

Precious Caring Limited

Precious Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



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 23 December 2015 and was unannounced. The home provides accommodation for up to 11 people, over the age of 65 who may be living with dementia or mental health needs. There were 11 people living at the home when we visited. This was the first inspection for this service since it was registered in November 2014.

The service had a registered manager who was also the provider. 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.

Precious Care Home provides communal areas, a dining room and separate lounge and kitchen on the ground floor. There were bedrooms on the ground floor, first floor and one bedroom and the manager's office on the second floor. One of the rooms on the ground floor was a

Summary of findings

shared room, as was one on the first floor. All floors were accessed by the use of a stair lift or the stairs. There was a well maintained garden area at the rear of the service which people were able to access.

People were not always kept safe. Emergency plans were in place, but kept in a room which was not easily accessible in the event of an emergency. Checks had not been completed on the water system within the home to make sure the temperatures were correct and there was no contamination from Legionella. All other environmental checks were being carried out.

Recruitment processes had not been followed. Records showed full employment histories had not been collected, but all other necessary checks had been completed. Staff received appropriate training and were supported through the use of one to one supervision and appraisals.

The provider had failed to notify CQC about one incident but had taken appropriate action to prevent this incident occurring again.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the individual needs of the people and knew how to spot signs of abuse. People said they felt safe and supported by the care staff and provider. Medicines were managed safely and people received their medicines as prescribed.

People felt involved and listened to. They contributed to what was written in their care records and risk assessments. These were kept up to date and were an accurate reflection of the person's care and support needs. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs. People had access to healthcare services and were referred to doctors when needed.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). Staff gained consent from people where appropriate. Staff understood about involving the local authority when considering depriving someone of their liberty. They knew that they had to look at what was in the person's best interests and how to protect the person in the least restrictive way.

People said the registered manager and staff were caring and felt they could go to them about anything and actions would be taken. Staff spoke to people in a kind, respectful and caring manner. There was an open, trusting relationship between them, which showed that the staff and provider knew the people well. Staff were offering people choices and respecting their decisions appropriately. People and their relatives were positive about the service they received. They praised the staff and care provided.

People had been consulted when decisions were made about what activities they wanted within the service. Changes had been made to accommodate their choices and people could do as little or as much as they chose to do.

People and their relatives were able to complain or raise issues on an informal basis with the registered manager and were confident these would be resolved. The manager demonstrated a good understanding of the importance of effective quality assurance systems. There was a process in place to monitor quality and to understand the experiences of the people who used the service. There was regular contact between the provider, manager, people, relatives and the staff.

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 not always safe.

Recruitment process were not being followed. Gaps were found in the employment history for staff.

Information required in case of an emergency was not kept in an accessible place.

Environmental risk assessments were not always assessed and managed. Checks had not been carried out on the water system within the home.

Medicines were stored safely and administered as prescribed.

Requires improvement



Is the service effective?

The service was effective.

Staff sought consent from people before providing care, and followed legislation designed to protect people's rights.

Staff completed training appropriate to their role and were supported through supervisions.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. They had access to health professionals and other specialists if they needed them.

Good



Is the service caring?

The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected.

People experienced care that was caring and compassionate

Staff treated people as individuals and involved in making decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met. Their choices and preferences were respected.

People knew how to complain and said they would raise issues if the need arose.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A notification had not been sent to CQC on one occasion, however the provider understood when CQC needed to be notified.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

People and staff reported that the service was well run and was open about the decisions and actions taken.

Good



Precious Care Home

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 23 December 2015 and was unannounced. The inspection team consisted of one inspector. Before the inspection, we reviewed the

information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the home, and a family member. We also spoke to the manager, deputy manager and two care staff. We observed the way people were cared for in the communal area and looked at records relating to the service including four care records, three staff recruitment files, daily record notes, maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

This was the first inspection for this service.

Is the service safe?

Our findings

People told us they felt safe at Precious Care Home. One person said “I feel safe here”. People told us they knew what to do if they did not feel safe and felt able to report concerns and that these would be acted on. We saw that when a concern had been raised, action had been taken and the incident had been looked into appropriately. The person had been supported throughout the investigation and the outcome had been fed back to them in a way in which they could understand.

Recruitment processes were not always followed. We found gaps in the staff's full employment history for all of the files we looked at. This was brought to the attention of the registered manager, who immediately took action to rectify this. Staff recruitment files showed that all staff had completed an application form, and had an interview. Other checks which were required, including references and Disclosure and Barring Service (DBS) checks had been completed for all staff. DBS checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Each person had a personal emergency evacuation plan (PEEP) which showed the support they would need if they needed to leave the building in the event of an emergency, such as a fire. These were kept in the office on the top floor of the building along with information about the home that staff may need in an emergency. This meant that in an emergency the staff would have to go up two flights of stairs to get the information, which may put them and the people at risk. This was raised with the registered manager and deputy manager who said they will be taking action to ensure this information is kept in a more accessible location within the home. Staff had been trained in fire safety, knew what action to take if the fire alarm was activated and took part in regular fire drills. Weekly checks were made of the fire alarm.

Environmental risk assessments were not always assessed and managed appropriately. For example, there was no risk assessment or information available, to show how risks posed by Legionella in the water systems were managed. We raised this with the provider who wasn't aware that these checks were needed, but agreed to take action. Other environmental risk assessments such as gas and electric safety checks were being completed.

Risk assessments were in place for bed rails, falls and moving and handling, these were person centred and were reviewed regularly and updated as required. For example, we saw falls risk assessments had been put in place for one person who was having frequent falls. These provided guidance to the staff as to how to manage this whilst supporting the person to retain their independence. People were encouraged to be as independent as possible and there were risk assessments in place to manage this. Staff said “We encourage them [the people] to do as much for themselves. We don't just take over]. There was a business continuity plan in place as well as plans for environmental risks such as fires and both people and staff knew what to do in an emergency.

There were sufficient staff to provide the care and support people needed. Staff were visible throughout the inspection and no one had to wait to be supported. People said they only needed to ask and someone would help them. There was an on call system in place to support staff overnight and on the weekend. Staff sickness and annual leave was covered by existing staff as well as agency staff. The provider used the same agency and tried to get staff who had worked at the home before so the people knew and felt safe with them.

Staff said that there is ‘a robust system in place to keep the people safe’. One staff member said “We know how to keep people safe. The door [external] is kept locked so no one can get in, but people are still able to get out if they wanted to”. Staff were aware of the different types of abuse and knew how to report any concerns. They were aware of the homes safeguarding policy and confirmed they had read it. Staff said the service had an on-call system, where if they were concerned about anything, there was always someone they could call and know it would be acted on. Staff would support the person to understand what to do if they wanted to raise a concern. Concerns had been raised and appropriate action had been taken by the service.

Processes were in place for recording incidents and accidents. The provider was able to show how actions had been taken and what learning had come from them. For example, when a medicine error had occurred further support had been given to the staff member who had made the mistake and further training given to prevent this type of error occurring again.

Medicines were administered, recorded and stored appropriately. People, who were prescribed pain relief as

Is the service safe?

required (PRN), received it appropriately and there were protocols in place for PRN medicines. Staff who administered medicines had training to do so and were competency assessed by the deputy manager. Medicines were given as prescribed and in line with pharmacy and

manufacturer's guidelines. All unused medicines, awaiting return to the pharmacy was kept secure until collection. The medication administration records (MAR) sheets were checked and there were correctly signed and no gaps shown.

Is the service effective?

Our findings

The service provided effective individualised care and support. People who used the service told us they were happy with the care and support they received. People said that staff were always there to support them and they felt comfortable for any of the staff to provide their care. Individual preferences were being met. For example, one person like to have their breakfast sitting in the lounge whilst watching the news. Others preferred to sitting at the dining room table to have theirs.

People were allocated a staff member to be their named person [keyworker]. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. People could change their keyworker if they wanted to. We viewed a selection of peoples care plans and found them to be comprehensive documents, which provided a good level of information about the person's health and social care needs. The plans were person centred and aimed at meeting the persons preferred support approaches. People had been consulted in writing them and had either given written or verbal consent for staff to provide the support which had been recorded. Daily records were detailed and provided information about the support each person had received that day.

Staff received appropriate training in order to meet the needs of people within the service. All staff had undertaken essential training in areas such as Safeguarding, Mental Capacity Act, and Medicines as well as further training in specified areas such as dementia. Staff said how it made them more aware about how to communicate with people who may be living with dementia, and how they needed to allow the person time to respond. Staff also spoke about not assuming the person lacked capacity, just because they had dementia. Training was provided every quarter and was both online training as well as group training. The manager had a clear view of the staff training needs and ensured that these were met.

New staff completed a two week induction period, during which time they shadowed members of staff, before beginning to work independently. All staff were to

undertake the care certificate and not just new staff members. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff were supported through regular supervisions as well as annual appraisals. Staff said, "I can go to the provider or deputy manager outside of my supervision if I need to discuss anything". Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting.

Staff sought people's consent prior to supporting to meet their care needs. Staff encouraged the people to make decisions for themselves and supported their choices. We checked whether the service was working within the principles of the Mental Capacity Act 2005. People's consent to care and treatment was sought in line with legislation. One person said, "Staff always ask me before they do anything for me". We observed staff asking people's permission before they undertook any task. A staff member said "I would always ask for their permission, and wait for them to answer. If they [the person] refused I would leave and try asking again later".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager followed the Mental Capacity Act 2005 (MCA) and staff had an understanding of this and the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS the manager was able to explain about the process they would need to

Is the service effective?

follow and how they would seek authorisation to restrict a person's freedoms for the purpose of care and treatment. Staff explained that the main door was kept locked, but people were able to leave the home if they wanted to.

People had access to healthcare as required. Care records showed the service had worked effectively with other health and social care services to ensure people's needs were being met. We saw referrals had been made to the opticians as well as other professionals as they were required. Staff would support people to attend health appointments, when required. Both the doctor and the district nurses visited regularly and would visit when

required. One person's care records showed the doctor had visited recently due to a change in their health needs. The service had updated the persons care plans and risk assessments to reflect the change in support needs.

People's nutritional needs were met. People decided what they wanted to eat and menus were changed accordingly. All the food was nutritional, freshly prepared and seasonal. People said there was choice and they could ask for anything to eat or drink whenever they liked. One person said, "All the food is lovely, we get so much choice". One person living at the home required support to eat their meals, as well as having their meals pureed. We observed staff supporting the person to the dining room and to then eat their meal.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care. One person said “Everyone is lovely, the staff are very good”. Another person said, “I can’t complain about anything, they are all lovely here”. A relative said, “I am very happy with the care”. People also told us that they were “Everyone is lovely, the staff are very good”. Staff spoke to people in a kind and caring manner.

We observed positive, caring relationship between people and staff members. Staff were aware of how best to communicate with people. For example, they got down to the person’s level in order to speak to them, rather than standing over them. This meant people could see staff faces which aids communication and were not intimidated by staff. The staff were clearly passionate about making a difference to people’s lives. One staff member said, “It’s like being at a home from home; you’d never find another job like this”. People were listened to and we saw staff treat them with the dignity and respect.

Staff respected people’s privacy and would always knock and wait for a response, before entering the person’s room. Doors were kept closed, unless the person had requested it to be left open. Staff said, “This is their home, not ours”. Staff explained how the person’s dignity was maintained during personal care, saying, “It [personal care] was carried out in the bathroom or the curtains can be pulled round”. We observed that there were privacy screens which could be used if required. People understood that staff had to be

there at all times, however their privacy was not compromised when using the bathroom. At the time of the inspection both of the shared rooms were fully occupied. Those who shared a room had been consulted and were in agreement to sharing a room, prior to entering the home. We observed that there were privacy screens which could be used if required. Confidential information such as care records were kept securely so it could only be accessed by those authorised to view it.

People were supported to express their views and were involved in making decisions about their care. Their views were recorded in their care plans along with what they were able to do. Staff understood people’s individual needs and took the time to talk to people about what they wanted to do or eat, and made time for each person. People were kept informed about what was happening and prior to care being provided. Staff explained to people, what they were going to do and waited for the person to respond in agreement before they continued with their task. We observed one staff member in the dining area supporting people to their seats at lunchtime. They spoke to each person explaining it was dinner time and asking people where they wanted to sit to have their meal.

People’s friends and family could visit without being unnecessarily restricted. During the inspection one person had a visitor who staff immediately spoke with and knew well. The visitor sat in the lounge with the person they had come to visit and said they were “always made to feel welcome”.

Is the service responsive?

Our findings

People received individualised care which was responsive to their needs. Their care plans were detailed and informative. They included information about the person and their likes and dislikes. People said they were satisfied with the care and they told us how involved they had been and consulted when their care plans were written and reviewed. The care plans were updated regularly with the input of people to ensure that the information was accurate and a true reflection of the person's current needs. They provided clear guidance to staff about the person's individual needs, and provided them with clear instructions on how to manage specific situations.

People were encouraged to do as much as possible for themselves in order to keep their independence. This was recorded in their files providing staff details about what the person was able to do for themselves and how to support them. One person liked to read and so staff supported this person to visit the library.

Daily records were kept for each person and included anything which had happened during that day. These records were detailed and allowed staff to record daily details of individuals such as people's health, welfare and activities that needed to be passed on to staff. This showed the response the staff had taken to any changes in the plans for the day and the reason behind it.

Staff knew what person-centred care meant and could relate to how they provided it. They knew people's likes and dislikes. They were knowledgeable about people's individual needs and how to ensure their needs are met. One staff said that, "We always ask them what they want and if they are happy. We listen to what they [the people] want, and change or reach a compromise".

There were regular resident's meetings where people were able to express their views and make decisions about changes in the service. For example in a recent meeting there had been a discussion about picking berries from the garden and making smoothies from them. This had happened and everyone enjoyed a smoothie. They also had discussions about developing the garden as it was an area some people were interested in.

People were provided with group and individual activities. The provider discussed with people what activities they wanted to do, during their residents meetings. During the inspection a staff member put on a CD with Christmas Carols, one person started singing along to it and then all the people in the lounge are joined in. Everyone appeared to enjoy this and asked for a different CD to be put on when it ended. The provider told us they had a singer booked to provide entertainment monthly this had proven to be very popular so they had increased it to twice a month. People said, "The singer is excellent", another said, "He was here last week and is very good". The deputy manager told us a staff member would do activities with the people in the morning and the afternoon. The staff member confirmed they usually did activities for two hours each afternoon. We saw them bring out a game which involved throwing a bean bag onto different numbers. People took turns to play and appeared to be enjoying it.

The provider's had a complaints policy in place with information on how to complain. There was complaints/ comments box near the main entrance. However, no complaints had been received. People said they did not have any complaints, and they would say something to staff or the registered manager if they weren't happy about something. We observed staff asking people if they were alright at various times during our visit allowing them an opportunity to raise any concerns.

Is the service well-led?

Our findings

Providers are required to notify CQC of certain incidents which occur, so we can monitor the safety of services and take regulatory action where required. We identified an incident where a person had fallen and sustained a head injury which required an ambulance being called and the person being taken to hospital for stitches. The service had taken appropriate action by immediately seeking medical attention and informing the local authority. On this occasion they had forgotten to notify CQC of this incident. This was discussed with the registered manager who understood their need to notify us about incidents and that this had been a one off omission. The deputy manager confirmed that they would normally have notified CQC at the time they notified the local authority and would do so in future.

People and a visitor commented on how happy they were with the service and the manager. A visitor said, "I'm happy and I know [the person's relative] is more than happy with the way this service is run. Any concerns and changes would be made".

People said they were on first name terms with the provider and deputy manager, they felt able to go to them about anything. They were satisfied with the way their needs were being met, and the way in which the service was being run. One person expressed a wish to move from a room on the first floor when their mobility needs changed. This was arranged and the person was given a week's trial in a room on the ground floor before committing to the move permanently.

The provider recognised the importance of having motivated and familiar staff in order to ensure people's care needs were met. People said they knew the staff well and they knew them. This meant the staff knew their needs

and what support they needed. People said they liked the staff and felt comfortable with them. Staff told us they felt valued and recognised the importance of their role and the impact this had on the people who lived at the service.

Staff said the provider was supportive and felt able to go to them about anything. Staff said they felt listened too and the provider and deputy manager had provided support during a difficult time at the home. There was a clear management structure in place and people who used the service as well as staff and relatives, were fully aware of people's roles and responsibilities. The provider was supported by the directors of the service. There were a clear set of values and the staff described the service as having "an open culture". A staff member told us, "You can go to either the provider or the deputy manager about anything at any time, the door is always open. I don't feel like someone is watching me all the time, but the support is there if I need it".

The vision of the service was to ensure people received 'good care which met the care standards set'. The provider said "It should feel like a family home" and "people should be treated as you would want your family members to be treated".

Systems were in place to monitor the quality of the service people received. The home's records were well organised and easily accessible to staff. There was an effective system in place to monitor the quality of the service being provided. Regular audits designed to monitor the quality of the care and identify any areas for improvements had been completed by the provider, deputy manager and staff. Quality assurance checks on areas such as infection control, documentation, medicines and accidents and incidents were completed by the deputy manager. Where issues or areas for improvement were identified, these had been addressed them promptly. For example, a recent medicines error had been recorded. This was identified and actions taken to prevent this from happening again.