Precious Homes Limited

Precious Homes Birmingham

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We visited the service's offices as part of our inspection on 3 February 2016 and it was announced. The provider was given 48 hours' notice because the location provides a care and support service to people who live in supported living; we needed to be sure that someone would be in. We last inspected the service in December 2013 when we found that the service met regulations.

At the time of our inspection visit the service was supplying care and support to four people who were in supported living accommodation. The services offices were within the building of the supported accommodation but separate to it.

There was a registered manager in post. 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.

People told us that they felt safe with the staff providing their support. There was good suitable information to support people to remain safe and to report any concerns. Staff were aware of the need to report any safeguarding concerns and there were good whistle-blowing systems in place.

Risks to people's health and well-being were identified and detailed instructions were available to staff to minimise these risks. Staff were recruited appropriately and staff and people told us there were sufficient numbers of staff to meet people's needs day to day. Staff supported people to take their medicines helping to keep them safe and well.

Staff working in this service understood the health and social care needs of the people for whom they provided care. People told us that staff supported them appropriately, however the provider was unable to show that there were sufficient appropriately trained staff at all times.

The registered manager and staff we spoke with understood the need to protect people's rights and restrictions were only placed on people by legal means. People were empowered by information about their rights, including the right to refuse treatment, and what attitudes and behaviours they should expect from staff.

People were supported with their health care appointments when wanted and information was available to health professionals. People were involved in planning their care and making choices about their leisure time and recently had been involved in supporting other people in the community.

There was evidence that the registered manager had acted upon feedback from individual people who used the service and there were regular opportunities for people to express their views. The provider ensured that they acted upon recommendations from commissioners of the service. The provider arranged for the

service to have an independent review and we saw that improvements had been made as a result of this review.

Although care records had improved as a result of recommendations, further work was needed to ensure that managerial records improved to aid the day to day planning.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that staff would keep them safe and staff knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Staff supported people to take their medication helping to keep them safe and well.

Is the service effective?

Good

The service was effective.

Staff knew how meet people's specific care needs but evidence of training was not always available.

People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People had the health support they needed to keep them as well as possible.

Is the service caring?

Good

The service was caring.

People told us that they liked living in the service and our observations indicated that staff were caring.

Staff enabled people's rights by ensuring they had easy to read information and respected the choices about their care.

Is the service responsive?

Good

The service was responsive

Arrangements were made to assess people's needs so people received appropriate care in the supported living.

People were treated as individuals and plans that supported their individuality

People were happy with the support they received and there were appropriate systems to assist people to make complaints if needed.

Is the service well-led?

Good

The service was not consistently well led

People interacted well the manager, and staff found the management approachable and responsive to any recommendations.

Management responded appropriately to recommendations of involved professionals

Further improvement was needed to ensure that systems were in place to ensure that staff on duty had the appropriate training at all times.

Precious Homes Birmingham

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 visit to the service's offices took place on 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a care and support service to people who live in supported living; we needed to be sure that someone would be in. One inspector carried out this inspection.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider provided this information in a timely way. We took the information they supplied into account when we made the judgements in this report.

As part of the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths, any safeguarding matters and serious injuries occurring to people receiving care.

During our inspection visit we spoke with all four people who were receiving care and support from this service. We spoke to two members of staff, the deputy manager, the registered manager and another officer of the organisation.

We looked at parts of two people's care records to see how they received support. We looked at two people's medicines and medicine administration records (MAR). We looked two staff recruitment files and training records. Following the inspection visit we spoke with two professionals from health and social care.

Good

Is the service safe?

Our findings

All of the people in the supported living told us they felt safe. Comments about why they felt safe included: "All the staff are kind," "Staff give me my tablets," "It is all right here" and "I feel safe with the other people around me."

Staff we spoke with knew they had to report to management any safeguarding concerns and what agencies they could contact if they believed that a person was being subject to abuse. One member of staff said: "You have to listen to what the person is saying and understand how this happened. You speak to the on call manager quickly." Another told us: "You would telephone the on-call manager it may need reporting to police, the person's mental health team, GP and social worker. Staff we spoke with understood the potential for people to be harassed in the street and had strategies to guide people away from this.

One of the people who was receiving a service had been involved in devising some easy to read information intended to help keep people safe when they were on their own. For example: 'Asking for help on the bus,' and 'Asking for help from the police.' The service had information in easy to read formats including: 'What is bullying?' and 'What is safeguarding?' in addition to the information supplied by the local safeguarding authority. This information was kept so that people had access to it.

Care plans had details of the risks to individual people's health and well-being. These included, for example, any physical or mental health conditions, how the person managed these and any staff support the person needed. A member of staff said: "You have to remain calm; some people some people can present challenges when they are upset."

We saw that in case of a domestic emergency such as a power failure there was an emergency plan in place to ensure that people were not put at risk. Each person had a plan in place if the building needed to be evacuated in an emergency.

People told us there were enough staff available to support them and we saw that there were enough staff to support people when we visited the service. Staff said there were enough to support people. We saw that rotas covered both the provider's residential home in the same street and the supported living. However we found that rotas were not clear enough to determine that there were always enough staff. We found that one member of staff was not on the rotas supplied despite being on duty of the day of the visit.

We looked at the records for the newest member of staff and found that appropriate checks had been completed. We spoke with a member of staff who was working in the service and they confirmed that appropriate checks for suitability and ability to work in the UK had been made before they started work.

People told us that they received support with their medicines. Their comments included: "Staff help me with my medicines. Sometimes it changes because of [specific health issue mentioned]," and "My medicines are kept in my bedroom. I always remember my medicines and so do staff."

Some people had their medicines in locked cabinets in their rooms and others needed more support and had medicines retained in one of the offices. Medicines were kept securely. Where people had intolerances to medicines or allergies these were recorded on the medicine administration records (MAR) and on people's care files and this helped staff prevent any adverse reactions.

Some people needed 'as required' medicines to manage pain or anxieties that manifested as pain or symptoms of their physical or mental ill health. We saw that staff had access to pictorial representations of pain to help them gauge the severity of the pain. In addition there was information for staff to help a person whose anxieties were expressed as pain and this indicated that people were supported to have appropriate pain relief. People were not given any 'as required' medicines unless the manager had agreed that it was safe to do so.

We checked people's medicines and found that in all but one case people's medicines matched their MAR. Both staff we spoke with told us that they had training in medicine administration and that their competency had been checked by the deputy manager. This indicated that people were receiving their medicines as prescribed. The deputy manager told us and we saw records that showed that medicines were checked on a weekly basis to ensure they were correct.

Good

Is the service effective?

Our findings

People we spoke with were happy with the support they received. Staff we spoke with had the appropriate experience and knew what support people needed. The manager was able to show us the on-line training programmes to cover the subjects that staff were required to complete as part of their initial training. In addition we saw that training was offered in topics that were specific to the health conditions that people had.

However although we could see that some staff had significant amounts of training we could not evidence that there were enough staff with the right skills on duty to manage the care of people throughout 24 hours. For example some people had significant health problems and the service could not evidence that there was a staff member with an appropriate level of first aid training overseeing the shift. Some staff were on the rota and their name was not on the training matrix.
The manager accepted that they needed to consider the appropriate training for staff so they could respond in emergencies.

Staff told us that they had supervision to identify how they could best improve the care people received. As this was a small service they routinely discussed any concerns about people living in the home, staff or their working conditions. This helped ensure that people were supported by staff who were aware of their current health needs.

Staff told us that they completed an induction which included reading care plans and policies and procedures and plans, and getting to know people who used the service in a supervised way. The manager was aware of recognised good induction practice and was matching this with the service's existing training programme.

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. We checked whether the service was working within the principles of the MCA.

When we spoke to people about any restrictions on their life people told us that they did not feel restricted. One person told us: "There is nothing I feel I can't do." All of the people we met had capacity to make some decisions about their lives at the point of our inspection visit. Where restrictions were in place these had been put in place legally so people's rights were protected. The care records showed that there had been assessments about people's mental health and capacity. Some people were making unwise decisions about their care and health treatment. Although staff tried to persuade individuals to accept appointments for

health care and treatment they accepted the person's right to refuse. Staff spoke with people about the consequences of any decisions that they made. The service had ensured that people had access to tenancy agreements in an easy to read version so people could see what was expected of them in the supported living.

People told us that they liked the meals that were supplied. One person told us: "Staff help me shop for food and help me cook." Although staff supported with this, some people had other priorities other than food. Staff and management were able to tell us different ways they encouraged and supported people to eat. Sometimes staff organised for all of the people in the supported living to have a meal together with staff such as having a full English cooked breakfast with staff which people enjoyed.

People were supported to gain and attend health appointments. One person told us: "Staff help me with my appointments at the hospital they stay with me." Another person told us: "The psychologist comes and visits me here. I like it." Records showed that people had been offered appointments with a range of health professionals such as dentists and opticians. On the day of our visit we saw staff encouraging a person to see their GP but the person refused. Records showed that information about how people preferred to be supported was available to be taken to the hospital with the person if they were ever admitted.

Some people receiving the service had complex health conditions that could be life threatening. We saw that there were detailed health plans to instruct staff in the management these health conditions. For one person this included instructions for the person to maintain a piece of health equipment with the support of staff. One person had instructions about the questions staff needed to ask if a person appeared to be becoming mentally unwell. One person had significant amounts of easy to read information about actions they were taking may affect their health including telling staff how this made them feel. This was recorded in their health plan. A person had re-written their health plan to reflect their understanding and feelings about their health condition and what staff were to do if they were unwell. People were being enabled to be involved in their health and direct how they wanted their support given.

Good

Is the service caring?

Our findings

People told us they liked living in the supported living and the support they received. Their comments included: "I like all the staff," "I get on with all the people living here" and "This is more homely than other places that I lived."

Staff we spoke with spoke about people with kindness and compassion. They were able to recognise people's strengths as well as when people needed support and understood people's day-to-day challenges.

People were encouraged to be involved in how their care was given. They were involved in putting together information for staff about how individuals would like to be treated and communicated with. We saw in one person's care file reminders for staff of 'dos and don'ts' as staff were invited to imagine they had moved into a new placement. Staff we spoke with understood the importance of these reminders which included that staff were: 'Strangers in [people's] my home' and they were 'never to do anything for [a person] me without asking me [that person].' In addition we saw the bill of rights of people who lived in the supported living and these included: 'I have the right to be angry or upset' and 'I can tell CQC anything.' We found that all of the people in supported living felt confident enough to speak with us on their own. This indicated to us that the provider was ensuring that staff understood the values that needed to be put into practice.

Each person had a communication plan to support people when they were upset. This helped staff support people consistently. The language used in care records respected the person and how they were to be treated at these times.

Opportunities were available for people to take part in everyday living skills. People were involved in food shopping, cooking, household cleaning and laundry tasks. We saw people going out shopping and heard people preparing meals both independently and with the support of staff.

People had keys to their rooms and were able to return to their rooms when they wanted to have time privately. Each person had tenancy agreement in an easy to read format which helped to protect their rights. People could have visitors but there were limits to their staying under their tenancy agreements. People we spoke with told us that they visited their relatives if they wanted to. One person told us: "I like to go see my family and I am able to do this on my own." The amount of contact they had varied from person to person and all felt supported by staff with their contact with important people in their lives. Where people did not want to have contact with people this was respected.

People had a say in which staff that supported them. We found that individuals had a say in what information they wanted to be shared with which staff.

Good

Is the service responsive?

Our findings

People had assessments before they arrived to see if the service could meet their needs safely and to make sure that people did not pose additional risks to people already living in the supported living. Where necessary emergency placements were made but only following an assessment by staff able to understand the issues for the person. On person told us: "When I moved here staff introduced themselves to me. Then I went to my room and started setting up my room the way I wanted. Staff helped me a bit."

Care plans were written with the person and were individual to their care and support needs and wishes. People were asked what they thought made a good day or bad day for them and what were their goals. Although they the service could not support people with all of their wishes there was an intention to support their goals where possible. People's history was recorded and how that history impacted on an individual person's mental health. There was information for staff about how they were to act as a result of this. For one person, for example, there was a reminder to be sensitive about difficult anniversaries for a person.

People said they were able to go out to follow interests and hobbies if they wanted to. Among people's comments were: "I like just chilling out. I go out on certain days but don't go on trips. I like going to college," "I like going to the disco" and "I like to go on the trips with other people we go into town and have been to Drayton Manor Park." People were supported to be involved in community activities. People told us enthusiastically about being supported to give socks and chocolates to homeless people. One person told us: "It is very good; I hope to do something for older people next time." Another person told us: "Yes I got a certificate for doing that." And another person told us: "I didn't want to go out so I put the chocolates in the socks."

Information was available to people about how to make a complaint in appropriate formats. We asked people what they would do if staff were unkind or they were unhappy with the service they received. People said that would tell either the manager or deputy manager about their worries. Comments included: "I would speak to [deputy manager's name] and she would do something about it" and "If someone was not kind to me I would speak with [manager's name or deputy manager's name]." We spoke with staff who similarly said that they would refer any complaints to the management of the service. Staff told us that people had not complained to them about their care. The provider indicated in their Provider Information Report (PIR) that they had no complaints in the previous 12 months from September 2015 when they submitted their PIR. There were no records of any complaints in their complaint logs.

Good

Is the service well-led?

Our findings

People we spoke with told us they could speak with the manager and the deputy manager of the service at any time. We observed that people were comfortable with them. Staff we spoke with told us that the managers were involved in the service that people received. One staff member told us: "There is good customer service here. When I came here I saw staff work as a team and that impressed me. People and staff are not afraid to speak to the managers." Another member of staff told us: "I can always speak with [deputy manager's name] as she is here more than the manager. If I was not happy I could always whistle-blow to [representatives of the provider names]. The number is on our payslips."

There were meetings with people on a regular basis where they could speak about any concerns they had about living in the supported living. We saw that a person had raised some issues about their environment and furniture. We then saw that this had been acted upon to make their environment better. This indicated that people's requests were being acted upon.

The two staff we spoke with told us that they had received supervision recently. They told us that they were able to talk about their own training and development as well as any issues or problems they may have in the workplace. They told us that their supervision meetings were informative. At times these meetings were not regular but staff felt they could always ask for a meeting if they needed. There were occasional group staff meetings. We were told that the management of the service had regular supervision and had meetings with other managers in the company to share any good practice.

The provider had ensured that the registration of the service was correct. The manager had become registered in December 2012 and had worked with people with similar care needs in a managerial position ensuring that they had the experience to manage the service. The manager generally ensured that notifications were sent to us. However we found that we had not received one safeguarding concern notification when we should have done so, some eight months previous to our visit. A notification is information about important events which the provider is required to send us by law. Our conversation with a social care professional indicated care records had not been kept sufficiently well and there were not suitable structures for a person who was receiving a service.

We asked the commissioners of the service for their views. They sent us a report of their visit in April 2015 where they made many positive comments about the service. There were some recommendations about record keeping, people being involved in planning their care and the development of an easy to read tenancy agreement. We found that these records had improved.

The provider had arranged independent regular reviews to assess the quality of the service. This included talking to people. This meant that the manager of the home was given an independent view of their performance. The provider showed that they were willing and open enough to allow their home to put under scrutiny. Plans were made as a result of these assessments. These had resulted in improvements to details about risk assessments and actions to be taken so that new staff could be more confident when managing risks. We found, at our inspection, that action had been taken on these areas. One member of

staff told us: "I think it is good that there is an independent audit of the service."