Precious Homes Limited

Precious Homes Wembley

Inspection report

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Date of inspection visit:
27 April 2016

Date of publication:
20 June 2016

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

The inspection took place on 27 April 2016 and was announced. Precious Homes Wembley is a supported living service providing personal care support for up to nine people with learning disabilities and complex needs. The service comprises nine studio flats in a large detached house with additional communal living areas, and is located in Wembley.

There was a registered manager working at the service. 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.

People told us that they felt safe within the service. They were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. We observed how staff talked and interacted with people and saw that people were at the centre of the service and were treated with respect.

People and where necessary those who mattered to them were involved in care planning. This assisted staff in identifying needs, and how people preferred to be supported. We saw that staff provided personalised care and support.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet those needs.

Medicines were administered safely and on time. Staff had completed training in medicines administration.

There were systems to monitor important aspects of the service. This ensured the services continued to receive internal and external audits, which were used to monitor quality and to make improvements.

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

People were protected from abuse because staff were knowledgeable of what abuse was and their responsibilities to act on concerns.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff.

People receiving care and staff told us there were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective. Staff had on-going training to effectively carry out their role.

Peoples healthcare needs were monitored and referrals were made when necessary to ensure their wellbeing.

People were supported to have enough to eat and drink to ensure their dietary needs were met.

Is the service caring?

Good

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach. Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were supported to express their views at a time that suited them and were actively involved in making decisions about all aspects of their care.

Is the service responsive?

Good

The service was responsive.

Care and support was responsive to people's individual needs and preferences.

Feedback was sought from people who used the service.

The service had a complaints policy and procedure, and people knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager provided staff with support. Staff were complimentary about the support they received.

People were given the opportunity to provide their opinions about how the service was run.

There were effective quality assurance systems in place to monitor the quality of care. We saw that this was used to drive improvements.

Precious Homes Wembley

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.

The inspection took place on 27 April 2016 and was announced. The provider was given 48 hours' notice because the location provided supported living services and we needed to be sure that someone would be present in the office. The inspection team consisted of one adult social care inspector and a specialist advisor.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and staff. We also visited four people who used the service in their own flats.

We looked at records that related to people's individual care and support needs. These included support plans, risk assessments and daily monitoring records. We also looked at six staff recruitment files and records associated with the management of the service, including quality audits, care plans, risk assessments and daily monitoring records.

Good

Is the service safe?

Our findings

People we spoke with had an understanding of staying safe. We asked if they felt safe and they said they felt safe under the care of the service and that staff were always there if they needed anything. One person said, "Staff look after us. It is safe here."

People were protected from the risk of abuse. The provider followed safeguarding procedures to protect people from abuse. There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and they understood procedures for safeguarding people. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Safeguarding information was on display in communal areas, which provided staff with immediate access to information and guidance on how to report any concerns about people's safety.

The service managed risks to people in order to protect them from harm. Risks to people were assessed for areas such as medicines, health care needs, challenging behaviours and nutrition. Support plans contained guidance for staff to manage risk and these were regularly reviewed. For example one person had diabetes and this had been identified as an area of risk and we noted there was detailed guidance for staff on how this should be safely managed through the management of medicines and diet. For another person, a self-administration of medicines risk assessment was in place with comprehensive information to guide staff on how this person should be supported. These assessments were reviewed and updated periodically and when people's needs changed to ensure they remained current. Staff were aware of the risk assessments and could describe the actions they would take to protect people from harm.

The recruitment practice was safe. Two professional references had been obtained and formal interviews arranged. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been obtained. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People were safe because staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. There was a rota system in place to ensure that enough staff were on duty. Staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. We saw an example on one rota where staffing levels were increased beyond the usual ratio to care for a person who needed temporary extra care. In another example, one staff was scheduled to work beyond their normal time in order to support one person to attend a sporting event.

People were supported to take their medicines safely. Medicines were stored safely in a secure cabinet, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. Each person had a folder with their medication support plan which gave clear information to staff about the medication usage and side effects. The deputy manager could evidence that prescriptions were ordered in a timely manner.

There were no gaps in the medicine administration records. We witnessed the daily medicine reconciliation and saw that medicine administration records tallied with the stocks in the medicines cabinet.

The deputy manager told us some people receiving care were administered their own medicines. . She told us people were individually assessed as to their suitability for self-medication. However, in some examples risk assessments in relation to self-administration of medicines were not detailed and in some cases, the risk assessments were not available. For example, one person self-administered their prescribed 'when required' (PRN) paracetamol for pain control but there was no risk assessment regarding this. Following the inspection, the service sent us evidence that they had updated the risk assessments.

There was a record of essential maintenance carried out. These included safety inspections of electrical installations. There was a fire risk assessment in place, and the deputy manager and staff confirmed quarterly fire evacuation drills.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by skilled staff. Three people gave us their views about staff. One person told us, "Staff are good to me. They care for my health", and the second person said, "Staff are always good to me. They support me to buy food", and commenting on the question about staff competence, the third person told us, "I think this is the best place for me. Staff take me to see places."

Staff told us they felt well trained and supported. New staff received an induction which included training, reviewing people's care plans, policies and procedures and a period of shadowing more experienced staff members. They told us this had been very helpful in learning about their roles. One staff member told us, "We have completed a lot of training, including safeguarding, positive behaviour support, medicines training and mental capacity assessment. Records confirmed that staff were up to date with mandatory training and the new staff induction followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. Competency assessments had been completed on a range of areas, including medicines administration.

Staff told us they received regular supervision from their manager. They described the supervision as a two-way process, where they were able to discuss any issues they thought were relevant to their role. This provided staff with an opportunity to discuss issues and agree on an approach if they were unsure. Staff described the registered manager as supportive and approachable. One staff told us, "The [registered manager] is supportive. If we suggest for a supervision to be scheduled sooner than planned, this is supported" and another told us, "I feel free to say what I want to say during supervision. The managers take care of staff. They want to make sure we are okay."
We checked whether the service was working within the principles of the MCA. 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.

The registered manager and staff knew when they had to make decisions for people they supported if people could not make particular decisions. However, at this inspection the registered manager told us all people had capacity to make decisions. Staff told us if people could not make a specific decision this would be assessed and where necessary a decision made in the best interests of the person.

We observed that staff routinely asked for people's consent before giving assistance. In each instance, we observed they waited for a response. We saw that people could access all shared areas of the home when they wanted to. This showed that people could have the independence and freedom to choose what they did with as little restriction on their liberty as possible.

People were supported to have enough to eat and drink. People purchased their own food, with support from their families and staff. One person told us, "I like it here because staff support me to buy and cook my

food" and another said, "We talk about healthy foods with staff." We observed staff giving people advice about healthy eating. For example, one person had diabetes and there was a diabetes care plan in place, which recommended losing weight, healthier food and snacks and regular exercise. This was supported by easy accessible information, including pictorial description of healthy choices. One staff told us, "We monitor food intake and support with menu planning and shopping and advise people of healthy eating options."

People were receiving annual health checks. These checks are for adults and young people aged 14 or above with learning disabilities who need more health support and who may otherwise have health conditions that go undetected. All people were registered with a different GP practice, reflecting their choices. People had access to healthcare services, including GP, district nurses and dentists. Staff told us, and so did evidence from care records that people attended a range of healthcare appointments.

Good

Is the service caring?

Our findings

People told us they were very happy with the care and support they received. They told us staff were kind, respectful and caring. One person told us, "Staff are nice to me. They are always friendly." Another person said, "Staff always take care of me." We observed people were relaxed throughout our visit and interacted with staff well. Staff knew people well and had built up positive caring relationships with them. They showed kind and caring qualities when interacting with people.

People were encouraged to be involved in decisions about their care. They were asked about the support they required and how they wanted that support to be delivered. The registered manager told us it was important for people to engage in the service and be able to work towards agreed goals. We saw that people were involved in day to day decisions about how they were supported. For example, support plans contained a 'decision making profile', which gave guidance to staff on how to facilitate involvement. Guidance was written in steps such as, 'how to present choice to me'; 'how can you help me understand'; 'when are the best times to ask me to make decisions' and 'When is it not a good time for me to make decisions'. We saw people were encouraged to make decisions in a range areas of their life including, finances, healthy eating and activities.

We observed staff speaking to and treating people in a respectful and dignified manner. A staff member told us, "Everyone here has a right to privacy." We saw staff knocked on people's doors throughout the day and waited for a response before entering their rooms. People told us they were always given a choice and staff respected their decision. Staff spoke respectfully at all times about people when they were talking to us.

Throughout the inspection, we observed how staff talked and interacted with people. We saw that people were at the centre of the service and were treated with respect. The feedback we received from people showed us the value they attached to their relationship with staff. Staff clearly knew people well and interacted with them in a friendly and respectful manner.

People were encouraged to maintain links with the people that were important to them. People visited their relatives and friends. Care plans reflected the importance of maintaining these relationships for people and we saw from staff meeting minutes that staff were reminded to enable this. People told us that they regularly saw family and friends.

Staff demonstrated a good understanding of the needs of the people and could describe people's preferences in how they liked to be supported. New staff members told us how they read people's care plans and shadowed staff to learn more about them.

Good

Is the service responsive?

Our findings

People received personalised care, treatment and support. We saw from support plans that people were provided with support that met their identified needs. The care plans were reviewed regularly and where possible signed by the individual or a representative. One staff member told us, "We always review care to make sure we are meeting the needs of our tenants" and another said, "It also shows that we do reflect on where tenants are in terms of achieving their goals." We saw that people received appropriate support in line with the changes. For example, being encouraged to take medicines on time or eating healthy foods; we noted that their care plans had been updated to reflect these changes. We also found that changes in some other people's care plans had been updated consistently throughout their support plans. This ensured that support plans contained up to date information. People gave us consistent feedback that staff were aware of their needs and provided appropriate care.

The support plans of people were person centred, and included information about their likes and dislikes. The files also contained risk assessments and care plans, which were personalised. For instance, a person centred plan of one person included the support they required in terms of their health needs, daily living skills, finances, mobility and personal care, leisure and recreation and medicines. Another person had diabetes and required support to ensure their diabetes was kept under control. Their goals included, losing weight, taking medicines on time, eating healthier food and exercising regularly. We saw that staff followed information of how this person should be supported, including having periodic reviews. People were positive about the care they received and felt it met their needs and preferences. One person commented, "We have reviews and meetings here. I like living here." Another person said, "I buy my own food. Sometimes staff cook food for me and it's very nice."

People were supported to engage in activities to stimulate and promote their overall wellbeing. They were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. Activity plans for people indicated a range of weekly activities such as swimming, bowling, cinema and college classes. People confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference. One person told us, "I do a lot of things during the day, [including] going to cinema and swimming." Another person said, "I like living here because I get to do things." Another person attends college three times a week. This person had a bespoke support plan 'My week', which included guidance on how to support them to prepare for college.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related for example to disability, gender, ethnicity, or faith. For example, one person required extensive support for aspects of their wellbeing and care. We saw that the service supported this person in all aspects including visiting relevant clinics to support their diverse needs.

The service had a policy and procedure in place for dealing with any concerns or complaints. People knew who to contact if they needed to raise a concern or make a complaint. The complaints log showed that

complaints since the last inspection had been responded to promptly and the issues addressed.

Good

Is the service well-led?

Our findings

People receiving care and staff told us that the service had a management team that was approachable and took action when needed to address issues. Staff described the registered manager as, 'supportive'. One staff member told us, "The manager is very supportive. Some who started as full time staff have been supported to part time due to their personal circumstances." Another staff member, described the registered manager as, organised, driven and fair'.

There was a clear leadership structure in place and staff felt supported by management. The registered manager had a visible presence at the project and was knowledgeable of people's needs. Staff were aware of their own roles and responsibilities. The registered manager understood and fulfilled her responsibilities and had sent us notifications as required.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service. Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.

The service held regular team meetings about the changes that occurred and to obtain feedback from staff. The meetings covered important areas such as, safeguarding, service user updates, training, and service improvements. There was an open culture within the service and staff were given opportunities to raise any issues at team meetings and felt confident in doing so, knowing they would be supported if they did. One staff member told us, "In staff meetings, I do express my views." We saw from meeting minutes that staff were able to share their views.

Apart from staff meetings, staff told us their views were also prompted through surveys, supervisions, and handovers. A staff member told us, "If something at work is not completed, we are able to pick it up during handovers. This ensures work is completed before staff leave work or incoming staff are updated of outstanding work." Handovers included a discussion about people's well-being, medicines and in their finances.

The service had quality assurance systems in place to monitor the service and check whether it was delivering high quality care. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. A range of audits were carried out and we saw areas of improvement had been identified and acted on. For example improvements had been made with regards to risk assessments. These were detailed and included clear instructions to manage identified risks. A range of audits had been completed in areas including medicines audits, infection control, care plan and health and safety. There was also an audit that had been completed by an external consultancy company, which gave favourable comments in relation to the quality of care. There was a service improvement plan, which had been informed by these audits. This was used as the tool to continuously improve the service.

We discussed with the registered manager the need to ensure the information about people's care was stored chronologically. We found in some cases information was fragmented and difficult to track as some files contained information for an extended period of time which had not always been stored in an orderly manner. The registered manager agreed they would address these issues following the inspection.