

Precious Homes Limited

Precious Homes Torquay

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Precious Homes Torquay provides support for up to 14 people living in a supported living setting in the coastal town of Torquay. At the time of our inspection 13 people were receiving support from the service. People were accommodated by a private landlord in a large adapted building with their own flats. There were also communal areas for people to socialise in such as a large garden and lounge. There was an office in the grounds of the property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The building design fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a supported living service. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by engaging compassionate staff who knew them well. People were involved in the planning of their care and supported by a service that was exceptionally caring and wholly person centred. People's equality and diversity characteristics were protected and explored by people with staff encouragement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where restraint needed to be used it was as a last resort and it was clearly evidenced in what cases this needed to be used. All staff were trained in the use of appropriate restraint.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe and if they were worried about something they could approach staff or the manager. All staff had good knowledge of safeguarding and medicines were managed safely. People were supported with staff who were employed after a robust recruitment process. Staff were aware of the risks people faced and discussed these with people.

People were supported to achieve positive outcomes such as maintaining employment, developing living skills and learning to be out in the community safely. People were encouraged to retain and develop friendships and stay in contact with families.

The service was well-led, by an experienced and knowledgeable management team who cared deeply about their staff team and the people using the service. Staff felt supported and listened to. People told us managers were approachable and helped them solve problems. Quality systems were robust, and performance was monitored, and learning taken from incidents when they occurred.

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 4 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Precious Homes Torquay

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

On the first day of inspection the inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of inspection one inspector attended.

Service and service type

This service provides care and support to people living in one '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 had a manager registered with the Care Quality Commission. This means that they 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

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, and two support workers.

We reviewed a range of records. This included four people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, complaints, quality assurance and incidents, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted five professionals who work with the service and received feedback from two. We contacted ten further staff and received feedback from four.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff had a good understanding of what abuse might look like for each of the people receiving support from the service.
- Staff underwent face to face and online safeguarding training.
- There was a robust system in place for reporting and recording safeguarding concerns and incidents and accidents. These were followed up and actions recorded and followed up.

Assessing risk, safety monitoring and management

- Every person and relative we spoke with felt the service was safe. One person said "I feel really safe here, and when I had to spend a day in hospital, [staff] spent whole day there with me so I wasn't frightened."
- The service supported people to take positive risks and were supporting some people to learn to take more control of their safety. For example, one person called the service when they arrived at or left their destination as a planned way of staying in touch with the service.
- Risks that people faced were assessed and clear instruction was given by staff on how to support people to reduce these risks.
- Some members of the local community sometimes felt unsafe because of the antisocial behaviour of some people living in the service or their associates. Although the police were being called when incidents took place, the service had not initially acted appropriately and considered the impact the incidents had on the local community. They have since followed up their investigation into these incidents, after we discussed with the registered manager how further efforts could be made to address these issues.

Staffing and recruitment

- There were enough staff to meet people's needs. Some people required the support of two staff, and people and relatives told us staffing was always provided in line with people's needs.
- There was a robust recruitment process. Police checks were completed for new staff before they started to work with people to ensure they were safe to work with people who might be vulnerable due to their circumstances.

Using medicines safely

- Medicines were managed safely.
- Staff attended training provided by a local pharmacy and were competency tested before being able to administer medicines.
- Medicine administration records were completed, and medicines were stored safely. Some people were supported to administer their own medicines.
- People were supported to have their prescriptions reviewed when their needs changed

Preventing and controlling infection

- Staff covered infection control training as part of their induction.
- Where required there was access to gloves and aprons.
- Staff described supporting people to maintain good personal hygiene and launder their clothes as a way to prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager was able to clearly evidence where the service had learned lessons when things had gone wrong. There was a learning log after incidents that showed some learning took place after one incident and some took place over a number of incidents where a trend or theme emerged.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before coming into the service and they were involved in these assessments. Families and key health and social care professionals contributed to these assessments and they were added to as people moved into the service and staff got to know them more.
- People were supported to achieve good outcomes. Goals were set with people and staff worked with them to develop their skills and experiences.
- Best practise guidance and up to date training was provided for staff. The service used the management of actual and potential aggression (MAPA) techniques and approach. This is an approach that supports people to deal with their aggression in a safe way and has a focus on prevention and de-escalation before using any holding or restraint as a last resort.

Staff support: induction, training, skills and experience

- Staff said they felt supported through induction which included shadowing and observations.
- Specific training linked to people's needs was provided. We saw evidence that families and health professionals provided tailored training for staff. This was so they could get to know how people liked to be supported and what triggers were for their behaviours and how to provide care that was aspirational.
- One person joined in the training sessions when they wanted to and had received a certificate for attendance.
- Staff were employed from a range of backgrounds. Where staff did not have experience, the registered manager recruited them around their attitude and values, and willingness to learn.
- Staff were supported to further their training and encouraged to complete health and social care qualifications to develop their skills and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported with food preparation. One person could now independently prepare a healthy meal and were starting to batch cook, so they could freeze portions for a later date.
- Staff worked with people to encourage them to eat healthy balanced meals and learn to shop for healthier options.
- To encourage one person to eat, staff sat and ate meals with them so eating was a social activity. This person was then able to follow the example set by staff regarding what pace to eat and learning social norms around eating in public.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service shared information with other support agencies, and asked for information from services working with people so they could gather a full picture of support needs and provide person-centred care.
- One relative described when their loved one moved into the service and said, "The transition was managed so well and the communication so good that she settled much quicker than I thought possible."
- People's needs were discussed amongst staff discreetly during the day so that changes in mood and behaviour and needs were handed over.
- People were supported to access GP, dental, psychological support services.
- The provider had a team of specialist health professionals which visited the service. These practitioners assessed whether people needed specific support with their mental or physical health and provided appropriate interventions.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was acting within the principles of the MCA. Records were kept of when applications had been made to the Court of Protection.
- Staff had attended training on the MCA and understood which people had capacity to make decisions about certain things and why some people were being deprived of their liberty.
- Decisions made in people's best interests were recorded.
- We heard staff asking for consent and giving people time and space before offering support again if it was initially declined.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by well-informed, exceptionally caring staff. Staff shared views that showed they cared deeply about people and went out of their way to make sure they felt safe, and happy and as one staff member said, "leading their best lives." One person said "They are so much more than staff- more like family."
- People were supported to express themselves through their clothes, activities they did and encouraged to form friendships and explore relationships they had not been able to previously. Staff supported people to send gifts and cards for family member's birthdays and at Christmas. One relative said, "They're constantly trying to enrich her life."
- People were supported to explore their sexuality where they indicated they wanted support to do this. One person was supported to safely access online dating.
- The service employed staff with different backgrounds and considered the equality characteristics of people and how to create a staff team that reflected those characteristics. For example, the service employed staff from different ethnic backgrounds, different age groups and some staff who had an insight into living with or supporting someone with autism or a learning disability.
- The service nurtured people and family members alike. One person was supported to take their relatives to healthcare appointments they otherwise wouldn't be able to attend.
- Where there were issues between people, they were encouraged to come together to solve the problem to model life in a family or in the workplace. One person said, "It's really lovely here. Sometimes there are ups and downs but we just all sit down and work it out." Another person said, "You've always got someone to talk to."
- One person said, "I really love this place. When I'm away, I really want to come home (her flat). It's like one massive family." A family member said, "When I come here, its hugs all round so I feel very loved as well as my son."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in and led the planning of their care if they wanted to. One person typed up their care plans. Other people met with staff regularly to discuss how they would like to be supported. Where appropriate, families and healthcare professionals had an input into care planning. The service had ensured people had been consulted on and chosen the colours their landlord was painting the exterior and interior of the building they lived in.
- People were supported by staff they had expressed they would like to work with, and who they were paired up with based on preferences including age, interests and experience. We saw during the inspection that the

rota could be adapted and was fluid for people if they wanted a change in support staff. This was led by people, telling the staff, either through expressing verbally their wishes, or through their behaviours such as starting to disengage from staff as the shift went on.

- We observed people being offered lots of choice, of what coat to wear, where to go and what to do, what to eat and what staff they would like to support them.
- One person expressed a wish to stay in rather than go out every day. The service supported them to plan their activities so they could enjoy their time indoors. The person told us "I don't want to go out much so they got me a kitten."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to become more independent in line with their goals.
- One person was supported by staff through gentle and consistent encouraging over time to become more independent and improve their verbal communication. A family member said their relative, "Was mute and just sat in front of TV. Now... just look at [their relative] chatting to others and doing stuff. We never ever thought this would be possible."
- People were supported to go on family days out, staff would pick up the family with the person and ask the person where they wanted to go.
- We saw evidence where people had been supported in creative ways to learn to cross the road, cook meals when they couldn't do before, wash themselves more and take care of their flats. For example one person was encouraged to eat more healthily by starting to grow their own vegetables to cook with. Another person was provided with an electric toothbrush so they could brush their teeth more easily themselves.
- Staff explored the use of technology with people and found that a radio soothed one person, a device with coloured lights supported a person to differentiate between colours and cross the road, and an electric toothbrush was a more effective way for a person to independently manage their oral hygiene. The service provided a computer with internet access for those people who did not have one so they could independently research things that interested them.
- The service identified that one person did not have much room to cook so they persuaded the landlord to extend the person's kitchen so they could more easily learn how to prepare food.
- Staff enjoyed spending time with people and came in on their own time to take part in particular activities with people that they had a shared interest in.
- One person's was supported to feel more empowered by staff using therapeutic interventions to encourage them to think about how they viewed themselves and their disability. This person now walks without aids and enjoys dancing and can walk up and down stairs whereas they could not previously.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and care and support reflected preferences detailed in care plans.
- People were asked every three months about how they would like to be supported. Care plans were updated after these meetings or when needs changed.
- There was a strong person-centred culture in the service, staff actions and how they interacted people evidenced this.
- One person was supported to overcome their fear of water and staff supported them in a person focussed way and they are now able to paddle in the sea.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had varying communication needs and staff responded to these individually through learning Makaton sign language, using hand gestures or verbal cues or writing things on a whiteboard.
- The service explored with people what communication methods would best alleviate their anxieties or they responded to the most. For example, for a person who became anxious about going out and the timings involved, staff sourced and bought a colour coded timer, so the person could refer to it rather than processing time cues just verbally from staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- As part of their support some people were encouraged to engage with the local community more. For example, two people were supported to attend a local theatre group, and two other people were supported to continue to engage with employment.
- People were supported with daily living skills but also with fun activities that enriched their days. One person was encouraged in their keen interest in collecting antiques, and another person enjoyed shopping and going to the local fair.
- Several people had been supported to go on holidays with staff and achieve personal goals around fun activities such as jumping off of a boat and swimming in the ocean. One person was being supported to prepare for a trip to Australia by visiting an airport and travelling on a domestic flight.
- Although people had their own flats, the service arranged social events for people to come together if they

wished to. For example, a breakfast club had been running which people enjoyed attending and getting to know their neighbours living in the building and sharing food.

- Most people went out at least daily to shops, on day trips to local places of interest, work, or to see their families. Staff supported people to explore their social needs and ensured people who preferred to spend time alone were still offered opportunities to engage with others to reduce the risk of isolation.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure that the service followed.
- Relatives and people told us they were happy to complain. One person said, "If there are ever any complaints about others, it's always dealt with very well. We can always ask for forms which are kept in the office or laundry room."

End of life care and support

- The service was not supporting any person with end of life care at the time of the inspection.
- The service supporting mainly younger people but had explored with people end of life wishes where they wished to do so.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The culture in the service was open, person centred and positive. The registered manager was encouraging and upbeat with both staff and people. People and staff exchanged light banter, people felt at ease with their support and we heard lots of laughter during our visit.
- We saw evidence that people were consistently achieving good outcomes, based on goals they had identified for themselves and staff supported them at the pace they wanted. This helped to nurture greater independence in people.
- The registered manager understood and was delivering on their duty of candour. That is, to ensure relevant parties were informed if something went wrong in the running of the day to day delivery of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staff structure, with the registered manager, deputy manager and senior staff all understanding what their roles entailed. One relative said "It's well managed with a structured hierarchy. The happiness you feel here is testament to that."
- The management team monitored the quality of interactions with people daily, and observed staff practise regularly. Quality was also monitored through audits of care notes, risk assessments, care plans, medicines administration and staff files. There was a robust system at local and organisational levels to ensure that performance was consistently good.
- Staff told us they felt supported, and the registered manager told us they received good support from the provider also.

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

- People's equality characteristics were integral to the way the service was run, with people at the centre of the service and the service encouraging community integration and challenging stigmas associated with learning and physical disabilities and autism.
- People decided which staff supported them and how, were involved in recruitment when they wanted to be, and fed back on staff performance so were involved at different levels of the running of the service.
- Staff told us they were listened to well and their ideas taken on at the regular team meetings that were held.

Continuous learning and improving care; Working in partnership with others

- The service was working on improving community relations.
- The registered manager liaised with other managers in the provider group and shared best practise. The deputy manager was completing higher education courses to complement their knowledge and experience of supporting people who may be vulnerable due to their circumstances.
- The service worked closely with local health and social care professionals and organisations.
- The service valued people, their relatives and staff as key stakeholders in high quality service delivery.