

Precious Homes Limited

Precious Homes East London

Inspection report

293 Alnwick Road
London
E16 3EZ

Tel: 02074764616

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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:

Precious Homes East London is a supported living service that was providing personal care and support to 11 people with learning disabilities and autism at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People were protected from avoidable harm and abuse.

People's risks were assessed and plans were in place to minimise the risk.

Incidents were recorded and used to learn lessons.

Staff were recruited safely and were supported to carry out their role with training, supervision and appraisals.

People's care needs were assessed before they began to use the service to ensure the appropriate support could be given.

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

People were supported with their healthcare needs and their medicines were managed safely.

The service involved people using the service and relatives in decisions about the care.

Staff knew how to provide an equitable service.

People received personalised care which included their preferences and outcomes.

People and relatives were happy with the service provided.

Staff spoke positively about the leadership in the service.

The provider carried out quality checks of the service provided to identify areas for improvement.

Staff and people who used the service had regular meetings to be updated on service development.

People, relatives, professionals and staff were asked to give feedback through an annual survey.

Rating at last inspection:

Requires improvement (report published on 26 April 2018).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

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.

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.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

Precious Homes East London provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because people using the service are often out during the day with staff or the manager. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information, we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a Provider Information Return so we took this into account when we made the judgements in this report. The Provider Information Return is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.

During the inspection, we spoke with one person who used the service, the registered manager, the deputy manager, the peripatetic manager, director of operations, a team leader and two care staff.

We reviewed three care records for people using the service, including risk assessments.

We reviewed three staff files including recruitment and supervision.

We looked at records relating to how the service was managed including staff training, medicines and quality assurance documentation.

After the inspection, we spoke with two relatives and the provider sent us documentation we requested.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection (February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to risk assessments. However, at this inspection we found improvements had been made in this area.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe with staff. Relatives told us they felt their family member was safe at the service.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults.
- The provider had a comprehensive safeguarding policy which gave clear guidance to staff about how to protect vulnerable adults from the risks of being harmed or abused.
- Staff knew what actions to take if they suspected a person was being abused or harmed. One staff member told us, "I would inform my manager. [Whistleblowing] is when you can do an anonymous call to a number and explain you suspect abuse in the home. I believe we can also whistleblow to CQC (Care Quality Commission)."
- The provider had appropriately notified the local authority and CQC about safeguarding concerns when required.

Assessing risk, safety monitoring and management:

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people faced. For example, one person had a finance risk assessment which highlighted they were at risk of spending all their money on non-essential items such as chocolates and sweets which would impact their weight. The risk management guidelines included, "Staff look after [person's] monies while out in the community. Should [person] wish to pay for any items, staff should give [person] the money to pay for said items."
- The service had a system in place to safeguard people's money. Records were kept of money held, receipts were kept of money spent and staff were required to sign whenever they took money out on behalf of a person. We checked the amounts and records held on behalf of one person and found these were correct.
- Staff received training in managing behaviours which challenged the service.
- People had positive behaviour support plans which gave clear guidance to staff about the techniques to use. For example, one person's behaviour support plan explained the person may display behaviours that were challenging when they became anxious. This included a step by step guide how to de-escalate the behaviours with medicine being used as a last resort.

Staffing and recruitment:

- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed that included staff providing proof of identification, the right to work in the UK and written

references.

- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to check the continued suitability of staff.

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

Staff confirmed there were enough staff on duty and records confirmed this. One staff member told us, "At the moment we are recruiting. Most weeks we are able to not use agency at all."

- The registered manager told us they rarely needed to use agency staff to cover staff absences but had regular agency staff they could use when the need arose.

- At the time of the inspection there were three staff vacancies which had been recruited to and the registered manager told us they were just waiting for the recruitment checks to be completed.

Using medicines safely:

- Medicines were stored appropriately and safely.

- Records showed staff responsible for administering medicines had received appropriate training and competency testing.

- People prescribed medicines on an 'as needed' (PRN) basis had clear guidelines in place so that staff would know when these should be administered and how to do so safely. The provider kept a stock check of these medicines. We reviewed these and found them to be correct.

- Medicine administration records were accurately maintained.

- The provider had systems in place to ensure prescription medicines controlled under the Misuse of Drugs legislation were stored appropriately and correctly accounted for.

Preventing and controlling infection:

- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.

- Staff confirmed they were provided with enough personal protective equipment [PPE] such as gloves and aprons to enable them to carry out their role safely. One staff member told us, "We have gloves and aprons and sometimes we need to use shoe covers or mouth and nose covers." Another staff member said, "Yes we always have them [PPE]."

- Records showed staff were up to date with infection control training.

Learning lessons when things go wrong:

- The service had a system in place to record accidents. However, we noted there had been none recorded since the last inspection.

- The service used an electronic format to record incidents. This showed a learning outcome and further action for management for each incident. The registered manager showed us the annual safeguarding report for 2018. For example, one person who used the service had an incident involving their finances being misused. Following collaboration with involved professionals it was agreed the service would closely monitor this person's finances.

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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection (February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to staff training and the understanding of the Mental Capacity Act 2005. However, at this inspection we found improvements had been made in these areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People and relatives told us they were happy with the service provided. One relative told us, "The transition they [Precious Homes staff] did from the last service was amazing." The relative explained that staff spent time with their family member at the previous service to get to know them and on the day of the move travelled in the taxi with the person across London.
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs effectively.
- Assessments included people's life history, their likes and dislikes and what was important to them.

Staff support: induction, training, skills and experience:

- New staff received an induction which included corporate training and training in the service. This included shadowing experienced staff, attending face to face training and completing e-learning courses. The provider had a buddy system in place where new staff shadowed more experienced staff.
- Records showed staff completed the Care Certificate which is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.
- Staff confirmed they received regular opportunities for training. Responses included, "It's refreshing" and "Yes [the training] is very useful."
- Training records confirmed staff were up to date with training in areas relevant to their role such as autism awareness, diabetes and person centred care. Staff had also received training in safety-related topics such as fire awareness and first aid.
- Records confirmed staff were supported with regular supervision. One staff member told us, "Supervision is useful." Topics discussed in supervision included the well being of people using the service, fire evacuation, safeguarding, whistleblowing, mental capacity and record keeping.
- Staff had an annual appraisal. Records showed the appraisal system enabled staff to look back at their performance over the past year and set goals for the forthcoming year.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat a nutritionally balanced diet. Care records showed that people were encouraged to eat a healthy diet. Guidelines were included where appropriate when people required support with eating and drinking.
- One relative told us the support their family member received with nutrition was, "Excellent. [Person] has

lost so much weight. I'm very pleased."

- Staff were knowledgeable about people's dietary requirements and preferences. One staff member told us, "Some [people] are able to make choices and you just help them to prepare it. Others we have pictures so they can make their choice. Some we make sure we give them low carbohydrate and low sugar to help with their weight and foods to help with cholesterol."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- A relative confirmed staff supported their family member to maintain their health and took them for all their appointments.
- The service worked with other agencies to make sure people received care in a timely manner. The registered manager told us, "We work well with the local GPs. We have arranged with the GP to state what time they will arrive for one person's depot so they do not have to wait. Another example is for one person, the GP and the consultant will see them at home."
- Care records showed people's appointments and the outcomes were documented.
- Staff demonstrated they know how to support people to maintain their health. One staff member told us, "By helping them to eat the right food and we sometimes take them to appointments to get checked. We support them emotionally as well." Another staff member said, "We cook them healthy food. We register them with the gym. We take them to the park for a walk. There is a farm behind this building with different animals and a park we go to."
- People's care records contained a hospital passport and a health action plan which gave a summary of health needs and guidelines for staff about how to support the person to maintain their health.
- The provider had recently recruited a multi-disciplinary team consisting of a clinical director, occupational therapy, speech and language therapy and speech and psychology. This team aimed to work across all the provider's services.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in MCA and DoLS.
- Records showed people had a legally authorised Court of Protection DoLS in place or were awaiting the outcome of their application because they required a level of supervision that may amount to their liberty being deprived.
- Staff described how they supported people to have maximum choice and control of their lives and in the least restrictive way possible.
- One staff member told us, "We always have to assume that someone has mental capacity until proven otherwise. Deprivation of Liberty is to make sure depriving someone of their liberty is in their best interests."

Staff understood the need to obtain consent before delivering care. Comments included, "Every time we need to get consent" and " "For near enough anything we are doing including entering their flat we need their consent."

- Records showed people with capacity signed to agree for staff to administer their medicines, keep their money safe, use their photograph in a newsletter or on the website and appropriately share information with the landlord, inspectors or monitoring officers.

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.

Good: ☐ 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:

- Relatives and people using the service gave positive comments about the staff. One person told us, "I am happy here. They [staff] are caring." This person told us about two named staff in particular and said, "They talk to me nicely they do." A relative said, "Very caring and [family member] tells me they are caring."
- Staff told us how they got to know people and their care needs. One staff member told us, "Before they move in we get sent information which is shared from our manager to us including their likes and dislikes. Once they move in it's to engage them in conversation." Another staff member said, "By communicating with them and in a slow pace and you give them time to develop trust in you and [by reading] the care plan."
- People had an allocated keyworker who was a named care worker responsible for overseeing the care a person received.
- Staff understood how to provide an equitable service and had received equality and diversity training. One staff member told us, "I have to protect [people] from abuse. I would treat them the way I want to be treated because they are human beings as well."
- We asked the registered manager how they would support a person who identified as lesbian, gay, bisexual and transgender (LGBT). The registered manager told us, "We have got gay people in our team so we have an advantage." They also gave an example of how the service had previously supported one person who wanted to change their gender.
- Staff described how they would support a person who identified as LGBT. One staff member said, "We have to respect the person because we are here to support them. Regarding their sexuality, if there is an activity they want to go to you have to go with them so they can experience what they want to." Another staff member told us, "We had someone here before and we just followed [their] lead because [person] was still discovering themselves. We just respect their sexual orientation and respect their rights."
- The registered manager explained how they supported people with their sexual needs, "If people want their private time to express their sexuality, they are given their time. We encourage them to talk to us about things like that."

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

- Relatives told us they were happy with the communication from the service. One relative told us, "We have contact in place. They [staff] get [person] to ring me and I ring [person]."
- We observed staff spoke appropriately with people using the service.
- The registered manager told us how they involved people and their relatives in making decisions about the care. They said, "By encouraging participation, by helping [people who use the service] to speak out through keyworker meetings and service user meetings. We are in touch with the advocacy service, Voiceability. With families we have reviews and the surveys. Families phone and visit a lot for updates."
- Staff explained how they encouraged people and their relatives to be involved in decision making about

care. One staff member told us, "[People who use the service] get the chance to make their support plans with us. They get the chance to state their choices and preferences." Another staff member said, "If there is any change, the family are informed and the social worker so that things can be put in place."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted. Comments from staff included, "Making sure if we are giving personal care to make sure the door is closed behind us. To make sure we knock on the door before we go in. Treat them with respect" and "Whatever I do with the service user that is private. I am not going to broadcast it. We knock first, you can't just barge in; they need their privacy. The [person] I am working with today may tell you to come in or come later."
- Staff gave examples of the support they gave people to maintain their independence. One staff member told us, "We support them with skills and tools to make sure they can do things for themselves. If it is something they can do, we encourage them." Another staff member said, "By encouraging them to try things by themselves and not doing it for them and praising them so they will do it again."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

At our last inspection (February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to care plans and risk assessments not being updated and people not receiving personalised care. However, at this inspection we found improvements had been made in these areas.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard which requires providers to meet people's communication needs. People's communication needs were identified, recorded and highlighted in care plans. The registered manager told us and showed us the service provided easy read and pictorial documentation to help people understand written information. For example, the complaints procedure was available in a format that was both easy read and pictorial.
- Staff knew how to provide a personalised care service. One staff member told us, "It is care that is given to a particular person in the interests of that particular person. Everything that is done is centred around the person." Another staff member said, "To make sure we provide care that is adequate and personalised for each person and make sure they are at the centre of what we do."
- Care plans were person-centred and contained people's preferences. For example, one person's care plan stated, "I need to be told in advance what I'm doing so I can look forward to it. Empty promises do not work with me as I'll feel let down so if we agree something please make sure that you stick to the plan."
- People were involved in activities of their choice. For example, we noted one person enjoyed doing math sums, going to the internet café and swimming.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place which advised staff about how to handle complaints.
- Relatives told us they knew how to make a complaint but had not needed to.
- Staff knew what actions to take if somebody wanted to complain. Responses included, "I will give them a complaint form. If they cannot write it I would be with them to write it and then pass it to management" and "I would ask what they want to complain about. We have a complaint form to fill and it has to be handed over to the manager."
- We noted four complaints had been made since the last inspection. Records showed what action had been taken and whether there were any actions outstanding. We reviewed the complaints made and saw they had been acted on appropriately.

End of life care and support:

- The provider had an end of life policy which gave clear guidance to staff about providing appropriate end of life support. The policy included planning ahead for end of life if a person was diagnosed with a terminal

illness or is approaching the end of their life.

- People had an end of life care plan in their care records. The plan included the person's level of need, planned outcomes and how the outcomes would be achieved. This included arrangements the person wanted in place for their funeral.
- At the time of the inspection, two people had been diagnosed with a terminal illness. The provider offered professional counselling support to staff to help them through this difficult time.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection (February 2018) we rated this question as requires improvement. This was because we identified concerns in relation to actions identified in quality assurance audits not being actioned effectively. However, at this inspection we found improvements had been made in this area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and relatives gave positive feedback about the service and the way it was managed. One person told us, "[Registered manager] is nice." Relatives we spoke with told us they were happy with the way the service was managed and that they had not had reason to raise concerns with the registered manager.
- People were relaxed with staff and the management team.
- Staff gave positive feedback about communication within the team. One staff member told us, "We go to the messages on Nourish [electronic recording system]. We get a verbal handover." Another staff member said, "When you come into the office, information is left in our message box and we have Nourish and we do handover." Records confirmed that staff had a detailed handover from one shift to another which included checking medicines, finances and people's appointments.
- The registered manager understood their responsibility with the duty of candour and told us, "It is about the openness if things do happen. We believe it helps us when we share the information, it helps us to learn."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager told us they ensured staff were clear about their role through supervision, appraisals and staff meetings. They told us the provider encouraged and promoted good practice. The registered manager said, "Every month there is a newsletter and every colleague can be nominated as team member of the month. The successful candidate gets £100 and is announced in the monthly newsletter. We have also won the team award and the prize has been used to have a barbecue or go to the pub. There is a perk system where staff can purchase at a discount from participating companies."
- Staff spoke positively about the leadership in the service. Comments included, "[Registered manager] is a good leader because they listen to you and is very supportive" and "I'm happy with the management."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service kept a record of compliments. We reviewed three compliments received by the service this year. One was from a health team who wrote, "It was a pleasure to see a fantastically caring and engaged team as this is certainly not the case everywhere we go." A relative emailed, "The main reason [family

member] has done so well is that the staff are so dedicated, very skilled and so sensitive to [person's] needs and abilities. It is so good that I can collaborate with all the staff and this has helped the transition."

- The provider sought feedback from people using the service, families, professionals and staff. We reviewed the survey given to people who used the service last year which was pictorial. Seven people had responded. The analysis for this survey showed that people thought staff did very well with helping them to make and keep healthcare appointments and that staff were willing to help them to do things they enjoyed. However, people said that sometimes they had choice of which staff supported them and sometimes they did not have choice. The provider stated in their response, "We will seek your consent and match you with the people who support you best. Sometimes though we are limited as your favourite staff may go on leave, training or are sick." The survey analysis was shared with people who used the service.
- The analysis of the families and professionals survey showed that the service needed to do more to promote people's independence. The response was the service now recorded electronically what they did with people and took photographs to evidence this. Records confirmed this.
- The analysis of the staff survey showed there was room for improvement to resolve complaints and concerns promptly. The provider's response was to encourage staff to make complaints as and when they arose, and the whistleblowing telephone number was put on payslips to encourage whistleblowing.
- The service held regular meetings with people using the service. We reviewed the minutes of the most recent meeting held on 24 March 2019. Topics discussed included accessing the community and the new décor of the premises. The minutes of the meeting showed people were able to make suggestions. For example, one person suggested doing paintings or canvases to put up on the corridor walls. Staff suggested this could be incorporated in the weekly art session and encouraged everyone to join in.
- Staff confirmed the organisation treated staff fairly. One staff member told us, "The staff are made to feel comfortable. We feel valued." Another staff member said, "We are all treated equally. The registered manager told us, "We have not got any issues. We have a very diverse staff team. Our residents [people who used the service] are also diverse."
- The provider held regular staff meetings to update staff on policy and service changes. Topics discussed at recent meetings included the well-being of people using the service, Nourish, (electronic record system), re-decoration of the premises and training.
- Staff gave positive feedback about team meetings. Comments included, "If you have anything you want to talk about we can and be informed" and "Yes the meetings are very useful."
- The provider held a staff forum twice a year so that staff could raise and discuss issues such as their pay and conditions.

Continuous learning and improving care:

- The provider carried out audits of the service every three months. We reviewed the most recent one carried out on 28 March 19 which referenced to the CQC areas of safe, effective, caring, responsive and well led. This record showed any areas identified for improvement and the action taken.
- The registered manager had a system in place for the management team to carry out various weekly and monthly quality checks of the service which included finances, health and safety, medicines, fire safety and physical environment.
- People using the service had regular opportunities to express their views through an individual weekly 'what is working and what is not working' discussion. Arising from these discussions new things were suggested and actions and recommendations were recorded. For example, we saw one person had interacted well with staff, had made their choices clear, informed staff what they wanted to do and eat and communicated well with staff at the activity. We noted that this person responded better when staff worked in pairs to encourage them to have personal care. The resulting action was the registered manager had written to the placing authority to ask for an increase in the care package so that two staff could attend to the person.

Working in partnership with others:

- The service worked in partnership with other agencies. The registered manager told us they attended the providers forum and the registered managers network for East London. The registered manager told us, "We also attend a village meeting for the area. We have a good relationship with the local police; if we have issues, we can email them and they will come and talk to the guys and we also invite them to our coffee mornings. We are working very closely with a café. For one person, the café records the amount of coffee [they] drink and the service goes once a week to settle the bill."