

Precious Homes Limited

Precious Homes East London

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 19 April 2016 and was unannounced. At the previous inspection of this service in August 2014 we found they were meeting all the standards we looked at and we rated them as good.

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 our inspection eight people were using the service.

The service had a registered manager in place. 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.

We found that medicines were not always managed in a safe manner.

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Systems were in place to reduce the risk of abuse at the service. Risk assessments were in place which set out how to support people in a way that mitigated the risks they faced. There were enough staff working at the service to support people. Checks were carried out on staff before they began working at the service.

Staff had access to regular support through training and one to one supervision. The service mostly operated within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. This included choices about what they ate and drank. The service supported people to attend medical appointments.

People told us staff treated them with respect. We saw staff interacted with people in a friendly manner. Staff understood how to promote people's privacy and independence.

The service carried out assessments of people's needs to determine if they were able to meet those needs. Care plans were developed and reviewed over time. These included personalised information about how to support individuals. The service had a complaints procedure in place and we found that complaints were responded to appropriately.

People that used the service and staff told us they felt the management team was open and supportive. The service had various quality assurance systems in place, some of which included seeking the views of people that used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. This was because medicine records were at times inaccurate or incomplete.

The service had appropriate systems in place related to safeguarding adults and staff understood their responsibilities with regard to safeguarding.

Risk assessments were in place which included information about how to mitigate the risks people faced. Physical restraint was only used as a last resort and staff had undertaken training in its safe use.

There were enough staff working at the service to meet people's needs. Checks were carried out on prospective staff before they commenced working at the service, including criminal record checks.

Requires Improvement ●

Is the service effective?

The service was effective. Staff undertook induction training on commencing work at the service and thereafter had access to on-going training opportunities.

People were able to make choices about their daily lives including about food and drink. The service supported people to eat healthy balanced diets.

People were supported to make and attend medical appointments.

Good ●

Is the service caring?

The service was caring. People said they were treated well by staff and staff had a good understanding of the individual needs of people they supported. Staff had built up good relations with people and we found they promoted people's independence and privacy.

Good ●

Is the service responsive?

The service was responsive. Care plans had been developed with

Good ●

the involvement of people using the service. These were subject to regular reviews and included personalised information about how to meet the needs of individuals. People had access to a variety of activities.

People told us they knew how to make a complaint if needed. The service had a complaints procedure in place and complaints received had been responded to in an appropriate manner.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in place. People that used the service and staff told us they felt the management team was open and supportive.

The service had various quality assurance systems in place, some of which included seeking the views of people that used the service.

Precious Homes East London

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 took place on the 19 April 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any statutory notifications the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with four people that used the service. We spoke with five staff members. This included the registered manager, a senior shift leader, a senior support worker and two support workers. We observed how staff interacted with people that used the service. We looked at four sets of care records relating to people that used the service. These include care plans and risk assessments. We examined five sets of staff recruitment, training and supervision records. We saw records of people's medicines and finances and looked at staff and service user meeting minutes. We examined various quality assurance and auditing processes at the service. We looked at various policies and procedures including the complaints, safeguarding adults and whistleblowing procedures.

Is the service safe?

Our findings

The service did not always have clear and accurate medicines records in place. One person was prescribed Lorazepam 1mg tablets. The medication administration record (MAR) charts indicated there were 18 tablets in stock, which tallied with the amount actually held in stock. However, according to the records in the controlled drugs register there should have been 19 tablets. The senior shift leader told us that the controlled drugs register was supposed to be checked every day and we saw that for the past 20 days staff had written the amount of Lorazepam as being 19, when the MAR charts showed there had only been 18 tablets in stock over that period. This suggested staff did not actually count the amount of tablets when they made a record in the controlled drugs register.

The service carried out weekly medicine audits which included checking the controlled drugs. However, the audits for the past four weeks said that controlled drugs were not applicable and therefore they were not audited. This meant the audit failed to identify that controlled drugs were not being checked properly.

We saw that one person had been prescribed Zopiclone 7.5mg tablets. The label on the medicines packaging said this was a regular medicine with one to be taken at night. However, the MAR chart written by staff at the service stated it was a PRN (as required) medicine. The senior shift leader told us they believed it was supposed to be a PRN medicine. However, there were no guidelines in place about when it was supposed to be administered.

Records showed that the service checked the blood sugar levels daily for a person who had diabetes. However, there was no risk assessment in place to indicate what constituted safe blood sugar levels for the person or what action staff needed to take if the levels were too high or too low.

Poor and inaccurate recording of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely in designated and locked medicines cabinets inside a locked cupboard. We checked MAR charts for a seven week period leading up to the date of our inspection and found these did not contain any unexplained gaps. With the exception of Zopiclone tablets we found that clear guidelines were in place about when to administer PRN medicines.

The service had a safeguarding adults procedure in place. This made clear the providers responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Records showed that allegations of abuse had been dealt with appropriately in line with the procedure. The service also had a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if necessary.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff were able to name the different types of abuse that might occur in a care setting and were aware of their responsibility to report any allegations of abuse. One staff member said, "I would speak to my manager and

the police if needed." Another staff member told us they had undertaken training about safeguarding adults and said, "If I suspect any abuse I have to tell the shift leader and from there the manager." A further member of staff told us, "If somebody is abused here I would take it to the management and see if they act effectively. If they don't do anything about it I will contact CQC."

Where the service held money on behalf of people this was stored securely in a locked safe in a locked room. Records were kept of monies held. We checked monies of four people and found the amounts held by the service tallied with the amounts recorded as being held. Staff signed and checked financial records at the beginning of each shift which reduced the risk of financial abuse occurring.

Risk assessments were in place which included information about how to mitigate any risks people faced. Risk assessments covered risks about self-harming, suicide, finances, alcohol abuse and sexual abuse. We saw that where people were at risk of absconding detailed missing persons profiles had been developed.

The service worked with people who exhibited behaviours that challenged the service. Detailed guidelines were in place about how to support people with this. These included personalised information about what the challenging behaviours looked like, the circumstances in which the person was more likely to display the behaviours, the potential triggers and strategies to prevent challenging behaviours and to de-escalate it when it did occur. Guidelines had been developed with the input of the psychology team. The registered manager told us that staff were trained in the use of physical restraint. Care plans said this was only to be used as a last resort and staff confirmed that was the case. Records showed restraint had not been used in the past year. One staff member told us they had not had to use physical restraint, saying, "With our residents we can de-escalate by talking." They added about working with an individual who exhibited challenging behaviour to the service, "Sometimes he likes to go on the swing outside which calms him down. We keep talking to him, explaining things but keep our distance [so they were out of range of a physical assault]."

The registered manager told us that staffing levels were determined by the commissioning local authority. This was based on the assessed needs of the people. People told us they had enough staff support and that staff were available when they needed them. We observed staff on duty had time to support people in a timely manner. Staff told us they were happy with the level of staff support provided to people and they had enough time to carry out their duties.

Staff told us and records confirmed that checks were carried out on them before they commenced working at the service. These checks included proof of identity, employment references and criminal records checks. This meant the provider had taken steps to help ensure suitable staff worked at the service.

Is the service effective?

Our findings

Staff undertook induction training on commencing work at the service. This involved completing the Care Certificate. The Care Certificate is a training programme designed for staff that are new to working in a caring environment. Staff also had the opportunity to shadow experienced staff to learn how to support people. One staff member said, "At first I was shadowing for about one or two weeks." They told us their induction also included classroom based training, saying, "I went for several trainings, like autism, communication and working with people with challenging behaviour."

Staff told us and records confirmed that they had access to regular on-going training. One staff member said, "I've done autism training, medicines training and communication training." Other training completed by staff included fire safety, the Mental Capacity Act 2005 and safeguarding adults.

Staff told us and records confirmed that they had regular supervision with a senior member of staff. One member of staff said of their supervision, "We talk about teamwork, my progress, what I need to improve on, my key working role, how I am coping. I find it helpful." Staff supervision records showed discussions about performance, service users, teamwork, training needs and review of goals set.

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.

We found that mental capacity assessments had been undertaken around people understanding their tenancy agreements. We checked if mental capacity assessments were in place for four of the people that the service managed money on behalf of. We found that one person did not have a mental capacity assessment in place for this even though it was deemed necessary that the service managed his finances to some degree. Mental capacity assessments about finances were in place for the other three people. We discussed this with the registered manager who told us they would ensure appropriate mental capacity assessments were in place for all people using the service.

People told us they were able to make decisions about their daily lives and were free to come and go from the service. We observed one person leaving the premises telling staff they were going to a local cafe. Another person told us, "I can go out when I please." Another person said, "I'm free, they said I can go out." Care plans included a 'decision making profile' which provided information about how to support people to make choices, for example what information to provide and when to support people with making decisions.

Staff told us that people were supported to make decisions. For example, a staff member told us that one person needed support with getting dressed but were able to choose their own clothes. The staff member said, "Sometimes [person that used the service] says 'I don't want that one [item of clothing, I want the brown one]'. " Another member of staff said, "You have to give them the opportunity to make choices, not

deciding things for them."

Each person was responsible for choosing and buying their own food. This was done with the support of staff where needed. Staff supported people to cook if required but people were able to prepare their own foods if they wished. A member of staff said, "If I am preparing a meal I have to involve them [people that used the service] and ask them what they want." Care plans included information about supporting people to eat healthy food to promote their health and wellbeing. Staff told us they encouraged people to eat a balanced diet but told us ultimately people were free to choose to eat what they wanted.

People told us the service supported them with medical appointments. One person said, "You just tell them [staff] and they phone the doctor for an appointment. Staff come with me and they write it up in my report." We observed that one person had a hospital appointment on the day of our inspection. Records showed that people had access to health care professionals including GP's, the Community Mental Health Team and the Community Learning Disability Team. Records included information about the appointment and of any follow up action that was required.

People had 'Hospital Passports' in place. These provided information about the person for hospital staff in the event that a person was admitted to hospital. They included information about the person's medical history and any medicines they were taking. Health action plans were also in place which set out how to promote people's health and wellbeing, for example through diet and exercise.

Is the service caring?

Our findings

People told us that staff treated them well. One person said of the staff, "Staff are all right. They treat me nice, nice and right." Another person said, "They treat me like an angel, they look after me."

We observed that staff interacted with people in a friendly and respectful manner during the course of our inspection. People were seen to be relaxed and at ease in the company of staff and had no hesitation in approaching staff for support if needed. People spoke with staff in a calm manner but at the same time showed honesty in their interactions with people. For example, they did not make commitments or promises to people that they would not be able to keep, even if it was what the person wanted.

Staff we spoke with had a good understanding of the needs of individual people. They said they worked with people over time and this enabled them to build good and trusting relationships with people. Care plans included a 'matching support' section which set out the qualities and attributes needed by staff to support each individual person, for example having shared interests and being empathetic to the person's personal circumstances. Care plans also included information about people's likes and dislikes which again helped staff to understand people. Staff understood the need to provide care in a personalised manner. One staff member told us, "I treat them [people that used the service] as valued adults, not as a condition [referring to any medical diagnosis people may have had]."

The service promoted people's independence. For example, staff told us that they supported people with cooking in a way that enabled them to do as much as they could themselves. One person said, "I do it [cooking] myself." Care plans included information about supporting people to be independent. For example, the care plan for one person stated, "To allow me to buy a drink in the morning by myself, unless I ask staff to come with me." A staff member explained how they supported people with daily living tasks where required but left people to do what they could for themselves. The staff member said, "[Person that used the service] likes cooking, he does it himself. But you support him with his washing, he needs assistance to know which clothes are dirty."

All people using the service lived in a supported living environment at the same address. Each had their own flat within the supported living service. These contained a bedroom, bathroom and kitchen. Kitchens included ovens and washing machines and the service was able to support people to develop their independent living skills in relation to cooking and laundry. Each person had a key to their flat which helped to promote their privacy. Staff understood the need to respect people's privacy. One staff member said, "Knocking on doors before you go in is important so you know if they want you to go in. Respecting their wishes if they don't want you around, give them space and maybe go back later."

Is the service responsive?

Our findings

People told us they were happy with the support provided. One person said, "It can be all right." Another person told us, "I am happy here. They support me 100%." People were aware of their care plans and told us they were involved in developing them. One person said, "Everybody has a care plan. We have meetings with the staff and my social worker about it." The care plan for one person described how they had been involved with it, stating, "My support staff sat down with me and went through my support plan and helped me to complete it by asking me questions." People had signed their care plans to indicate their involvement with them.

The registered manager told us that after receiving an initial referral they met with the person to carry out an assessment of their needs. This was to determine if the service was a suitable environment for the person and able to meet their assessed needs. They told us the assessment involved discussions with the person and reviewing information held about them by care professionals.

The registered manager told us they implemented a concise initial care plan for people when they first began using the service which just included basic essential information staff needed to know. They said they then built up and developed the care plan over time as they worked with the person and got to know their support needs and wants better.

We saw at the front of care plan files there was a 'one page profile' which included information about what was important to the person. This was helpful to agency staff who were only working at the service for one day and did not have time to read the full care plan. Care plans included personalised information about how to meet the needs of individuals. For example, the care plan for one person about communication included information about what their behaviour may be communicating. It stated "When in the community if [person that used the service] looks at the floor and is very quiet she is uncomfortable and anxious about people around her. Staff should stand with her and engage her in conversation to put her at ease." Other care plans included information about health needs and diet, daily living skills, cultural and religious needs, mobility and personal care and leisure and recreation.

Care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. The reviews included sections about what was working well and what was not working well and actions needed to provide on-going support to people.

People were involved in various activities within the community. One person told us about employment they had, saying, "I go out and do the trolleys at Asda." Other people were supported to attend music classes, places of worship, local cafes and shops. One person attended an organisation run to support people on the autistic spectrum which involved art therapy and visits to places of interest.

People were aware of how to raise concerns and complaints. One person told us, "Everybody, whoever is around [meaning any of the staff team], I could talk to [if the person had any concerns]." The service had a complaints procedure in place which included timescales for responding to complaints received. However,

the procedure did not make clear who people could complain to if they were not satisfied with the response from the provider. We discussed this with the registered manager who told us they would amend the procedure accordingly. We saw that complaints made had been recorded and responded to in line with the complaints procedure.

Is the service well-led?

Our findings

People told us they were happy with the registered manager. One person said, "He [registered manager] is all right."

The service had a registered manager in place. They were supported by a deputy manager and there was a clear management structure in place. Staff spoke positively about the registered manager and about the working culture within the service. One staff member said, "He is a nice manager. I can always talk to him, he is friendly and easy to approach." Another staff member said, "I think we have a good team, we are like a little family." A further member of staff told us, "[Registered manager] is a very good manager because his interaction with staff is very encouraging." Another staff member described the management at the home as, "Excellent, I don't have any problems with the management." The same staff member told us they found the registered manager to be responsive. The staff member said they had concerns about how best to support a person with their orientation in the local area that was new to the service and the registered manager arranged a meeting to plan how this was to be done.

People told us the service held service user meetings. One person said, "I think they have meetings every six or seven months or so." Records showed that service user meetings were held on a monthly basis. The minutes showed discussions about safety at the service, behaving in a respectful manner to others using the service and advising people about how to make a complaint.

Staff told us and records confirmed that the service held regular staff meetings. One staff member said of the meetings, "We talk about staff, residents, any troubles or issues, what we are doing well." Another staff member said, "In team meetings we discuss about service users, if there have been any changes. We get updates about the service users and how we need to work as a team." They added that team meetings were used to keep staff up to date with policies and procedures, telling us, "Sometimes if there are policies that have been updated the manager will tell us about this [in team meetings]."

The registered manager told us that a manager of another service run by the same provider visited the service and carried out a quality audit every six to eight weeks. We looked at the most recent audit which included checks of care plans, safety records and maintenance issues. The service had a six monthly audit carried out by an external organisation. These were conducted in line with the Care Quality Commissions five key questions about care services, i.e. if they are safe, effective, caring, responsive and well-led. The most recent of these audits highlighted that controlled drugs needed to be checked daily which had not been implemented as previously mentioned in the 'safe' section of this report.

Annual surveys were held to seek the views of staff, relatives of people using the service and professionals involved with it. The most recent survey was carried out in July 2015 and included some positive feedback. For example, one professional wrote, "Specialist professionals are encouraged to provide staff with support."

The registered manager told us that quality assurance systems at the service had highlighted a deficiency

with staff supervisions in that they were not happening as frequently as they should have been. They told us new systems had been introduced and records showed that supervisions now took place at the correct frequency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care must be provided in a safe way to service users. The registered person must ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g)