Precious Homes Support Limited

Chandos Road

Inspection report

167 Chandos Road
London
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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

About the service
Chandos Road is a care home for people with acquired brain injuries. At the time of our inspection there were six people using the service who received personal care. The home is a terraced house in a residential area. The accommodation comprises of a communal lounge, kitchen diner, downstairs toilet, shower room, bathroom and seven bedrooms. There is a garden area to the rear of the property.

People's experience of using this service and what we found. People were safeguarded from the risk of harm and abuse. Staff were recruited safely. People were protected from the risks associated from the spread of infection. Medicines were managed safely. People had risk assessments to protect them from the risks they might face.

People's needs were assessed before they moved to the service. The service worked together with healthcare professionals to ensure people's needs could be met. People were supported with nutrition and hydration. Staff were supported with training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems were in place that supported this practice.

Staff demonstrated they knew people well and understood the way people wanted to be cared for. Staff obtained people's consent before delivering care. People and relatives were able to express their views about the care that was provided. People's privacy, dignity and independence were promoted. Staff understood how to provide personalised care. Care records were personalised and contained information about people's preferred method of communication. People and relatives knew how to complain, and the provider had a system to record concerns.

Relatives and staff spoke positively about the management of the service. Staff and management understood their roles and responsibilities. The provider had a system to obtain feedback from people and to audit the quality of the service in order to make improvements.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 23 February 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about a provider level concerns raised by the local authority in relation to the care and support people received. A decision was made for us to inspect and examine those risks. We also followed up on the action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from required improvement to good based on the findings of this inspection.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below

Is the service effective?

Good

The service was effective.

Details are in our effective findings below

Is the service caring?

Good

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below

Chandos Road

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was conducted by two inspectors.

Service and Service Type
Chandos Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chandos Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection the manager was going through the process of becoming the registered manager.

Notice of inspection
The provider was given 18 hours' notice of the inspection as the service provides support to people who are often out during the day and we needed to be sure people would be in during the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included their action plan from the last inspection and notifications of significant events. We also received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with seven staff including the operations manager, manager, deputy manager and four care staff. We observed care and treatment of people in communal areas. We reviewed six people's care records including risk assessments and four staff files in relation to recruitment. We also reviewed a range of management records including quality audits, medicines, complaints and staff support. After the inspection visit, we spoke with six relatives. The manager and deputy manager sent us documentation we asked for and clarified any queries we had.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection
At our last inspection the provider failed to ensure staff were wearing the correct face masks to keep people safe, this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff were wearing the correct face masks appropriately. Therefore, this is no longer a breach of regulation12.

●We were assured that the provider was preventing visitors from catching and spreading infections.
●We were assured that the provider was supporting people living at the service to minimise the spread of infection.
●We were assured that the provider was using PPE [personal protective equipment] effectively and safely.
●We were assured that the provider was responding effectively to risks and signs of infection.
●We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
●We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
●We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse
●The provider had effective safeguarding systems in place to protect people from the risk of abuse. For example, staff told us, there were regular discussion at staff meetings and with individual people about the safeguarding adults procedure and how to report any concerns.
●Relatives and friends told us people were safe with the care staff. One relative said, "The staff do a good job ensuring, [they are] safe from harm."
●Staff understood what actions to take if they suspected somebody was being abused. One staff member said, "I [would] raise it with my line manager and if they don't take appropriate action, I can take it to my operations manager and then to CQC. I have always found they are very prompt in the organisation."
●The deputy manager told us that new staff undertook a three-day induction of the service, which included how to safeguard people from abuse. Staff had also undertaken training about safeguarding. The training matrix reflected this.
●Staff took measures to help ensure people were safe when they were using the community independently. Care plans included information and guidance that staff needed to check before people left the home. For example, ensuring their mobile phone was fully charged, and that people had their freedom pass with them.

●The provider and manager understood their responsibility to report and investigate safeguarding concerns.

Assessing risk, safety monitoring and management

●People lived in a safe environment, and that monthly audits were carried out.

●The provider had systems for assessing and monitoring risks. For example, there were regular checks and audits to ensure the environment and equipment were safe and free from damage. The health and safety files and certificates confirmed this.

●The deputy manager explained, "Everybody does have risk assessments. We score before measures are put into place and another risk score is put in after they are put in place. We do staff risk assessments which are reviewed."

●People's risk assessments were appropriately recorded in care files, this included risks in the environment, supporting people with their emotions and any agitation, personal care, accessing the community and nutrition and hydration.

●People had positive behaviour support plans which gave guidance to staff about how to support people who may become distressed or anxious. These detailed triggers and how staff should respond.

●Staff told us that there was a maintenance plan in place for planned works to be completed, which was on a yearly schedule. Repairs were reported as required and fixed by a contractor approved by the provider.

Staffing and recruitment

●There were enough suitable staff to keep people safe and meet their needs.

●The provider carried out robust checks on all staff before they commenced working at the service. These included employment references, proof of identification and right to work the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

●Staff confirmed there were enough staff on shift and that regular staff or agency staff were able cover shifts as needed.

●Relatives told us there were enough staff on duty to meet people's needs.

●Although there had been staff and management changes at the service, a relative told us there had not been an impact on their family member as there were still familiar staff.

Using medicines safely

●People received their medicines safely and as prescribed and medicines were safely stored.

●We reviewed medicine administration records (MAR) for two people and saw these had been correctly completed.

●The MAR gave clear instructions to staff for supporting people with medicines for example, prompting or administering.

●Staff appropriately updated MAR charts when changes were made by the GP.

Learning lessons when things go wrong

●Staff confirmed lessons learnt from accidents or incidents were shared with them in staff meetings. One staff member said, "We have post incident support where we can debrief so in the future we don't have to face that incident again."

●The deputy manager explained how accidents and incidents were dealt with. They told us, "We have a staff section and a manager section on the incident report. At the end of the month the manager looks at these to see if there is anything we can do to reduce the incident happening again."

Good

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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, and choices were assessed. Assessments were carried out before a person began using the service to ensure that their needs could be met.
- Assessments included peoples communication needs, mobility, medicines, personal care, nutrition and hydration, community access and financial support.
- Peoples care records included their likes, dislikes and cultural or spiritual needs.
- A relative told us, "We are involved with our family member's care, we take part in assessments, this includes health and social care professionals."

Staff support: induction, training, skills and experience
- People were cared for by staff who were suitably trained and skilled.
- Staff training was robust and covered the essential skills required to support the people who lived at the service. For example, new staff underwent a three-day induction. Staff confirmed this.
- The deputy manager told us staff completed the Care Certificate. The Care Certificate provides staff with a clear set of standards, training and skills that are needed to work with people in social care.
- The training included modules such as acquired brain injury, responding to behaviours that can challenge, diabetes, epilepsy and communication.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink to maintain a balanced diet. There were individual shelves in the refrigerator and freezer, and in the food cupboard to help people identify their own food.
- People's care plans contained detailed information about their dietary needs and preferences, including diets due to health reasons or religious beliefs.
- People's care plans described how they would like to be supported with their cultural foods. For example, the plans gave detailed instructions to staff about where to buy peoples preferred food and included information about foods that they could not eat.
- Records showed people were supported to complete their individual menus and were supported to eat a range of balanced and nutritious meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People were supported to live healthy lives and access external healthcare services. Relatives told us they

felt that the staff supported people to access health professionals as and when required.
●There were systems in place to record all health appointments, and the outcome of appointments, in the daily logs.
●There was evidence in care plans of appointments with the GP, mental health team, and opticians. Care files showed people were referred to other professionals when required.
●People had hospital passports in place. These were given to health professionals so they would know how the person would like to be supported if they were admitted to hospital.
●Staff told us they worked closely with health and social care professionals when needed. For example, one staff said, "I have taken a [person] to appointments like blood tests,"
●Care plans detailed the support people required around oral hygiene.

Adapting service, design, decoration to meet people's needs
●The home was suitable to meet people's needs.
●People were supported to keep their home clean. The home was well-furnished.
●In most areas the home was well maintained however we found that some areas within the home needed re-decoration. The deputy manager said that work was scheduled to take place over the forthcoming year.
●People personalised their rooms and they were included in decisions relating to the interior decoration and design of their home.
●People had access to a garden area, which was well-maintained.
●The provider had carried out building checks as required such as water safety/ Legionella which was last checked on the 16 August 2022.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
●At the time of the inspection three people had DoLS authorisations in place and the manager had followed these up when they needed to be renewed.
●People had signed consent to care forms where they had capacity to do so.
●People's care records contained signed consent forms, mental capacity assessments and best interest assessments in line with guidance.
●Care plans contained information where a person had a Power of Attorney in place.
●Staff understood how to obtain consent before delivering care. Comments included, "We can ask [person] and they have the right to refuse. "And we have one [person] who we show pictures."

Good

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were respected and treated as an individual. Staff interactions with people during the inspection demonstrated this.
- Relatives provided us with positive feedback on the support given to their family members by staff. One relative told us "Since our family member has lived at the service they have been cared for and supported well, staff are very caring."
- The service used a keyworker system whereby a named keyworker had overall responsibility for the care the person received, and they liaised with the family. The service matched keyworkers taking language and culture into consideration. One staff told us that there were staff who spoke the same language as people whose first language was not English.
- The deputy manager told us that the service held a PRIDE barbecue in June 2022. Pride is a celebration of people coming together to show how far LGBTQ+ (lesbian, gay, bisexual and transgender, plus all identities) rights have come, and how in some places there's still work to be done. The barbeque gave an opportunity to have an open discussion with people about individual choices.
- The manager told us staff received training in equality and diversity. The training matrix confirmed this.
- Staff understood how to meet people's equality and diversity needs. One staff told us, "I support a person to [attend their place of worship], as I follow the same belief this helps as I understand the way the person would like to be supported."

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

- People were enabled to make decisions and choices for themselves. For example, care files explained how people were involved with their care and support, and how they were able communicate their wishes and future goals to staff.
- Staff explained how they supported people to express their views about their care. For example, keyworker meetings and group discussions took place, which gave an opportunity for people to be heard. This could be by using photo cards, body language, facial expressions, gestures as well as verbal communication.
- People were supported to access independent, advocacy advice. The deputy manager told us that the service would invite advocates or family to support people to be heard.
- Staff told us that people were involved in developing various parts of their care plan, which provided clear guidance to staff on how the person wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, at the time of the inspection we witnessed a staff member

knocking on a person bedroom door before entering.

●Staff understood how to promote people's privacy and dignity. One staff told us, "We ensure consent is given by the person, also make sure the curtains and door are closed." People were asked about whether they had preferences for the gender of staff who supported them. Their preferences were recorded in their care files.

●People's independence was promoted. A relative told us "My [relative] is supported to do as much as possible for [themselves] and to make decisions about [their] care."

●Staff recognised how to support people to maintain their independence. One staff told us "We have supported a person with life skills, that helped them to live independently in their own home."

●People's care records reflected where that the person was independent, and the tasks they needed support with. For example, one person's care plan says, "I am very independent with regards to my mobility and accessing the community."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 received personalised care which met their needs. For example, there were positive behaviour support plans (PBS) in place to help manage people's anxiety. There was clear guidance for staff on how to deescalate and help distract people from situations.
- Relatives told us care staff supported people with their care in the way they chose. One relative said, "I have no complaints about how the staff support with choices and they do a good job."
- Staff knew the people well and this was demonstrated during the inspection in the way staff interacted with people. Staff told us "It's important to ensure that we are working with people to complete their person-centred care plan as this capture people's views and wishes on how they wish to be supported."
- Care plans were detailed and personalised with people's preferences. For example, care plans showed what a good day and a bad day look like for the person. This helped staff recognise signs when the person was not happy.
- Care plans also included the outcomes the person wanted to achieve. One person's care plan stated, "I don't remember to take laundry down without staff support, I will support staff in preparing the laundry basket."
- Care plans were regularly reviewed, with involvement from people and families. This meant people's changes in need could be identified and actioned quickly.

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 give 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.

- Staff were very knowledgeable about the communication needs of people at the service. For example, the deputy manager told us, "We use photo cards, body language, facial expressions, gestures and social stories.

- People had communication plans which included words that may be misunderstood by the person and become a behaviour trigger.
- The provider captured information about people's communication needs at the point of assessment and also sought feedback from relatives.
- The service worked closely with other professionals such as the speech and language therapist.

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

●People were supported to pursue social and leisure interests. For example, one person's care plan stated, "I love to watch live football matches; I have lots of great ideas about music and art."

●People's care plans held detailed information on how people socialised and maintained relationships with their family. One plan stated, "My family are very important to me. I see them at least once a week.''

●One person's care plan contained information about their spiritual wishes and how they wanted to be supported by staff to attend their place of worship.

●Staff understood the importance of developing people's relationships with others to help prevent social isolation. One staff member told us "One person likes to play football; this helps the person to relax if they feel anxious".

●Staff showed us lots of pictures of activities that people had taken part in, and which they enjoyed, such as cooking and day trips out to Southend and a farm.

Improving care quality in response to complaints or concerns

●The provider had systems in place to respond to and learn from complaints. However, there had been no complaints since our last inspection.

●Staff told us how they would respond to complaints or concerns, for example, one staff told us, "I would signpost the person to the manager and give reassurance that action will be taken."

●A relative told us, "If I had any concerns I would contact the manager or the main office. In the past I have made a complaint, which was dealt with."

End of life care and support

●The provider was not supporting any person with end of life care at the time of inspection.

●The provider had an end of life care policy which gave guidance to staff about how to provide this type of care sensitively.

●Peoples end of life wishes were recorded in their care plans, including funeral arrangements and preferences.

●The provider knew how to access palliative care services should this be needed.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care;
At our last inspection the provider failed to ensure good governance systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

●There were systems and processes for monitoring the quality of the service and these were operated effectively. These systems included environmental audits and checks and staff meetings.
●Medicines audits were carried out weekly and monthly. The records included an area to add identified concerns and actions required, and the outcomes of audits were discussed with staff in their supervision.
●Management carried out monthly spot checks. These looked at how staff were performing and if tasks we're being completed, such as care plan reviews and actions arising from staff meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
●The provider had current policies and procedures which reflected good practice guidance and legislation.

●Relatives and staff were complimentary about the management team. One staff told us they felt they were trusted and that they were supported to build their confidence up.
●One relative told us the home was managed well by the manager and that they were approachable.
●The deputy manager understood their roles and responsibilities on managing risks and the importance of quality performance.
●Staff were clear about their responsibilities. They were also confident how to report concerns and had a good understanding of the service's policies and procedures.
●Records were stored securely and appropriately in the office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
●The culture in the home was positive and person-centred. We observed staff interacting with and being respectful to people who used the service.
●Families told us they felt valued and supported by the staff to be involved in making decisions and

providing care.
●Staff told us management worked directly with people and led by example. They were visible in the service and were approachable.
●Staff told us they felt comfortable in talking with management to improve the service. One staff told us "we have an open-door culture. We have an on-call procedure at the weekend."

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 deputy manager understood their responsibility to be open and honest if mistakes were made. They told us, " We all have a duty of candour to make sure they [the people] have a good quality of life, our support is person centred. We would take the right measures like raising a safeguarding."
●The provider understood their responsibilities to notify CQC and the local authority as required and had done so as needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The provider engaged with people using the service and other stakeholders. Care plans reflected this practice.
●Relatives confirmed communication had improved. One relative said, "the manager contacts me to keep me updated on how my family member is doing, this was due to my feedback that communication needed to improve."
●Relatives gave positive feedback about staff. Comments included, "Staff are easy to talk to and are always polite and professional, "We feel involved with our family member even though we may not be able to visit as much as we would like due to personal reasons."
●The new manager told us that they had contacted families to introduce themselves. Families confirmed this.
●Staff meetings were held which enabled the management team to discuss, monitor and improve people's care and support. Outcomes from these meetings were recorded and then shared/reviewed with people and external professionals where appropriate.

Working in partnership with others
●Staff worked in partnership with external professionals such as the GP, mental health team, community nurses, opticians and pharmacies.
●Care plans showed that joint partnership working was taking place to review people's health.
● Managers and staff were clear about when health professionals needed to be contacted, this was recorded in care files.