

Precious Homes Limited

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Inspection report

Magic House, 5-11 Green Lanes, Palmers Green,
London N13 4TN

Tel: 020 8826 4343

Website: www.precious-homes.com

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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

We undertook an announced inspection on 25 February 2015 of Precious Homes Limited. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. Three inspectors undertook the inspection.

This service is based in North London and is registered to provide personal care for people living in six supported living projects in North London. The service also provides care for people who live in their own accommodation outside of the supported living projects.

At our last inspection on 28 May 2013 the service met the regulations inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

However, the manager registered with the CQC was not the manager running and operating the service at the time of our inspection. The manager registered with the

Summary of findings

CQC still worked within the organisation. The manager responsible for the running of the home had applied to the CQC to be the registered manager and was in the process of the application.

People who used the service told us they felt safe in the service and around care staff. The provider had taken steps and arrangements were in place to ensure people were protected from abuse, or the risk of abuse. Staff knew how to recognise and report any concerns or allegations of abuse. Several safeguarding concerns had been reported to the safeguarding team and to the CQC. The service had responded promptly, co-operated with the safeguarding team and taken appropriate action to deal with them.

People were cared for by staff who were supported to have the necessary knowledge and skills to carry out their roles and responsibilities. Staff had been carefully recruited and provided with an induction and training they needed to enable them to care effectively for people. Staff we spoke with had a good understanding of the needs of people. Staff spoke positively about their experiences working at the service and the support they received from the manager.

On the day of our inspection we saw that people who used the service were treated with kindness and compassion by care staff. People were being treated with respect and dignity and staff provided prompt assistance but also encouraged people to build and retain their independent living skills.

The manager and members of staff showed a good understanding of the Mental Capacity Act and issues relating to consent. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. Appropriate policies and procedures in respect of DoLS were in place. People were not restricted from leaving the supported living accommodation.

Care support plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were also reflected. People were consulted and activities reflected people's individual interests, likes and dislikes. People were supported to follow their interests, take part in them and maintain links with the wider community.

The service had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The service had a system in place to monitor and improve the quality of the service and this included regular audits. However, we noted that the service had not carried out a satisfaction survey in 2014.

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 who used the service told us that they felt safe in the service and around care staff.

There were clear safeguarding and whistleblowing policies and procedures in place to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Good



Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff told us they felt well supported by their peers and the manager.

People were able to make their own choices and decisions. When speaking with the manager and care staff, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

The service was caring. Staff treated people with kindness and compassion. We observed staff interacting with people using the service. It was clear from our observations and from speaking with staff that they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and people we spoke with confirmed this. Staff took account of people's individual needs and preferences.

People's privacy and dignity were respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs and people told us that they felt listened to.

People were consulted and staff supported people to participate in activities which reflected people's individual interests, likes and dislikes.

There were procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. We found the service had a clear management structure in place with a team of care staff and the manager. Staff we spoke with told us that they felt supported by the manager and spoke positively about working at the service.

Good



Summary of findings

The service had an effective system to identify, assess and manage risks to the health, safety and welfare of people using the service.

The service had a system in place to monitor and improve the quality of the service and this included regular audits.

Precious Homes Limited

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 provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 25 February 2015 of Precious Homes Limited.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

People who used the service were able to communicate with us verbally. During this inspection we observed how the staff interacted with people who used the service and how people were being supported during the day. We visited three of the six supported living accommodation.

As part of our inspection, we spoke with nine people who lived in the supported living accommodation and three people who received care in their own homes. We spoke with two relatives of people who used the service and three social care professionals who had contact with the supported living service. We spoke with seven members of staff including the manager. We reviewed five care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with said that they were treated well by staff and felt safe with them. One person said, “Yes, I feel safe with my carers. They treat me with respect.” Another person said, “The staff treat me well. I am satisfied with the care. I have no complaints.” Another person told us, “Oh yes I have my own place here and feel quite safe in my flat. I’ve never had a problem with the carers.”

The provider had taken steps to help ensure people were protected from the risk of abuse because there were clear safeguarding and whistleblowing policies. All staff had completed training in how to safeguard adults and this was evidenced in the training records we looked at. Care staff we spoke with were able to identify different types of abuse that could occur and were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the manager and if needed the provider, social services and the CQC. They were also aware of the whistleblowing policy and knew that they could report it to the local authority safeguarding department and the CQC.

Individual risk assessments were completed for people who used the service and staff were provided with information on how to manage these risks. Each assessment identified the risk, provided details of what immediate action to take and included a risk management strategy.

We saw that risk assessments had been carried out to cover areas which included alcohol and substance misuse, schizophrenia, epileptic seizures, verbal and physical aggression and health and safety. The assessments we looked at contained information to help ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with staff and people, we noted there were enough staff with the right

experience and training to meet the needs of the people who used the service. We looked at the staff duty rotas from February 2015 and the manager explained how staff were allocated on each shift. She told us staffing levels for each of the supported living accommodation were assessed on a monthly basis depending on people's needs. The rotas correctly reflected which staff were on duty at the time of our inspection. Staff we spoke with told us that they felt that there were enough staff and said that they had no concerns about this.

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for five care staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

People's finances were managed safely. The manager told us that the majority of people managed their own finances and that care staff provided appropriate support where it was needed. Money was accounted for and there were records of financial transactions.

Medicines were managed safely. The home had a policy and procedure for the management of medicines to provide guidance for staff. We noted that there were no gaps in the four MAR charts we examined. Staff were aware that medicines should not be stored above the recommended temperatures. The service had a system for auditing medicines. This was carried out by senior staff of the service.

Training records seen by us indicated that staff had received training on the administration of medicines and this was confirmed by staff we spoke with. People said that they received their medicines from staff. We noted that appropriate risk assessments had been carried out for people that administered their own medicines.

Is the service effective?

Our findings

People we spoke with informed us that there were sufficient care staff to attend to their needs and staff were responsive when they needed help. They said they were well cared for and staff were competent and capable. One person said, "I am content with staff and the care provided. I have no complaints." Another person stated, "The staff know what they are doing. They have reviewed my care." On the day of our inspection, we observed that people were dressed appropriately and appeared well cared for. Staff interacted well with people and chatted to people in a caring and friendly manner.

We spoke with three social care professionals who had contact with the service. They told us that they did not have any concerns about the care provided and felt that people were safe in the service. One social care professional said that the manager worked well with them and engaged well and in a timely manner. Another healthcare professional stated that they had no concerns with the service and staff tried to help people although one client presented difficulties and had not made progress.

Staff were knowledgeable regarding the needs of people and problems experienced by them. We discussed the care of people with specific conditions such as diabetes and epilepsy with some staff. Staff could tell us the specific care needs of these people and what they would do if problems occurred in relation to these conditions. The service had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. Staff signed to indicate when they had completed their induction.

Staff were supported to fulfil their roles and responsibilities. Staff told us that they received regular supervisions and confirmed that these were monthly or every two months. We looked at a sample of staff records which confirmed this. There was also evidence that staff had received an annual appraisal in order to review their personal development and progress.

Staff we spoke with said they worked well as a team and they felt supported by their manager. Staff told us that staff meetings were held either monthly or two monthly. Care issues and management issues were discussed to ensure that staff were well informed. This was evidenced in the minutes of meetings we looked at.

We looked at training records for a sample of five members of staff. The records showed that staff had received training in various areas such as safeguarding adults, medicines, Mental Capacity Act 2005 (MCA), challenging behaviour, infection control, epilepsy awareness and First Aid. Staff we spoke with were positive about the training received and confirmed that the training consisted of combination of online and classroom based training.

The service had a lone working policy and procedure. This included guidance to staff on emergency procedures and the need to inform senior staff if they experienced difficulties.

The manager told us that the service encouraged staff to constantly analyse the effectiveness of the care provided to people and to determine what worked well and what would benefit people. They did this through monthly reviews of people's care support plans along with the person who used the service. They called these reviews "4 + 1" sessions. This meeting enabled people who used the service to discuss their care with care staff and look at what they were pleased about and what could be improved upon.

Care plans contained information about people's mental state and communication. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this. When speaking with the manager and members of staff, they showed a good understanding of the MCA and issues relating to consent.

There were appropriate DoLS policies and procedures in place. We saw evidence that staff had received DoLS training and they demonstrated a good knowledge of DoLS. People were not restricted from leaving the supported living accommodation and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified at being of risk when going out in the community had risk assessments in place.

People were involved in completing their care support plan and these were person centred. Care plans had been signed by people to show that they had agreed to the care they received. We saw evidence that care support plans were reviewed every six months or more frequently if required. Care support plans also included details of people's preferences and routines.

Is the service effective?

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with healthcare professionals and any necessary changes following appointments were recorded in people's care plan.

People who lived in the supported living accommodation had their own kitchen in their flat. The manager explained

that people were encouraged to cook their own meals and that they did their own shopping. We spoke with the manager about how staff monitored people's nutrition and she explained that as the service was supported living, they encouraged people to cook their own meals and be independent in respect of this. She said that if they had concerns about people's food intake, she would contact their GP.

Is the service caring?

Our findings

People told us that staff were caring and treated them with respect and dignity. One person said, “They treat me with respect and dignity. They come to talk and discuss things with me. All’s ok.” When asked whether staff treat them with respect and dignity, one person said, “Yes very much they do, they are very kind to me.” Another person told us, “They always knock on the door and wait for me to call out.”

During our inspection, we observed interaction between staff and people who used the service and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness and respect. People who used the service spoke positively about care staff. They told us that they felt comfortable around staff and said that staff were approachable. One person said, “They are always there to help.” Another said, “Yes they are very kind to us all.”

Staff were knowledgeable about people’s preferences. We saw evidence that key worker sessions were held between people who used the service and staff. These sessions gave people the opportunity to discuss their progress, aims and any concerns they had.

We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. Care support plans set out how people should be supported to promote their independence. The manager and care staff we spoke with explained to us that they encouraged people to be independent. One person who used the service told us, “They encourage me to do things for myself and to be independent.” When asked about how staff help encourage independence, one person said, “Yes they do, they let me do things for myself but help if I cannot do them.”

Staff also understood what privacy and dignity meant in relation to supporting people. They gave us examples of how they maintained people’s dignity and respected their wishes which involved knocking on people’s doors, listening to people and offering people choices.

Is the service responsive?

Our findings

People told us that they felt that they were listened to. One person said, “Yes they do listen to me.” And another person told us, “Staff listen ok. The care is great here.”

People received personalised care that was responsive to their needs. Care support plans contained a plan outlining the support the person needed with various aspects of their daily life such as health, communication, medication, behaviour and mental health. Care support plans included details about what people’s support needs were, and what they would like to achieve.

Care support plans encouraged people’s independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. Care support plans provided detailed and appropriate information for care staff supporting them, which included information about what people could do without support and where they needed assistance. When speaking with the manager and care staff, they were able to demonstrate that they were aware of people’s individual needs.

The service held regular residents’ meetings but the manager told us that she encouraged people and relatives to communicate with her at any time about any concerns they may have. During our inspection we saw people come to speak with the manager about queries they had. People who used the service told us that if they had any concerns or queries, they did not hesitate to speak with the manager.

One person said, “The manager would deal with it, she is very good.” This person told us that they could approach the manager and that she would listen to her if she had any concerns. People spoke positively about the manager and said that they felt comfortable complaining to her if they needed to.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Some people had an activities timetable because they decided to have one but the manager explained that this was ultimately people’s choice.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. The policy also made reference to contacting the ombudsman and CQC if people felt their complaints had not been handled appropriately by the service.

When speaking with staff, they showed awareness of the policies and said they were confident to approach the manager. Staff felt matters would be taken seriously and the manager would seek to resolve the matter quickly. We looked at the complaints records and noted that complaints received had been promptly responded to. We noted that one recent complaint was still outstanding and the manager explained that this was being dealt with by the provider and would be responded to accordingly.

Is the service well-led?

Our findings

Staff told us they were informed of any changes occurring within the service through regular staff meetings, which meant they received up to date information and were kept well informed. Staff understood their responsibility to share any concerns they may have.

During the inspection, we observed a handover between staff. We noted that the handover was detailed and that staff were aware of people's individual needs. Staff communicated with one another clearly and in a professional manner. The manager informed us that there was a good staff team and they worked well together. This was confirmed by staff we spoke with.

There was a clear management structure in place with a team of care staff and the manager. Care staff spoke positively about the manager and the culture within the homes. One care staff told us that the manager "Is very supportive, she is busy running 3 projects, but always has time for service users and staff." This member of staff also said that the manager was focused on service users and making sure things were right for them. When speaking about the manager, one member of staff said, she is a "hands on manager." From our discussions with the manager it was clear that they were familiar with the people who used the service and staff.

We saw evidence that the service had a system to monitor incidents and implement learning from them. The manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these so that staff could all learn from these.

The service had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We saw evidence which showed that weekly and monthly checks were being carried out by the

manager and any further action that needed to be taken to make improvements to the service were noted and actioned. For example, weekly checks covered various aspects of the service and care being provided such as building checks, the physical environment including bedrooms and communal areas. Monthly checks were carried out which included health and safety, complaints, safeguarding and medicines management. The service was inspected every six weeks by external auditors and every six months by a manager from another of the provider's services looking at the building, audits, health and safety, staffing and obtaining feedback from people who used the service and staff. This enabled the service to monitor the quality of the care provided. The manager explained that she encouraged staff to learn from past incidents and experiences and these audits helped staff do this.

People told us that they felt able to provide feedback to the service if they wanted to and were aware of the complaints procedure. However, the majority of people who used the service told us that they had not completed a satisfaction survey in recent years. The manager did show us some questionnaires that had been completed by people who used the service however there was no date on these and therefore it was not evident when these were completed. The manager confirmed that the service had not carried these out a satisfaction survey in 2014. She advised that the service would ensure that yearly surveys were carried out. Following our inspection, we spoke with the manager and she confirmed that satisfaction surveys had been sent out to people who used the service and care professionals and the service were currently receiving feedback from the surveys.

We were informed by the manager that the company had a scheme for rewarding staff who had attended all the necessary training and who achieved their goals of helping people.