Precious Homes Limited

Precious Homes Wembley

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Precious Homes Wembley is a supported living service for people with a learning disability or autistic spectrum disorder. It provides personal care for people who live in their own accommodation. At the time of this inspection the service provided care for 10 people.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

People did not always receive person centred care. Whilst there were measures to promote person-centred care, these were not implemented effectively. This was evident in areas such as medicines management, managing people's finances, the management of premises and safety of people's personal spaces. Cumulatively this meant people did not always receive care that met their needs.

People receiving care were at risk of financial harm. Although we have received evidence the provider is making improvements, at the time of this inspection, the provider was the appointee for financial matters relating to a person receiving care. This arrangement was a source of concern to us because providers should not act as financial appointees, unless there is no other practical alternative.

Quality assurance systems had not been used effectively. Whilst the provider carried out audits in relevant areas, we could not be assured of the robustness of the process. For example, although health and safety audits identified shortfalls, action was not taken within a reasonable time either to improve or mitigate risks.

We were reassured by the deployment of the operational manager following our inspection. She had assumed a more enhanced role to manage improvements. We found her to be knowledgeable regarding her responsibilities and possessed a good grasp of changes that were required to make improvements. Following this inspection we received an action plan, which showed some action that had already been taken to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Precious Homes Wembley on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 25 April 2019). At this inspection we found three breaches of regulation.

Why we inspected
We had concerns in relation to how the service was managed in relation to risks to people and overall leadership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to safe care and treatment, safeguarding and governance. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit this service at a later date to check compliance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Precious Homes Wembley

Detailed findings

Background to this inspection

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

Our focused inspection of Precious Homes Wembley on 27 October 2020.

Inspection team
The inspection team consisted of one inspector, one specialist advisor and two Experts by Experience, who phoned people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is a 'supported living' service and we needed to be sure that the manager would be in the office.

What we did before the inspection:
We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection:

We spoke with the manager and the operations manager. We contacted relatives of people receiving care. We examined records of six people using the service. We also looked at personnel records of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

After the inspection:
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
• The arrangements for managing people's finances were not clear. Whilst we saw good practice in relation to the day to day transactions, the management of some people's finances were not consistent with good practice. For example, we established from records and speaking with the manager that the provider was the appointee for financial matters relating to a person receiving care. This arrangement was a concern to us because providers should not act as financial appointees, unless there is no other practical alternative. The provider could not demonstrate to us with evidence that other more appropriate alternatives had been pursued.
• We found an allegation of abuse that had not been reported to us in a timely manner after the alleged abuse had occurred. This was a concern due to the potential of continuing risk that the alleged abuser may have posed to the alleged victim. However, we established from records and speaking with managers this was an isolated incident, and the management had acted swiftly when this came to light. We confirmed the local authority had been made aware of this incident when senior management became aware of it.

We found no evidence of significant harm. However, systems were either not in place or robust enough to ensure people were protected from abuse. The above is evidence of a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had safeguarding policies and procedures and staff were aware of this. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They were aware they could contact the local authority safeguarding team and CQC when needed.

Assessing risk, safety monitoring and management
• People were at risk because the provider did not effectively manage risks relating to the maintenance of the premises. While CQC does not have powers or duties to regulate premises used for supported living purposes, providers have responsibilities in relation to the environments the people who use their service live in. Providers are responsible for making sure the care they provide and the wider supporting environment around it are safe.
• The responsibility for the premises and environment was shared with others, including, the landlord. However, we found the provider did not ensure care planning arrangements promoted people's safety and welfare in a coordinated way. We identified concerns with the maintenance of people's flats. Some flats were in a poor state of repair. There were areas of disrepair to walls, flooring, kitchen cabinets and lighting.

Although we saw evidence pending repairs had been reported to the landlord, the provider had not taken all reasonable means to secure the repairs or replacements that were needed.
• People and their relatives confirmed the provider was failing to have repairs carried out within a reasonable time. One person told us, "They have not replaced a window from last year. Another person said, "My bathroom is disgusting. There is black mould under the sink and orange mould on the tiles." A relative told us, "A light bulb went out and it was dangerous getting up in the night. It took weeks before they got a new one."

Whilst the provider had swiftly acted on our concerns, the systems were not robust to ensure when premises or equipment were unsafe, the provider did all they reasonably could to work with the person using the service and the landlord to secure improvements. This placed people at risk of harm. The above is evidence of a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
• Whilst the premises were clean, with no unpleasant odours noted, concerns around the poor state of repair may have impacted on the cleanliness of the premises. However, during the inspection we did not see evidence of infection control concerns.
• There was an infection control policy and measures were in place for infection prevention and control.
• The service had enough supplies of the right personal protective equipment (PPE). The manager told us staff had received guidance in relation to donning and doffing (put on and take off) standards.

Using medicines safely
• Medicines were administered safely. A policy for medicines management was in place and available for staff members to refer to. All staff members had undergone the relevant training for medicines administration as per the service's policy.
• We reviewed several medicine administration records (MARs) and their associated care records. Each person had their own profile sheet which contained information to correctly identify the person and to assist staff to administer medicines. Staff signed the MAR after administration to show medicines had been given. This assured us that medicines were given as prescribed and were available.
• People were not always supported to self-administer their medicines if they wished to and if it was assessed this did not put them or others at risk. One person told us they wished they take the lead in the administration of their medicines. It is important for people to maintain their independence and have as much involvement in taking their medicines as they wish and are safely able to.

Staffing and recruitment
• Staff had been recruited safely. They underwent appropriate recruitment checks prior to working at the service. These checks included at least two references, proof of identity and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
• During our visit there were enough staff deployed to keep people safe. However, people and their relatives complained of high staff turnover, which meant some staff members were not familiar with their needs. A relative told us, "I am not happy with the service. Staff turnover is very high." One person told us, "Sometimes staff are unavailable to take me for planned shopping or I have to hang around and wait."
• The provider told us they were aware of the concerns regarding staffing and were actively recruiting. They also had a contingency plan to manage sickness and absence.

Learning lessons when things go wrong

• Accidents and incidents were recorded and analysed to see if there had been a common cause or trend. Staff told us that they discussed accidents and incidents during regular team meetings.

• We found the operational manager to be responsive to concerns raised. There had been an incident where a person's finances were used to make purchases for items they required, but without evidence that the due process had been followed. Following this inspection, we received evidence the provider was in the process of reviewing how they managed people's finances to ensure this was consistent with good practice.

• We also reviewed a quality monitoring report from the local authority, which showed the provider had made improvements in several areas of service provision.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• The provider had auditing systems to ensure they met legal requirements. However, these were not effective and had not identified the shortfalls we saw during this inspection. Although the quality assurance systems highlighted some gaps, we found the provider had not taken prompt action to rectify them. For example, when premises were unsafe in a way that impacted care or people's well-being, the provider had not acted swiftly with other agencies to secure improvements.

• The arrangements relating to the maintenance of equipment and premises did not support high quality sustainable person-centred care. For example, the provider did not escalate people's concerns with relevant agencies where the landlord was not able to meet people's needs. This meant people's needs in relation to the safety of the premises were not met in a timely manner.

• The provider's management of people's money was not inclusive and empowering. We established the procedures and processes were not robust. The arrangements did not maximise people's choice, control and independence regarding their money and valuables while reducing the potential for abuse.

• We found the operational manager to have a good grasp of changes that were required to make improvements. She was knowledgeable regarding her role and responsibilities and had recently assumed a more enhanced role at the service since our inspection, following the departure of the previous manager. Following our inspection, she sent us a detailed plan, showing how the provider was addressing our concerns. She had also contacted responsible local authorities to ensure a smooth transfer of appointeeships to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

• The provider was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

• We noted a notifiable incident that had not been reported by a staff member to the management. Records viewed showed the management took swift action once this came to light. Disciplinary action was taken against the staff member concerned and further training was provided to other staff to ensure all procedures were followed.

• The provider did not always ensure where responsibility for people's safety is shared with others, this was carried out in a coordinated way across all the services people relied on. This was more noticeable where the provider failed to secure timely repairs or replacements by the landlord. The procedures did not allow for other course of action to be taken where the landlord did achieve improvements within reasonable timescales.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and quality monitoring were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Accidents and incidents were monitored for trends and learning points. Following our inspection, the operational manager demonstrated she had taken steps to address concerns relating to managing people's finances. The operational manager sent to us information showing improvements in their processes and systems for monitoring the management of people's finances.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safety relating to the maintenance of equipment and premises. This placed people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment systems were either not in place or robust enough to ensure people were protected from abuse.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided.