Precious Homes East London

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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

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

At the last inspection in June 2013 the service was found to be meeting the regulations we looked at. This inspection was announced.

Precious Homes East London provides personal care and support to people with autism spectrum disabilities, learning disabilities and substance misuse in their own apartments on a single site. At the time of the inspection they were providing personal care and support to eight people. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe and were happy with the care and support provided. We found that systems were in place to help people were safe. For example, staff had a good understanding what constituted abuse and the

Summary of findings

reporting procedures for such matters. We did not observe any restrictions of people's liberty during the inspection. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA).

The registered manager told us staffing levels were reviewed regularly and adjusted accordingly to the needs of people who used the service.

We saw the service followed safe recruitment procedures which meant people were kept safe as suitable staff were employed.

Staff were able to tell us about people's life histories, their interests and their preferences and these details were included in their care plans. Staff displayed a caring approach and treated people with dignity and respect. People, relatives and other health professionals spoke positively about their relationships with staff. People were able to make choices in relation to their daily lives, for example choosing what they wanted to eat and staff respected these wishes.

Staff were up-to-date with a range of core training and received regular supervision and support. Staff told us they felt supported by the manager.

Staff, people, and other health professionals viewed the registered manager positively. Quality assurance systems were in place which included seeking the views of people that used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from the risk of abuse. This was because staff had a good understanding of their responsibility with regard to safeguarding vulnerable adults and of the need to report any allegations of abuse. We did not observe any restrictions of people's liberty during the inspection. The manager had a good understanding of the Mental Capacity Act 2005.

We found there was enough staff to support people. We saw the service followed safe recruitment procedures which meant people were kept safe as suitable staff were employed.

Is the service effective?

Good

The service was effective. People said they were happy with the level of care and support they received. Care plans were in place which showed staff had assessed people's care needs and clear instructions were in place to allow staff to meet these needs through delivering appropriate care and support. There was evidence people's preferences, likes and dislikes had been obtained so staff could deliver personalised care.

People were supported to maintain good health and had access to healthcare services. People told us they had access to healthcare professionals.

People were able to make choices about what they ate. We found that people were protected against the risks associated with poor nutrition or dehydration. People that used the service were able to eat independently without any staff support and we observed this to be the case. Each person had a care plan that supported them with a healthy diet.

Is the service caring?

Good

The service was caring. People told us staff were caring and they were happy with the care provided. Staff knew the people they were supporting and caring for. They were able to tell us about people's life histories, their interests and their preferences and these details were included in care plans. Staff displayed a caring approach and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care plans had been reviewed monthly to reflect people's needs as they changed over time.

Staff were observed to respond to people's needs during the course of our visit. People were supported to access community facilities.

People we spoke with felt they could raise any concerns or complaints with the registered manager and other staff. The majority of people were confident their complaints would be acted upon.

Is the service well-led?

Good

The service was well-led. People who used the service told us they knew who the registered manager was and they all viewed him positively. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The service had systems in place to monitor quality of care and support for people.

Precious Homes East London

Detailed findings

Background to this inspection

We visited the service on 5 August 2014. During this inspection we spoke with three people using the service, a support worker, senior support worker, the deputy manager and the registered manager. We observed care and support in communal areas and also looked at some people's apartments with their permission. We looked at four care files, staff duty rosters, three staff recruitment files, a range of audits, a complaints log, minutes for various meetings, resident surveys, staff training matrix, accidents & incidents book, safeguarding folder, four supervision files for staff, a health and safety folder, and policies and procedures for the service. We sent nine questionnaires to people asking them to tell us about the care and support they received from the service. Five were returned to us.

The inspection was led by an inspector who was accompanied by a specialist advisor. The specialist advisor had experience of mental health and learning disability services.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for June 2013 where we had found the service to be meeting the regulations, notifications, safeguarding alerts and monitoring information from the local authority. Before the inspection the provider completed 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. After the inspection we spoke to a relative and Health Professional. We also spoke to the local borough contracts and commissioning team, the local borough safeguarding team and a community nurse specialist.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

Good

Is the service safe?

Our findings

We spoke with people about their safety at Precious Homes East London. People told us they felt safe and did not have any concerns about their safety. One person told us, "Staff are around all the time. There's always someone around to help."

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager and senior staff members. One staff member told us, "I would report it to the manager or deputy manager. I would also record it and fill out an alert form." The registered manager showed us the handbook that was given to people who used the service. The handbook was in pictorial format to help make it easier for people to understand and provided information about people's right to be safe. The registered manager told us and we saw records that the majority of staff had completed training for safeguarding adults from abuse. The registered manager said safeguarding was discussed in staff meetings and supervision. We saw records that confirmed this. Staff knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

We saw records, which indicated there had been six safeguarding incidents since our last inspection. Most of the safeguarding incidents were altercations between people living at the accommodation. The registered manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission and the local authority. For example, the registered manager told us one person had been referred to a psychologist because of multiple safeguarding incidents around aggressive behaviour towards other people living at the accommodation. Since meeting with the psychologist there have been significant improvements with behaviours for that person and safeguarding incidents have decreased. We spoke to the local authority safeguarding team and found the number of safeguarding incidents which had been reported to them matched the number which the service had notified CQC of. This meant the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

All of the people that had completed the Care Quality Commission questionnaire said they felt safe from abuse and harm.

Our discussions with the registered manager showed that they had a good understanding of the Mental Capacity Act (2005). The staff we spoke with also had a good understanding of this act and issues relating to consent. The people we spoke with did not report they were restricted in any way. All staff we spoke with said they had received training on the Mental Capacity Act (2005). This meant there were suitable arrangements in place to obtain, and act in accordance with the consent of people using the service. One staff member told us, "We need to allow people to make decisions and give them the relevant information."

We looked at four care files of people using the service. We saw in the care files that people were referred from local authorities across the United Kingdom. In the care files we saw the local authority's referral information, the service's care and health needs assessments, care plans, risk assessments and individual support plans. Care plans included detailed information and guidance to staff about how people's needs should be met. Individual care plans included more person centred information such as how the person liked to be addressed, details about their personal history, their hobbies, pastimes and interests and their religious, cultural and social needs. The files we looked at included information about challenging behaviour, physical aggression, personal hygiene and social life risk assessments. We saw people's care packages were kept under regular review by the service and local authority care managers. The community nurse specialist told us, "I believe the service is safe. My client has comprehensive risk assessments and guidelines in place to ensure all identified risks are reduced."

Staff we spoke with told us that there were enough staff available for people. One staff member told us, "Yes we have enough staff. We have been fully staffed for the last six months." The registered manager showed us the staffing rota for the previous week. The registered manager told us each person at the service had one to one or two to one support in the day and nights were covered by two waking staff. The staffing rota reflected what the manager had told us. The staffing rota showed staff members who had been on leave or training and the person covering for them. The staffing rota also showed what training took place that

Good

Is the service safe?

week, which included the Mental Capacity Act 2005 and Epilepsy. The registered manager said that a shift leader covered the service from 08.00am to 11.00pm. Part of the role of a shift leader was to cover sick leave until another member of staff was available to come in that day. The registered manager told us the service had 33 staff members and occasionally would use agency staff who had previously worked at the service to cover.

We looked at three staff files and we saw there was a robust process in place for recruiting staff, which ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people. All three staff files included a completed induction checklist.

Good

Is the service effective?

Our findings

People told us they were happy with the level of care and support they received. One person said, "They [staff] help me go out and do shopping. They're always there for me." Another person said, "They're alright. They're here to support me." The community nurse specialist told us, "My service user has very complex needs and despite all the challenges he presents they have done everything possible to support him and maintain his placement."

Staff we spoke with told us they received regular training to support them to do their job. One staff member told us, "You can develop yourself here. Always opportunities to do training." Staff told us they were well supported by the senior members of staff and the registered manager. Staff received regular formal supervision and they attended regular staff team meetings and we saw records to confirm this. One staff member said, "I have supervision monthly. We discuss where I need help and about new legislations." The registered manager told us that he or the shift leaders were always available for staff members out of hours. Annual appraisals had not been completed for all staff. The registered manager told us that previous to his appointment staff were not being appraised annually. The registered manager was able to show us he had started the process and senior staff members had received annual appraisals and the rest of staff would be completed by September 2014.

A staff member showed us the training matrix which covered training completed. The core training included challenging behaviour, nutrition, infection control, Mental Capacity Act (MCA) 2005 & Deprivation of Liberty Safeguards (DoLS). Other subjects covered included; person centred thinking, equality and diversity, moving and handling, first aid, food safety, risk assessments, autism, mental health, drug and alcohol abuse and medication. We saw records of individual training sessions and an attendance list which was kept with the training matrix.

People were protected against the risks associated with poor nutrition or dehydration. Staff told us that all the people who used the service were able to eat independently without any staff support and we observed this to be the case. People were supported to choose their own food. Staff told us they supported people with food shopping and preparing a menu planner for the week. Daily records showed that food intake was recorded.

We checked four people's files and saw each person had a care plan that supported them with a healthy diet. For example, one person had been identified as overweight and we saw in the records that staff were supporting this person with a low fat diet. The person had also been referred to a diabetic nurse and we saw records of meetings every two months which included information on healthy eating. One person told us, "I'm a diabetic and they give me advice."

The registered manager told us that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as dieticians, dentists, GPs, chiropodists and psychologists. A relative told us, "They help him if he needs his teeth doing and they also sorted out his bad toe." A psychologist of person said, "The person requires support coming and going to the appointment. The service set it up with a particular support worker for consistency, if not they arrange another support worker."

Good

Is the service caring?

Our findings

People told us staff were caring and they were happy with the care provided. One person told us, "They [staff] talk to me and have conversations rather than saying do this and do that." Another person said, "Staff care for you here." The community nurse specialist told us, "All the staff are very approachable and appear to generally care about the quality of the service and the wellbeing of the people."

All of the people that had completed the Care Quality Commission questionnaire said the staff treated them with respect and dignity and they were happy with the care and support they received.

Staff were familiar with the care needs of people they were supporting and caring for. They were able to tell us about people's life histories, their interests and their preferences and these details were included in care plans. One staff member told us how they how they talked to people about getting to know their interests and then supporting them to fulfil them such as going to the cinema and playing games with them.

Care plans were in place which showed staff had assessed people's care needs and clear instructions were in place to allow staff to meet these needs through delivering appropriate care and support. The care files were easy to access and well organised. Staff told us they found the care plans gave them information they needed to know to make sure people received the care in the way they preferred.

The care plans were centred on the person as an individual. We saw people's preferences and views were reflected, such as the name they preferred to be called and how they liked to be supported with personal care. The care plans we looked at were signed by the person agreeing to the support. Each person had a communication support plan which detailed their own way of communicating and how staff should support them in this. For example, one communication support plan described what it meant if the person started to shout and how to reassure this person to calm them down.

We found the service was caring as people were treated with dignity and respect and were listened to. We observed people in the communal areas and in their own apartments. We saw staff treated people with kindness and responded in a caring way with difficult situations. For example, we saw a person became agitated when they felt they had missed an appointment. We saw the staff member listen to the person, talk calmly and explained the situation, which helped calm down the person. One person said, "Staff give me space and knock on my door before entering my flat." We saw one person's flat had a sign on the door indicating that they wanted staff to knock before entering and how they wanted the door closed quietly. The community nurse specialist told us, "If my client doesn't want support the staff will respect that."

Good

Is the service responsive?

Our findings

People told us they were involved in discussions about their care and support and the way it was delivered. For example, one person told us they were involved in decisions about "going out to places and stuff." One staff member told us, "We encourage them to make their own decisions using the information offered. We ask them what they like or how they want things done." All of the people who that had completed the Care Quality Commission questionnaire said they were involved in planning their own care and support needs.

Care plans had been reviewed monthly to reflect people's needs as they changed over time. Staff had a good understanding of the assessed and individual needs of people as outlined in their care plans, including people's likes and dislikes. This included knowledge about people's cultural and religious needs, social activities and network of family and friends. One staff member told us about a person who had an interest in a local sports club and how the service supported them to attend the club. We looked at this person's care plan, which reflected what the staff member had told us. We saw people were supported to attend activities in the community, which included music therapy, gym, painting classes, cinema and college.

We observed that throughout the inspection staff were responsive to people's communication styles. Staff gave people information and choices in ways they could understand. Staff used plain English, repeating messages as necessary to help people understand what was being said. For example, a person using the service did not understand a question we had asked. They looked at the support worker for clarification. The support worker rephrased the question in a manner that was relevant to the context which was supportive to the person.

Each person had a key worker and key worker meetings were held on a regular basis. People using the service attended the key worker sessions and we saw records to confirm this. Records showed the key worker meetings included discussions on what was and what was not working with the care and support provided. For example, one key worker session highlighted the person's blood sugar levels were high and the outcome was to continue to monitor blood sugar levels and follow the meal plan from the diabetic specialist.

People we spoke with felt they could raise any concerns or complaints with the registered manager and other staff. The majority of people were confident their complaint would be acted upon. The service had a complaints procedure. The service user handbook was in a pictorial format and detailed how people could make a complaint and that it would be investigated in five working days. The service user guide also included an appeals process for the complaint. We looked at the complaints received since the previous inspection. The service had 14 formal complaints recorded. Most of the complaints had outcomes recorded. However, the last four were recorded in June 2014 and had no outcomes records. The registered manager was able to explain each outcome, although they could not explain why they had not been recorded.

Most of the people who had completed the Care Quality Commission questionnaire said they knew how to make a complaint about the service

We saw minutes of residents' meetings which showed discussions on complaints, activities, infection control and an update on the service. We saw the meetings were held every second month. One person told us, "I have been to a few meetings."

Satisfaction surveys were undertaken annually for people who used the service. The last survey was conducted November 2013. Nine surveys were sent out and they received two responses. The survey covered four topics which were communication, my support, my staff and my home. Overall the results were positive.

Good

Is the service well-led?

Our findings

People who used the service told us they knew who the registered manager was and they all viewed him positively. Most of the people that had completed the Care Quality Commission questionnaire said the service had asked them what they thought about the service they provided.

Two members of staff told us about the support they received from senior staff and the registered manager. One member of staff said, "I feel supported. He is a good manager and he will help you to the best of his ability." The same member of staff said, "We do not have bullying here. The manager tells us not be scared to report anything. We have had training on 'no secrets' and how to whistleblow." The other member of staff said, "When I first came here I didn't feel that I was in a new place as the staff were always there to offer help and support." The community nurse specialist told us, "The current management structure appears to be working well. I have a good working relationship with the manager and deputy manager of the service. I have also had dealings with head office over other issues and they have all been able to resolve any issues."

The registered manager told us the service used an external agency and internal staff to audit the service on a regular basis. The external agency audited the service every six months. The last external audit was done in July 2014. We looked at the external audit, which covered the quality of care, how people were supported, staffing and management. Internal audits were done every other month by a manager of another service. We looked at the last internal audit which covered staffing, safeguarding, accidents and incidents, medication, fire safety and complaints. The registered manager told us the external and internal audit information actions were fed into the service improvement plan for the service. The document we looked at had identified areas for improvement, who was responsible and the date to be completed. For example, the audits had identified the need for more regular staff meetings and supervision and the provider was able to demonstrate that this had now been met. We also saw a range of regular audits which included weekly fire safety checks, fire drills conducted every second month and monthly health and safety audits. The monthly health and safety audit included first aid, environment, infection control, clinical waste and protective equipment.