Precious Homes Support Limited

Phoenix House

Inspection report

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Date of inspection visit:
26 January 2017
27 January 2017

Date of publication:
08 March 2017

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection took place on 27 and 28 January 2017 and was unannounced. The inspection team consisted of one inspector.

This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides residential support for up to nine people with learning disabilities and mental health needs and has been operating since October 2016. There were two people using the service at the time of our inspection.

There was a registered manager at the service at the time of our inspection. 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.

During our inspection we found that staff induction was not robust or specific to the needs of people who used the service.

Care staff had knowledge of safeguarding adult's and they told us what action they would take to raise an alert if they suspected abuse.

The service had robust risk assessments in place that were updated if any changes occurred.

Care staff supported people using the service with their medicines and records were kept and updated daily.

The service carried out criminal record checks and obtained references before employing care staff.

Staffing levels were meeting the needs of the people who used the service.

Care staff were aware of what to do in an emergency situation.

Care staff received regular supervision.

Staff demonstrated their knowledge of the Mental Capacity Act 2005 (MCA) and how they put the principles into practice.

People who used service were supported to eat a culturally relevant and varied diet in accordance with their preferences as detailed in their care plan. People who used the service were also supported by care staff to have access to health care professionals as and when needed.

The service was caring and we saw examples of this during our inspection. A relative of a person who used the service spoke highly of the carer workers and the service as a whole.

Care plans were detailed in explaining the likes and dislikes of the people who used the service as well as their communication needs.

The service carried out regular and robust quality assurance audits.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe. Care staff knew how to raise any concerns.

Risk assessments were robust and updated regularly.

Staffing levels were in line with the needs of the people who used the service.

Medicines were managed and stored safely.

Is the service effective?

Inspected but not rated

The service was not always effective. Employees were not given autism specific training during the induction.

Care staff were receiving regular supervision.

The service was adhering to the principles of the Mental Capacity Act (2005) and submitting Deprivation of Liberty notifications to the CQC.

People who used the service were supported to have sufficient to eat and drink in line with their preferences.

People who used the service were supported to maintain good healthcare and have access to healthcare services.

Is the service caring?

Inspected but not rated

The service was caring. Positive and caring relationships were being developed between care staff and people who used the service.

People were offered choice and independence was encouraged.

People's privacy and dignity was respected.

Is the service responsive?

Inspected but not rated

The service was responsive.

Care plans were detailed and reviewed regularly.

Concerns and complaints were encouraged and responded to.

Is the service well-led?

Inspected but not rated

The service was well led.

The registered manager was carrying out regular quality assurance practices.

Team meetings were taking place.

Care workers felt supported by the registered manager.

Phoenix House

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.

Before our inspection, we reviewed the information we held about the service. This included details of its registration and any notifications they had sent us. We also contacted the host local authority to seek their views about the service.

During our inspection we spoke the registered manager, two care workers, the operations director and an independent behavioural consultant employed by the service. We were unable to speak with the people who used the service. After the inspection we spoke with two relatives of people who used the service. We looked at two care plans, five recruitment files including supervision and training records as well as various policies and procedures and quality assurance practices.

Inspected but not rated

Is the service safe?

Our findings

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The service informed CQC of any safeguarding's that had been raised in a timely manner. One care worker told us, "Safeguarding is about protecting the people we are looking after. If I had any concerns I'd report it. I'd tell the registered manager and if I needed to I'd go higher to head office. I know how to whistleblow, there is a number I can call which is printed on my payslip."

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. Accidents and incidents were documented and recorded and we saw instances of this and CQC were informed. All incidents resulted in the registered manager creating an action plan to prevent further occurrences and relevant referrals were also made. Incident reports also contained an "Incident learning outcome", for example for one person, the outcome was, "The service is still fairly new with [Person] being the first resident. Staff still need to learn about [Person] and share knowledge and be consistent in supporting [person]."

We also looked at policies such as key working, person centred care, finance, reviews, medications and recruitment, autism, food safety and moving and handling. Staff were required to sign to confirm that they had read through all policies and procedures and we saw records confirming this.

People who used the service had robust risk assessments in place in accordance with their needs. One person was at risk of displaying 'challenging behaviour' which was documented as consisting of, "Slapping others, pinching, clawing, ripping clothes, screaming, defecating, disrobing, slapping self and banging head." Their risk assessment contained triggers for these behaviours and management strategies, for example, "Giving me space, verbally reassuring me." The service employed an independent behavioural consultant who provided practical support for staff in managing any challenging behaviours and also supported the registered manager when creating care plans and risk assessments. They told us, "When the service do their assessments, they'll factor me in, I'll do a functional assessment and positive behaviour plan and then I'll do 1:1 if required modelling for staff to show them good practice and putting the positive behaviour plan into practice."

One person who used the service had a risk assessment in place for absconding. Plans to mitigate the risk were in place and stated, "To ensure that the side door to the office is closed at all times and the fob has engaged so that it is locked down. If [Person] is heightened ensure that [Person] is redirected while staff enter or exit the door. Staff are to ensure that all doors are closed behind themselves when entering the office area. [Person] is staffed 2:1 at all times to limit the opportunity for absconding. All staff working with LB should have a radio on them at all times to ensure they can call for back up if required."

Records confirmed that risk assessments were updated as soon as any new risk became apparent.

People's medicines were managed safely and medicines were given in line with professional guidance. Care staff were assessed using a 'medicine competency test' prior to being able to administer medicines to people who used the service and we saw records confirming this. The registered manager told us and records showed medicines audits were carried out on a weekly basis. This involved observation of staff whilst they administered medicines and recorded elements such as whether start dates were correct on medicine administration records (MAR), whether the number of tablets left matched the balance expected from the MAR chart and whether refusals were recorded. Any potential side effects from the medicines administered were listed and documented if they occurred. One care worker told us about the action they'd take if they made a medicine error stating, "I'd report it, I'd call 111 or call the GP. I'd record it and also put it on an incident form."

The service had a PRN protocol in place. PRN medicines were administered on an as and when needed basis and each person had information in their care plans regarding when they may require PRN medicines. For one person who used the service their care plan stated, "When I am in pain I will point to my foot, I will face slap, I will touch my forehead and push my hair back, I will become pale." Actions for care workers to take were documented, for example, "Ask [person] if they are in pain, administer PRN paracetamol, use cushions provided to try and prevent the face slapping as much as possible."

All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character. Disciplinary processes were followed where unsafe practice was found.

One care worker told us about staffing levels and said, "We have more than enough staff for the two service users. We do have more agency staff than permanent staff but the company have done a big recruitment for permanent staff and there are a lot of new staff starting." The registered manager told us about their staffing levels at night stating, "One service user has two to one and the other service user has one to one at night. The staff are awake and we also have a rapid response staff member based on site for emergencies." The staff rota confirmed this, as did daily records of care for each person who used the service. The registered manager told us about their future plans for recruitment and stated "We are recruiting more people to create our own pool of bank staff. We aim to stop using agency staff by the end of February 2017."

Care workers told us they knew what to do in an emergency. One care worker said, "From experience I know what a seizure looks like. I know how to perform CPR if someone was not breathing. I feel confident in this."

The registered manager told us that people using the service either had a Court of Protection order in relation to their finances or Local Authority appointeeship for the management of this. The registered manager showed us the petty cash records and receipts for all transactions that they supported people with and all transactions linked correctly with the corresponding receipt. The service carried out a weekly financial audit to check that money was stored safely and to ensure receipts were on record and that all transactions were up to date. This meant steps had been taken to reduce the risk of financial abuse occurring.

Inspected but not rated

Is the service effective?

Our findings

The registered manager told us about their recruitment process stating, "I wrote the personnel criteria, prospective staff need to have experience in autism, learning disabilities and managing challenging behaviour. We put together a recruitment assessment during the interview and we ask them what their most challenging situation has been." We looked at records of staff interviews that confirmed this was the case and interviewees were scored out of five for their answers. Those who were offered the job scored above 'three' for their answers. This meant the service was actively seeking to recruit staff who understood how to work with people who used the service.

Records showed that although the service was recruiting staff with experience of working with people who had autism and learning disabilities, staff with no experience were also being recruited and records showed that there was no training offered in autism or challenging behaviour during the induction. The induction offered online training in customer care, deprivation of liberty, fire awareness, first aid, principles of safeguarding and mental capacity. The induction also included three shadow shifts and staff were required to complete Management of Actual or Potential Aggression (MAPA) training within three months of employment. One care worker told us, "We try and support staff with no previous experience. I take them under my wing and tell them to always act in the best interest of the person. I tell them to always ask in every situation. They shadow for two days at the moment and it's not enough. Our job is complex." We talked to a newly recruited member of staff with no previous work experience and they told us, "It would have been useful to have had autism training at an earlier stage. I have been booked on to do autism training in a couple of weeks."

The registered manager told us, "We are looking at the induction and how to induct people effectively. There are lessons to be learnt and discussions are taking place at senior management level." The director of operations told us, "There will be a new induction template incorporating the Care Certificate. The induction needs work and we've recognised that. We have a template but it needs to be more specific to each service and there is a new induction in progress."

The provider did not provide autism specific training during their induction, meaning that employees with little or no previous experience were starting shifts without the appropriate training or support as is necessary to enable them to carry out the duties they are employed to perform, putting them and people who used the service at risk. The service specialises in supporting people with autism and that the people using the service at the time of inspection were on the spectrum. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The independent behavioural consultant employed by the service told us, "I have started to get more involved in the staff initial training, last week we had a difficult situation with [person who used the service], I took part and led the staff, it's part of my remit to support with training and we are working on supporting new and existing staff around using visual support, looking at positive behaviour plans, asking staff what's not being delivered and asking them what their boundaries are. I have constant communication with the registered manager about what training needs need to be met."

The registered manager used a training matrix to document when staff had been on training courses and when they had completed online training. They told us, "We use a database that will show what courses have been done. We have a lot of new employees as we are a new service hence the fact that we have a lot of incomplete courses on the matrix." The registered manager showed us future training sessions that were booked across February 2017 for staff to attend and these included mental capacity and deprivation of liberty, role of a keyworkers and MAPA training. The registered manager also told us about the plans for all staff to undertake autism training and explained, "Staff will complete a workbook over six weeks covering autism and staff have started doing this in batches." One care worker told us about the training they had received stating, "I recently had diabetes training because we will soon be having a new service user who is diabetic and we also had buccal midazolam training as one person has a history of epilepsy."

Records showed that all staff received monthly to six-weekly supervision with a senior carer or manager. Discussions included roles and responsibilities, teamwork, confidentiality and training. One care worker told us, "Supervision is sometimes helpful. We do some goal setting." Another care worker told us, "I've had two supervisions since working here. They're useful and have helped to resolve any issues."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS.

Staff understood how to support people to make decisions over their daily lives. One care worker told us, "With mental capacity you can't tell people what to do, you have to ask them. If they say no you respect that." They also told us, "We don't judge someone as automatically not having capacity, we'll always assess first and give choices."

People's care plans contained a 'decision making profile' which contained details about how the person made decisions on a day to day basis. For example, for one person who used the service, their profile stated, "How I like my information – slow and concise. How to present choice to me – use pictures books and clear and concise speech. Not a good time to make decisions -first thing in the morning or [during activity]." This meant that people who used the service were empowered to make decisions about their care. A recent letter from a consultant psychiatrist stated, "[Person] is unable to consent for her medication so this is prescribed in her best interest."

People who used the service were supported to have sufficient to eat and drink in accordance with their preferences and culture. One person who used the service enjoyed eating a breakfast that was in line with

their cultural needs and this was adhered to and reflected in their daily records of care.

Care plans were detailed and contained information about people's health needs and health practitioners that were involved in their care, for example speech and language therapy, occupational therapy and psychiatrist. We saw records of health appointments and email correspondence between the registered manager and health professionals seeking guidance on aspects of people's care. One care worker told us, "I have taken [Person] to the GP."

Inspected but not rated

Is the service caring?

Our findings

A relative of a person who used the service told us the care was, "Amazing", and that care staff, "Have been wonderful." They explained, "There are no restrictions on us visiting, the staff have been brilliant and very attentive with [Relative]."

Care workers told us how they encouraged people who used the service to be as independent as possible. One care worker said, "I like to develop their skills, even if it takes six months for them to make a cup of tea, that's what I am here for, to support them in the right direction." Another care worker told us, "When bathing [Person] we'll give them a towel and observe what they can do and then we see where we can step in. [Person] used to be incontinent and now they ask to use the toilet which shows progress."

Another care worker told us, "I am the person centred champion here, goals have to be realistic and for example if someone is non-verbal we use pictorial aids, observer reference and discussion. For example when making breakfast [Person] will choose what they want, we give choices."

Care workers told us how they supported people with dignity and respect. One care worker told us, "For example with incontinence, we close the door and provide gender specific care if needed." They also told us, "Dignified care is my aim, for example [Person] will go into their room and do activities. I'll ask if they want carers to go into their room as well and they will do a hand signal to indicate yes or no. We always respect that. Dignity is the flagship of adult social care." They also told us how they support people who use the service to have private time when their families visit. They told us, "Giving families privacy to spend time together, relatives will come and cook and eat a meal together. We respect that."

Another care worker told us, "When carrying out personal care I will make sure the curtains are shut and that the blinds are down. If [Person] wants time alone then that's fair enough."

On providing person centred care one care worker told us, "It's about valuing people. For example we recently had a meeting with [Person's] family in regards to their cultural needs and eating cultural foods. It's about putting the person at the heart of every decision. We have conversations about people's likes and dislikes and always record these discussions." Records confirmed that meetings and conversations were recorded.

During our inspection we observed some interaction between care workers and people who used the service as being caring and sensitive to their needs.

Inspected but not rated

Is the service responsive?

Our findings

The registered manager told us about the initial assessment they carried our prior to placing someone at the service. They said, "If we can't meet someone's needs we are not afraid to say no." We saw records of initial assessments which looked at communication needs, medicines, mobility, eyesight, hearing, sleep routines, continence, daily living needs, like and dislikes.

Care plans were thorough and contained detail about people's backgrounds and histories. They were also pictorial which helped people to understand them and were developed with the person who used the service, their family and the registered manager. For example, one person's care plan stated, "I am of [multiple heritage] and my culture, especially food is very important to me, my family especially my mum are very close to me and see me all the time." Care plans also contained a 'one page profile' which contained information stating, "What is important to me" and "How to support me". Care plans also contained information about what a 'bad day' and 'good day' looked like for the people who used the service and this was developed with the people who used the service, their families and advocates. For example, for one person who used the service, a good day consisted of, "Having consistency, small snacks throughout the day, I smile and giggle if I am happy." A bad day consisted of, "Feeling hungry, staff not recognising my vocalisations and body movements, staff using long sentences and talking amongst themselves." One care worker told us, "I get to know the service users by reading their care plans, looking at the history and working with them. With [Person] I went to their previous placement for two weeks to get to know them before they were placed here. It made their transition easier."

Care plans also contained a communication guide for people who used the service which documented each type of vocalisation and body movement and described what it meant so that care workers were aware at all times. For example for one person it stated, "When I am happy I will smile, I will engage in activities, I will rub my face against yours, I will tap my elbow which means I would like a biscuit or any other snack, hand to my lips is I am indicating that I am hungry." For another person who used the service, their communication guide stated, "When I want to be alone I will raise my arms and indicate that I want to be alone. Use short snippet sentences such as "[Person] bath? [Person] eat?". This meant that each person's individualised communication needs were recorded in a personalised way.

People's likes and dislikes were documented in their care plans, for example for one person their likes consisted of, "Playing with paper, having plasters, watching TV, kissing people around me, having baths, staff washing my hair." Their dislikes were also recorded, for example "People coughing and loud noises." Another person was documented as enjoying going for a walk every day at a certain time. We observed that they were supported into the community by staff and accompanied on their walk at the time that they had chosen.

Care plans were clear and detailed on the 'do's and don'ts' in relation to people's needs and the registered manager told us these were compiled in a multi- disciplinary way during the assessment process with the support of people's families, social workers and health professionals.

Care plans also contained details about the activities that people at the service wanted to do. For example for one person who used the service, playing with paper was part of their everyday activity schedule and was something that was documented as being important to them. Daily records confirmed that people's activity preferences were adhered to. Care staff demonstrated that they were aware of people's likes and dislikes and told us that care plans were updated frequently.

In addition, people's care plans contained a "Quiz and answer sheet", that was used to enable care staff to get to know the person before working with them. The quiz and answer sheet offered care staff a variety of questions about the person, with multiple choice answers. For example, "How does [Person] communicate with us? What type of touch does [Person] use? What does [Person] like to do in the morning?" This meant that care staff were given the opportunity to understand the person they would be caring for and the registered manager advised us that they would be using the quiz and answer sheet for all future admissions.

Care plans were reviewed regularly. For example, for one person who had been at the service since October 2016, their care plan had been reviewed twice to ensure that they were settling in.

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The policy was also in pictorial format and was displayed around the home and within people's care plans. We saw records of complaints that had been made and they were responded to in the timeframe set out in the policy and there was a clear trail of communication between the registered manager and complainant. The registered manager kept a log of complaints to record when they were received, when they had responded and actions that had been taken.

Inspected but not rated

Is the service well-led?

Our findings

The registered manager carried out robust quality assurance practices. This included a monthly personnel file audit to check whether every employee had their application form on file, their interview records, offer letter and job description. Other audits included a monthly health and safety checks which looked at the environment of the home and checked the safety of electricals, slippery surfaces water temperature checks and the cleanliness of rooms.

The registered manager also carried out monthly audits of care plans which looked at making sure contact details were correct, people's wishes were recorded, a missing person's profile was in place and that daily records were documented.

Records showed that the registered manager carried out spot checks and during a recent night check, they saw that two waking-night staff were asleep. The registered manager reported this as an incident and took the appropriate disciplinary action. They told us that as a new service, it was imperative to carry out such checks to ensure that care was being provided in line in with care plans and in a safe manner.

The registered manager told us that audits were collated and put into a service improvement plan. These plans were used to make improvements at the service. For example, one element that was recorded was to have more detail in people's care plans and we saw records to show that detail was being added accordingly. The registered manager told us, "Audits provide an overview at all times."

We saw records of team meetings that were taking place on a monthly basis and discussions included medicines, mobile phone usage, team work and training. During our inspection we observed a team meeting taking place and the independent behavioural consultant employed by the service spoke to staff about managing challenging behaviour and offered staff practical advice.

We saw records that 'service user meetings' had taken place. For one person who used the service a meeting took place to discuss their transition into a new placement and then a 'circle meeting' where their family and health and social care practitioners attended to discuss their progress.

The registered manager told us about their plans to carry out surveys, "We aren't doing them just yet as we are still new but we plan on doing them every six months and will start sending them out to families and professionals around April 2017."

Care workers spoke highly of the registered manager and said that they felt supported. One care worker told us, "The registered manager lifts me and acknowledges my experience. She's a good leader." Another care worker told us, "I know I can always go and talk to the registered manager and she understands and we are working on building on my confidence." The registered manager told us that they felt supported and that they were receiving regular supervision, "I'm supported; my manager is very hands on."

The registered manager told us, "I am hands on and I am approachable, I have an open door policy. I was

offered an office away from everyone but I chose to be in the middle of the service with staff going in and out." They also told us, "Because we are a new service we are all getting to know each other. I have planned an in house 'fun day' to motivate staff. We are a work in progress and always looking at different ideas."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing 18 (2) (a) Persons employed by the service provider were not receiving an induction programme that prepared staff for their role.