

Precious Homes Limited

Precious Homes Birmingham

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 Birmingham provides personal care to people in their own flats within a supported living setting. The service provides personal care to younger adults who have a learning disability and or autistic spectrum disorders. At the time of the inspection there were seven people receiving personal care at the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had systems and processes in place to support the delivery of care and the safety of the service. However, these were not always used effectively to provide a consistent standard of care for people.

Potential risks to people's safety were not always identified in relation to the safety of the environment. Infection control practices in relation to COVID-19, required improvement to ensure guidelines were understood and consistently followed to protect people and staff.

Staff understood how to safeguard people from harm and escalate concerns to relevant professionals. People and their relatives told us they felt safe at the service. More specific guidance for the use of, 'as required' medicines was needed to ensure people had these medicines safely.

Measures were in place to reduce the risk of infection during the COVID-19 pandemic. People's safety was promoted through changes made to the layout of the premises to support social distancing.

Staff knew the risks to people's safety and these were identified and managed. Relatives felt whilst people were safe and well cared for, consistency of good practice amongst staff, needed to improve. Accidents and incidents were analysed to identify causes, patterns or trends so that people's support was identified to reduce such incidents.

There were enough care staff to meet people's needs. Maintaining safe staffing levels had been a challenge due to the COVID-19 pandemic, the provider had a contingency plan to determine safe minimum levels of staffing.

The provider had identified shortfalls and had a service improvement plan they were working to. They acknowledged there had been a period of inconsistent leadership which had impacted on the quality of people's experiences. People, relatives and staff expressed confidence in the new manager. The manager confirmed that additional new senior posts were being created so that people and staff had the support they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 09 April 2019).

Why we inspected

We received concerns in relation to the management of people's medicines, finances, infection control and staffing levels. 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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Precious Homes Birmingham on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Precious Homes Birmingham

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors. One inspector visited the service on 09 December 2020 whilst a second inspector conducted phone calls to people's relatives and staff on 11 and 14 December 2020.

Service and service type

This service provides care and support to people living in 22 supported living settings, 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 does not currently have a registered manager. The previous registered manager had left the service in March 2020. A new manager had been managing the service since November 2020 and had submitted their application to become registered with us. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 09 December 2020, we visited the location to meet the people

who used the service, the manager and staff; and to review care records and policies and procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three of the people who used the service about their experiences of the care provided. We spoke with four relatives by phone, seven staff members, the operations manager and care manager. We received written feedback from two external professionals. We reviewed four people's care records and three people's medication records. We looked at recruitment checks for three staff. We reviewed records that related to the management and quality monitoring of the service. This included accident, incident and safeguarding analysis, financial and staff supervision audits and fire safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information about people's care needs, staff training and quality assurance.

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.

Assessing risk, safety monitoring and management

- Some relatives told us whilst risks to people's health and safety were identified, not all staff were consistently following plans to manage these. For example, supporting a person with weight loss, ensuring a person has regular support with their personal care, and ensuring that people's food supplies are rotated and not out of date. We raised this with the manager who told us further checks would be made to ensure staff are checking these areas.
- Staff knew how to evacuate people in the event of a fire. Personal emergency evacuation plans showed people's needs had been considered.
- People's identified risks were assessed and managed, for example how to safely manage people's epilepsy, diabetes and catheter care. Staff could describe how they supported people and risk assessments supported this.
- Records showed accidents and incidents were reviewed to ensure the measures in place to manage risks remained relevant. These records showed that any trends or patterns could be identified to help reduce the chance of a reoccurrence.

Preventing and controlling infection

- Prior to the inspection, we had received concerns that staff were not following Public Health England guidance regarding Covid-19. We found some improvements were required. Staff did not consistently follow guidelines about working safely in relation to using their face masks effectively. Some staff told us they were lowering their face mask to enable them to communicate with a person. A risk assessment was not in place to guide staff in this area. Following the inspection, the manager sent us a risk assessment which identified additional guidance for staff and told us that they had requested clear facial masks to reduce the risk to staff and the person.
- Where people required more than one staff member in their car this prevented full social distancing. Staff were able to describe the measures in place to reduce the risk, although a risk assessment was not in place to reflect this practice. This was put in place by the end of the inspection.
- Staff received training in infection control and the use of personal protective equipment (PPE) such as gloves and masks. The layout of the premises had been altered to support shielding and social distancing rules. People's environment was clean and cleaning schedules were in place.

Using medicines safely

- Prior to our inspection, we had received concerns about medication errors being made by staff. Medicines records showed that people's medicines were given safely. Where errors had occurred these had been identified and appropriate action had been taken to provide refresher training for the staff member.

Medicine records had been signed correctly and our checks showed balances tallied.

- We saw that protocols for 'as required' medicines were in place. These did not contain details about safe time gaps for the administration of medicine to ensure that people receive their medicines as intended. There was no impact as this medicine was not being used. Protocols were updated by the end of the inspection.
- People told us they had their medicines with support from staff. One person said, "The staff give me my tablets every morning and every night".
- Staff said medicine systems had improved over the last couple of months; this included daily checks on balances, improved booking-in procedures and administration procedures.
- Staff confirmed they had been trained to administer medicines and records showed their competency was checked.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems. Staff we spoke with were confident in their understanding of these. They confirmed they had completed training in safeguarding and knew how to recognise and escalate any concerns regarding abuse or harm to people. One staff member said, "If there was abuse, I'd report it to the manager, if it was the manager, I'd whistle blow." People said they felt safe at the service and with staff who supported them. One person said, "The staff are good, I feel safe. I don't ever not feel safe".
- Staff confirmed they had access to safeguarding procedures and contact numbers to report any concerns. They also had access to a whistleblowing hotline.
- Relatives told us they were confident staff kept people safe. One relative said, "Staff are doing a very good job, [name] is safe and happy".
- We received positive feedback about how the service worked with external professionals when reviewing safeguarding matters.

Staffing and recruitment

- People were supported by the right numbers of staff to meet their needs. One person told us, "I have my own staff they are really good". All staff told us that staffing levels were safe, although there had been periods where staffing levels had been reduced due to the COVID-19 pandemic. Relatives told us people usually had staff familiar to them to maintain consistency. One relative told us, "The new staff are good, I don't have to worry at all".
- The provider had a contingency plan for staffing during the Covid-19 pandemic which determined safe minimum levels of staffing. One staff member told us, "We are back on track with staffing levels".
- Records showed the manager had addressed concerns related to staff allocation to ensure people's safety.
- Staff vacancies were being recruited to and additional new senior posts were being created. A system was used for checking agency staff remained suitable to work at the service. Records showed the provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service.

Learning lessons when things go wrong

- Staff spoke positively about 'reflective practice' sessions in which they could discuss risks to the safety and welfare of people and how to reduce these. One staff member said, "We get debriefs following incidents, it's really good".
- The manager showed there was identified learning and action points in response to concerns. For example, she had sourced a new medicine management training course for all staff to ensure staff understood the process. This included a more detailed competency check, and guidance for staff on how to recognise and escalate medicine errors.

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.

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

- People said that the service is not always well-led. Relatives stated not all staff were consistent in delivering personal care. A relative told us, "There's been a turnover of staff, some inconsistencies, some staff don't follow people's care plans". Another relative stated, "[Name], is happy and loves the place. My only worry is not all staff are consistent".
- Staff feedback showed that inconsistent management had impacted on the quality of people's experiences. The systems did not always adequately identify if people were getting consistent support in line with their care plan. For example, with regards to food safety, weight management and personal care, the monitoring of support to people in these areas needed to improve. A staff member told us, "We used to have a core team which worked really well, it's going to take time for new staff to know people".
- Governance and performance management is not always reliable to ensure risks are identified or managed. Infection control practices in relation to COVID-19 required improvement to ensure guidelines were understood and consistently followed to protect people and staff. Protocols for 'as required' medicines did not include a safe time gap between administration.
- Staff said they had not had consistent leadership from seniors and that new staff were not always clear about their responsibilities. Records showed staff had not had supervision in which to discuss and develop their practice.
- The new manager demonstrated understanding of the principles of good quality assurance and acknowledged and agreed with the concerns we raised. They provided us with assurances and evidence of immediate action taken. This included, risk assessments with additional guidance for the use of face masks, and protocols for 'as required' medicines. They were developing and updating care plans.
- The previous registered manager had left the service in March 2020. The current manager had started working at the service in November 2020 and had submitted their application to be registered with the Care Quality Commission.
- The manager understood regulatory requirements and we had received notifications from them regarding specific incidents and events as required.
- A range of audits were completed and an analysis of accident, incidents and safeguarding undertaken. These had informed a service improvement plan and we saw that some areas had been acted upon. For example, medicine and finance systems had been improved. A recruitment programme was also underway to reduce the number of agency use and overtime. Staff supervisions had been scheduled, and new

management posts had been created to increase the management team.

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

- Staff told us they were confident in approaching the new manager if they felt improvements were needed to people's care. One staff member said, "The manager brings positives; she is very passionate, guides staff and is dedicated". Another staff member said, "The management listen. You can raise concerns and they are actioned".
- The manager understood their role in relation to the duty of candour and had informed us and external agencies where incidents had occurred.
- The provider's representative and the manager showed openness and transparency throughout the inspection in response to the concerns raised. They acknowledged there had been a period of inconsistent leadership which had impacted on people and staff over the previous months. In response, additional resources had been put into the service. This showed that the provider and the manager were committed to making improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager informed us that whilst Covid-19 restrictions were in place she kept in contact with family members via phone calls.
- Relatives confirmed the manager was seeking their views and some relatives had shared where they felt improvements were needed. The manager told us she was using the views of people to identify where improvements could be made to people's care plans and ultimately improve their experiences. A relative told us, "There are good staff, and communication is getting better with the new manager".
- The views of people who used the service were being captured during key worker meetings and care reviews. These identified people's goals and aspirations and were presented in an accessible format taking account of people's protected equality characteristics. The manager was clearly known to people and had engaged with them. A person told us, "There's a new boss in a black suit, she's new and really kind".

Continuous learning and improving care

- The manager had acted to introduce improvements. We saw reflective practice discussions and management meetings had taken place to clarify roles, responsibilities and expectations. A schedule of planned supervisions had also commenced in which to support staff and monitor performance and development.
- We received positive feedback from staff about the improvements being made. Staff told us, "It's a lot better now, management is much more stable", and, "The manager is clear about expectations, it's a much happier place to work, standards improved and there's a manager on shift". Some staff told us they had considered leaving the service but had decided to stay because they felt leadership and direction had improved. A relative told us, "Communication is getting better with the new manager".

Working in partnership with others

- People were still able to access health and social care services where needed. Contact with external professionals took place via telephone calls due to Covid-19 restrictions.
- We received positive feedback from a social care professional in relation to staff working with them.