions to be taken however these had not been completed. There were no audits in place to monitor the service. Audits are used to identify where improvements can be made to drive improved care for people. The acting manager told us the audit programme had not been established when they started work at the service but was now being implemented. The acting manager also assured us that the actions required to meet the fire risk assessment would be completed as soon as possible. This demonstrated that the acting manager recognised that changes were required to improve the management processes in the home.

We found that although staff knew people well they were not provided with care plans which reflected people's risks or provided guidance on the best way to care for them to reduce any identified risks. For example, we saw a member of staff providing one to one support was uncertain what actions they should take if the person demonstrated an increase in their behaviour that challenged. The care plans we looked at had not been reviewed and staff told us there were no arrangements in place to record regular reviews of care to ensure it was up to date and accurately reflected people's needs. Some people who lived in the home had their independence restricted however there were no mental capacity assessments recorded. There were no entries in people's care plans to demonstrate how people's rights had been considered and decisions were made in their best interests. For example, we saw a Deprivation of Liberty Safeguard application was planned for a person who required bedrails to keep them safe at night. There was no record of discussion with the person or explanation of why the bedrails were in the person's best interest. The care plans did not provide staff with information about

people's likes, dislikes and preferences for care. Staff told us they used the information from previous local authority assessments to guide them when people were unable to give them the information themselves. This meant the provider was not assessing and monitoring risks to people or maintaining accurate and complete records about them.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The way the provider had registered The Junction and an adjoining service with us had led to some confusion about the correct submission of statutory notifications. A statutory notification is important information about the service which the provider is required to send us by law. We asked the provider to review their registration to ensure the arrangements were clarified.

There was an acting manager in post who had recently started the process to register with us. The acting manager had experience of managing a similar service in the past. The area manager and acting manager told us they had identified improvements were required to improve the monitoring of care and quality of the service which they were addressing. We saw they had prepared an action plan which highlighted the shortfalls with the actions and timescales required to improve.

Staff told us they were aware of their right to raise concerns about the service anonymously and there were whistleblowing arrangements in place to support them to do so. Staff also told us the recent managerial changes had been beneficial for them. They said there were now regular opportunities to meet with the manager to discuss changes in the home which affected them. One member of staff told us, "Staff morale was low before but we feel much happier now". Another member of staff said, "We're picking up, I feel like everything is piecing together here now".

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (2) (a) (b)</p> <p>There were no established processes to assess, monitor and mitigate the risks relating to people's health, safety or welfare or improve the quality of the service.</p>