

Precious Homes Support Limited

Fenny Mews & Stratford View

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

This inspection of the domiciliary support service took place on 15 and 21 June 2017 and was announced. 'Fenny Mews and Stratford View' is registered to provide personal care to tenants living in their own accommodation within the two supported living houses, namely 'Fenny Mews' and 'Stratford View'. The service supports adults with a range of needs arising from learning disabilities and includes, for example, autism. There were nine tenants living in the houses when we inspected.

A registered manager was not in post when we inspected although an application to register a manager had been received by the Care Quality Commission (CQC) and was being processed. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's needs were safely met. People's needs were assessed prior to taking up the service and their agreed care plans reflected people's needs and preferences in relation to the care provided. Assessments were in place and appropriately acted upon to reduce and manage the risks to people's health and welfare. Staff ensured that people that required support to manage their medicines received their medicines as prescribed. People were supported to eat a healthy diet and to have access to health services in the community to improve their health and well-being. The staff followed the advice of healthcare professionals in meeting people's needs.

People were protected from the risks associated with the recruitment of staff by robust recruitment systems and the provision of appropriate training to all new recruits. Staff understood the importance of protecting people from abuse and avoidable harm. They were aware of the actions they needed to take to report any concerns about people's safety or well-being. There were sufficient numbers of staff available to meet people's needs in a timely way. Staff had received training to provide them with the skills and knowledge they needed to provide people with safe care.

People received support from a staff team that were caring, friendly, and responsive to people's changing needs. They were able to demonstrate that they understood what was required of them to provide each individual with the person centred support they needed to live fulfilling lives as independently as possible. People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were protected.

People benefitted from a service that was appropriately managed by the person in charge so that they received their service in a timely and reliable way. People knew how to raise concerns and complaints and the provider had appropriate policies and procedures in place to manage such eventualities. There were also systems in place to assess and monitor the on-going quality of the service. People's views about the quality of their service were sought and acted upon.

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 were supported by staff that understood and acted upon the importance of protecting people from abuse and avoidable harm and were aware of how to, and who to, report any concerns about people's safety or well-being.

People were protected from unsafe care. Staff knew and acted upon risks associated with providing the level of care that was needed for people. People were supported to take their medicines as prescribed.

People received support from competent staff that had the appropriate training to do their job. Staff recruitment systems ensured that only suitable staff were employed to support people.

Is the service effective?

Good ●

The service was effective.

People were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

People received a reliable service. There were contingency arrangements in place to ensure the continuity of the service when staff were absent or on holiday.

Staff demonstrated their understanding of how people's capacity to make decisions had to be taken into account and acted upon.

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Is the service caring?

Good ●

The service was caring.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

People were individually involved and supported to make choices about how they preferred their day-to-day support to be provided. Staff respected people's preferences and the choices they were able to make about how they received their support.

People's dignity was assured when they received support and their personal privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

People were assured that appropriate and timely action would be taken if they, or their advocate, had to complain about the service.

People's support plans were person centred to reflect their individuality and their preferred way of receiving the agreed support they needed.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was not in place, although an application to register a new manager had been submitted to the Care Quality Commission (CQC).

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving care from staff that received the support and guidance from the provider and the senior person in charge that they needed to do their job well.

Fenny Mews & Stratford View

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 announced inspection took place on 15 and 21 June 2017 and was undertaken by one inspector. We gave the provider notice of the inspection. This was because the location provides a personal care service in a supported living setting and we needed to be sure someone would be available at the location office used to manage the service. We visited the location office on the 15 June and again on 21 June. Both visits involved meeting and speaking with staff and people that used the service that were at home in the two houses.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care of people provided with domiciliary support to check if they had information about the quality of the service.

During this inspection we visited the provider's office located in the 'Fenny Mews' house. We met and spoke with the appointed manager and director of operations. We looked at the care records for four people that used the service. We looked at records related to the quality monitoring of the service and the day-to-day management of the service. With their prior agreement we spoke with one person in their own flat and with two others that were using the communal areas within the house. We also spoke with two support staff individually and with the appointed manager in post who had applied to register as manager with the Care Quality Commission (CQC).

Is the service safe?

Our findings

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities other than the Care Quality Commission (CQC) that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. They understood the risk factors and what they needed to do to raise their concerns if they suspected or witnessed ill treatment or poor practice. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety.

People's assessed needs were safely met. One person said, "I'm safe here. I like feeling safe. It makes me feel good." People were supported by sufficient numbers of trained staff that knew the needs of the people they supported. People's care plan contained a comprehensive assessment of their needs, including details of any associated risks to their safety that their assessment had highlighted. The plans also provided staff with the guidance and information they needed to provide people with safe care.

People's care plans had been reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly. A range of risks were assessed to keep people safe. One staff member said, "We have a big responsibility to keep people safe, especially when we are supporting them to go out into the community." Another staff member said, "It is really important that we have a good understanding of a person's behaviours that might need to be safely managed when we are supporting the person in the community. We need to know what situations might cause someone to get upset and possibly put themselves or others at risk."

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. Staff said that before they started working at the service they needed to produce documentation to prove they were legally entitled to work in the United Kingdom. They also said references from their previous employer were taken up and they had suitability checks carried out through the government body Disclosure and Barring Service (DBS). The staff recruitment files we looked at contained evidence these checks had been carried out before staff started working at the service. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

People's medicines were safely and appropriately managed within the supported living setting and there were policies and procedures in place to guide staff. People that required support to take their medicines as prescribed, whether on a short or long term basis, received the help they needed to manage this on a day-to-day basis as part of their agreed support plan.

Is the service effective?

Our findings

People received appropriate and timely care from staff that knew what was expected of them. Staff had a good understanding of people's needs and the care they needed to enable them to continue living as independently as possible in their own home.

People were encouraged to make decisions about how they preferred to receive the care they needed. Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community. 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. Support plans contained assessments of people's capacity to make decisions for themselves and be able to consent to the way in which they received their support. Staff were mindful of and acted upon people's daily routines and preferences when they provided them with care.

People received a service from staff that had the appropriate knowledge they needed to do their job and work with people with a diverse range of needs. They received individualised care and support in their own home from staff that had acquired the experiential skills as well as the training they needed to support people in a person centred way.

Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. One staff member said, "We get the training we need to do our job and provide us with the confidence and insight we need." There was a process of induction training in place for all new staff to complete before taking up their duties. This training included, for example, managing behaviours, safeguarding procedures, and record keeping, with 'refresher' training scheduled to ensure that staff continued to be effective in their role. The provider had made arrangements for staff to attend refresher training in, for example, working with people with autism to ensure they were up to date with best practice.

Is the service caring?

Our findings

People were treated as individuals and staff were kind, compassionate, and respectful towards the people they supported. Staff were also mindful and sensitive of people's individual anxieties about requiring support to be able to manage their daily lives. One staff member said, "We have to remember that they (people they supported) have a lot to contend with just to achieve things that we take for granted in our own lives. They need us (staff) to encourage them and keep on encouraging them. Even small achievements in their everyday lives can make such a big difference."

People were encouraged to express their views and to make choices so they felt involved in decisions about their care. Staff demonstrated through discussion that they were familiar with people's preferred routines and the way they liked to have their support provided. Support plans included information on people's preferences and choices about how they liked their support to be provided. There was also information available to people and, where appropriate, their families on accessing community based advocacy services should this be necessary to ensure that people had their say about what mattered to them.

Staff responded to people by their chosen name. Staff knocked on people's doors and checked with people whether they were happy for them to enter their private accommodation. Staff spoke politely with people and tactfully asked people discretely if they needed any assistance. We observed some good interactions between the staff and the people using the communal areas of the house. When a person became agitated and upset staff listened to them patiently and enabled the person to calm down and positively regain control of their behaviour so that what had triggered the upset could be resolved.

Staff understood the importance of respecting people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know.

Is the service responsive?

Our findings

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Staff provided support to fit in with people's daily routines throughout the day. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings.

People's needs were continually kept under review and appropriate reassessments were carried out to inform their changing support provision. One staff member said, "Each day can bring something new that we need to be able to manage. We have to be flexible so that each person gets the support they need when they need it." Another staff member said, "Getting to know people is so important. It means you can 'pick up' on things such as if the person isn't feeling well or if something is bothering them that you need to know about so you can support them to sort it out."

People knew how to complain and who they could contact if they were unhappy with their service. There were timescales in place for complaints to be dealt with. There was a complaints procedure in place and there was evidence that the appointed manager had fully co-operated with the Local Authority appropriately and in a timely way to deal with a complaint.

Is the service well-led?

Our findings

A registered manager was not in post when we inspected. An appointed person was in post to manage the service and had submitted an application to register with the Care Quality Commission (CQC). They were already registered with CQC to manage another service on the same site, and their registration to manage the regulated activity at Fenny Mews and Stratford View was confirmed by CQC soon after the inspection. It was a condition of registration that there should be a registered manager at all times, meaning that failure to achieve this which would normally result in a 'requires improvement' rating for 'well-led'. However, in the particular circumstances of this service we have used our discretion under the ratings principles and consider the rating of 'good' is appropriate.

People were supported by a team of staff that had the managerial guidance and support from the appointed manager and the provider that they needed to do their job. Staff said they felt listened to. One staff member said, "(Name of appointed manager) is always available. If I'm not sure, I ask. I get the support I need."

People's support records reflected the level of care required on a day-to-day basis as well as longer term. Records relating to the management of staff recruitment and training were available and confirmed that staff were provided with a range of on-going training relevant to their roles and responsibilities. People's care records had been reviewed on a regular basis and were appropriately maintained. The system used enabled staff to readily access pertinent information. Records were electronically managed and securely stored on computer with appropriate password protection to ensure confidentiality of information.

The appointed manager said they always looked at how they could continually improve the service. Feedback on the service was encouraged from people and their families and was used to drive continual improvement. Arrangements for making use of feedback from satisfaction surveys sent out to relatives or people's advocates were in place to help inform the provider about the quality of care being provided. Staff said they were also actively encouraged to put forward new ideas about how to improve the service.