Precious Homes Limited

Precious Homes Birmingham

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 21 and 22 August 2018, and was announced. This was the first ratings inspection of this service since it became registered October 2017.

This service provides care and support to people living in a 'supported living' setting in 22 ordinary flats, so that they can live in their own home as independently as possible. The 22 ordinary flats are split into two units known as Falcons Lodge and Robins view. 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 personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

At the time of our inspection there was no registered manager in post. However, two people were managing each of the two units and had applied to CQC to become registered with us. 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 were supported by staff who were aware of their responsibilities to raise any concerns they may have in terms of people's health and wellbeing. Where safeguarding concerns had been raised, they had been responded to an acted on appropriately. Staff were aware of the risks to people and were provided with information to assist them in managing those risks safely. People were supported to take their medicines as prescribed, and staff competency checks were in
place to ensure staff followed correct procedures. Accidents and incidents were reported and responded to in a timely manner.

Pre-assessment processes in place provided staff with the information they needed to support people effectively and to meet their needs. Staff had received an induction and training that provided them with the skills to meet people's needs. 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 said staff were kind and caring and were respectful of their choices. People's preferences were taken into account, and staff ensured people's privacy and dignity was maintained. People were supported by staff who knew them well and what was important to them. People were supported to promote their independence. There was a system in place to record people's complaints which people and relatives knew

about.

The service had not been consistently well led since it became registered with CQC. People and health professionals did not always say they felt the service was well managed or well led. One part of the service had a high turnover of managers which resulted in problems with the quality and consistency of care. The staff now felt supported by the management team. Audits were in place to assess the quality of care of various areas within the service, but these had always been effective in the past. The provider had a clear vision for the development and growth of the service and had recently invested in new technology to assist with this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected by safeguarding systems.
People were supported by staff who were aware of the risks to them and how to manage those risks.
People were supported to take their medicines as prescribed.
Staff were safely recruited.

Is the service effective?

Good

The service was effective.

People had pre-assessments in place for staff to support them effectively.
Staff sought people's consent prior to supporting them.
People were supported with their food where needed and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff who supported them and described them as caring.
People were treated with dignity and respect and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were aware of their preferences and how they wished to be supported.
There was a system in place to raise complaints which people knew about.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits were in place to assess the quality of care provided, but these had not always been effective.

Advice from health professionals had not been consistently followed.
People and relatives said the service was improving but had not always been managed well.
Staff felt supported in their role and received training and supervisions.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 August 2018 and was unannounced. We gave the service 5 days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. We visited people in their own homes and spoke to people and staff there. We visited the office location on 22 August 2018 to see the managers and office staff; and to review care records, policies and procedures.

The inspection team consisted of one inspector and an expert-by-experience, who is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to peoples' relatives.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we met and spoke with five people who lived at the service. We telephoned five relatives, and met with both managers and four care staff. We also spoke with five external health professionals and an advocate. We reviewed some aspects of the care records of four people, including their medication records who lived at the service, and other documentation relating to the management of the

service.

After the inspection, the provider sent us some of the information we had requested during the inspection.

Good

Is the service safe?

Our findings

At this inspection the rating for this key question is Good.

At this inspection we looked at how people's risks were managed and explored aspects of their care and treatment. People we spoke with told us they felt safe living at the home and said risks to their health and well-being were effectively managed by staff. One person told us, "I'm safe living here." Other people said, "I'm safe living here, nobody shouts at me or makes me feel bad." and "I'm safe here, I feel safe." Relatives also told us they felt that Falcon Mews and Robins View were safe. Comments included, "[My relative] is kept safe and the staff are supportive of the family." and "Yes we do feel [My relative] is safe and as far as we know the medications are administered safely."

Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the managers and or external agencies such as the Care Quality Commission or the Local Authority. Staff we spoke with could describe the different signs and symptoms that a person might present which would indicate they were being abused and confirmed that they had received training in safeguarding to support their understanding. The managers had a good understanding of their responsibilities in maintaining the safety of people from harm. They had notified us about any concerns they had in relation to people's safety which included any incidents of potential abuse or serious injury to people.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe whilst not restricting their freedom. Staff had received training in techniques to help them de-escalate situations and use the least amount of physical restriction if required. During the inspection there was an unplanned fire alarm and we saw that staff knew what to do to keep people safe and calm during that time. Records we looked at showed people had personal emergency evacuation plans (PEEPS) in place which were reflective of their needs. We also saw checks of the building for fire safety were regularly completed to ensure the premises were safe.

We saw people had well-ordered and up to date care files that included risk assessments around many areas. These had been tailored to suit each person and included areas of risk taking that promoted people's independence such as learning to cook. People were encouraged to have as full a life as possible, while remaining safe. We saw that the managers had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people. We noted that risks to people were reassessed as their needs changed.

People and relative's felt there were sufficient numbers of staff to respond to their or their family member's care and support needs. People told us and we saw that there were enough staff available to meet people's needs.

We looked at the recruitment process in place to check the suitability of the staff to work with people. We looked at staff recruitment records and saw the provider had completed appropriate recruitment checks

prior to staff starting work at the service. We saw reference checks, identity verification and Disclosure and Barring Service (DBS) checks had been completed. DBS checks helps providers reduce the risk of employing unsuitable staff. Staff told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. This showed the provider had adequate systems in place to ensure staff were suitable to work within a care service.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location, and disposed of correctly if they were not used. The medicines were administered by staff who were trained to do so and had undertaken competency checks to make sure they continued to give medicines safely. People received their medicines on time and as prescribed by their GP. Care plans provided staff with guidance to ensure people took their medicines safely and as prescribed. There were systems in place to ensure people received their medicines as prescribed which included a weekly audit by team leaders. Where medicines were prescribed to be administered 'as required', there were instructions for staff which provided information about the person's symptoms and conditions which would mean that they should be administered. We checked the balances for some people's medicines and they were accurate with the record of what medicines had been administered. We saw that staff were signing to indicate that prescribed creams had been applied. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication.

We found that people were protected from the spread of infections, and staff ensured that communal areas were clean and hygienic at all times. People told us that staff assisted them to clean their own apartments, at a time and in manner that suited them. People and relatives confirmed staff used personal protective equipment such as gloves and aprons to prevent the risk of cross infection, and keep people safe. One person told us staff always washed their hands before they prepared any food for them. Staff had received training in infection control and food hygiene and told us they felt confident to put their learning into practice.

We noted that the provider recorded all accidents and incidents. All information relating to an accident or incident was recorded on an electronic system with details of the person, details of the incident or accident that had taken place, the actions taken, any investigative action taken and any lessons that were learnt. The managers reviewed all accidents and incidents and these were shared with the provider. The reports were used to review all accidents and incidents for trends and patterns in order to implement improvements to prevent re-occurrences where possible. This system was replicated for other areas of learning such as behaviours that might be considered challenging and safeguarding concerns. These examples showed that the provider had processes in place to make improvements based on learning from when things went wrong.

Good

Is the service effective?

Our findings

At this inspection the rating for this key question is Good.

People's needs had been assessed effectively. Assessment processes had involved people as much as possible and others who knew the person well. They also included any appropriate healthcare professionals. There was clear person-centred information and guidance for staff to assist them gain a good understanding of each person's needs. We saw that staff knew people well and the things that were important to them. For example how someone wanted their drink made or what clothes they wanted to wear for certain occasions.

People told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. One person we spoke with told us, "They know how to help me." Staff we spoke with told us that training was good and that they felt they had the knowledge and skills to do their jobs well. One staff member told us, "I feel trained and knowledgeable to do my job and can always ask for help." Staff were provided with training in key areas as well as more specialised training to meet specific needs of people such as how to help people become calm if they were upset or agitated.

Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. We saw that the managers had systems to make sure that all staff received supervisions. We saw evidence of observations of staff's care practices which monitored and assessed how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff told us that they received an induction which included getting to know people's needs and shadow more established staff. The induction included a buddy system with more experienced staff members. One member of staff told us, "I feel there's enough knowledge [given to] us." Staff told us that inductions had taken take place with the support of the care certificate [a nationally recognised induction programme for new staff].

Staff told us they participated and contributed to meetings to enable staff to facilitate continuity and provide the best possible outcome for people. Staff we spoke with told us that communication was effective within the teams. One member of staff said, "There are staff meetings and core staff meetings where we discuss people's needs. There are communication books too." We saw the provider had begun to roll out a new electronic communication aid for all the staff and staff who were already using it told us it was very useful.

People lived in their own apartments and were supported to eat and drink the food of their choice. People told us they chose their own food and drinks and sometimes made unhealthy choices. The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. People's nutritional needs were met and their individual dietary needs or preferences were supported. People who required assistance were appropriately helped by staff.

People were supported to live healthier lives and had good access to healthcare professionals. Relatives were happy with the way staff supported people, and said they were informed and consulted when people were unwell. One relative told us of the large range of healthcare professionals that were involved in their relative's care, and said, "All appointments are sorted by the staff." People were supported to attend appointments with health care professionals to maintain good health; including the GP, dentist, optician, chiropodist, community nurses and psychiatrists.

People had their own tenancies and lived in individual apartments in a community setting. The communal spaces were bright and clean and each person's apartment had been decorated with items of their choice, including colours of the decoration, furniture and some people kept pets. People felt independent and secure in their own homes and had key fobs that allowed them, where appropriate, to access the grounds, communal areas and outside safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. During our inspection we saw that people were involved in the routine daily decisions and were asked or their consent whenever appropriate. We noted that staff were skilled and knowledgeable in how to do this to ensure the best outcome for the people they were supporting.

The managers and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). Staff had received training to support them in understanding their responsibilities, which we saw they utilised well.

Where people were unable to make decisions, we saw that mental capacity assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families. We saw that the managers had sought and taken appropriate advice in relation to people, and had notified the local authority in order for them to apply to the court of protection for a deprivation of liberty safeguard. At the time of our inspection four applications were awaiting approval.

Good

Is the service caring?

Our findings

At this inspection the rating for this key question is Good.

People told us that they considered that the service was caring. One person said that, "The staff are nice and kind and they don't get frustrated." Another person told us, "The staff support me and are lovely and helpful." A family member said, "Staff treat [my relative] kindly."
The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I am both a friend and a support worker." All the staff we spoke with said that they would have no hesitation in recommending the company to their own friends and family. We saw that people had built up a relationship with the staff that regularly visited them and provided their care and support.

People's care plans were very person centred and considered the physical, emotional and spiritual needs of people. Care plans provided clear guidance for staff to follow, so people were supported in ways which considered their individual needs. Staff we spoke with understood how people's day-to-day preferences and wishes were very important to them.

People were involved in decisions and supported to express their views as much as reasonably practicable. One person told us how they helped to choose their own staff and were part of the interview process. Another person explained that they wanted staff to help them to cut down on the number of cigarettes they smoked and were happy with how staff were doing this. Some people had begun to be involved in reviewing their care plans specifically in a person-centred way. A new person-centred champion had been appointed whose role was to ensure that key worker meetings and reviews of care plans were both person centred and goal orientated. This helped to ensure people could express their views and be involved in decisions about their care.

During all of our inspection we saw staff treating people with dignity and respect. People told us they felt listened to, one person said, "The staff talk to me and are consoling and they listen." People told us and we saw how staff always knocked on people's doors and asked if they could enter. Staff members told us about how they supported people to maintain their dignity with choices and said that they always ensured that each person had a choice of where to be, either to be in their apartment on their own or with staff, or to go out on an activity. Peoples dignity was upheld as they were supported to dress and present themselves as they wished. We saw that people were well presented and were wearing clothes of their choice, that reflected their own individual style. For example, one person wanted to dress and told us they wanted to be "Be smart." Staff had facilitated this choice. The managers and staff told us that a culture of dignity and respect is nurtured in the service at all times, and staff received training in dignity and respect.

People told us that sometimes they wanted some privacy and this was respected by staff. The service had made sure that people had been asked about how much they wanted members of their family involved in their care in order to protect their privacy if they so wished. The staff we spoke with had a clear understanding about how to ensure people's privacy when delivering personal care. For example, a staff

member described how when they assisted people with their personal care they always ensured the curtains were closed and the doors shut.

Relatives and people told us they liked to remain as independent as they could and told us staff assisted them in this. For example, people prepared their own meals with staff supervision and assisted with their own personal care where possible. Peoples independence and making goals that moved them towards their independence was a central vision of the managers and staff. Some people were supported to achieve a monthly goal which enabled them to achieve a new skill towards independence or experience something new. We saw one person had a scrap book that provided a pictorial story of the person's progress towards this goal, which had been broken down in to small steps so the person was able to achieve success and enhance their self-esteem. The person-centred champion told us that this goal orientated approach was being introduced to everyone in the coming months.

The managers and staff were aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Good

Is the service responsive?

Our findings

At this inspection the rating for this key question is Good.

People told us that they were pleased with the support provided. One person told us how they had asked to move to a new apartment and the staff had helped them achieve that. A family member said, "Since the new management, there has been an improvement. My [relative] attends a lot of activities in the community, such as Reach for the Stars and disco." People and relatives told us they were involved in the reviews of their care. One relative said, "We have been involved in two reviews since January 2018."

Care documentation included assessments of people's care and contained information about people's family and other relationships, personal history, interests, preferences, cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person. We saw that care plans provided information about each specific area and were detailed. Information for staff about how people should be supported was in place. We saw that this included guidance for staff on how best to support people according to their assessed and expressed needs. For example, people's care plans provided information about the importance of speaking with them whilst providing care and included information about the topics that they were interested in.

The plans also identified the tasks that people were able to do for themselves and provided guidance for staff on supporting people to maintain independence with these. For example, one person had completed a certificate in Food Hygiene and was being supported to work in the onsite café to promote their aspiration to gain employment. Another person told us, I do my own shopping and cooking with help." The care plans were reviewed on a regular basis. Where there had been changes in people's needs we saw that they had been updated to reflect any change to the care that was provided by staff members.

The managers had recently introduced 'person centred champions' within the service. This was an assigned staff member whose role was to involve family members and significant others in people's care. Inviting them to review and contributing to the persons monthly planner. There were regular opportunities to discuss people's support at handovers, staff meetings or one to ones.

The garden was safe and secure and designed to support people to do the things that they enjoyed and provide the additional sensory stimulation that some people with autism seek. For example, there was a hot tub, and a trampoline. People told us they enjoyed using these facilities.

The Accessible Information Standard of 2017 defines a way of identifying, recording, and sharing people's communication needs. The standard aims to improve the health, care and wellbeing people receive by making sure they are communicated with in a way that suits them. This helps make sure that people can take part in decisions as much as possible. At Falcons Mews and Robins View we found that people had been supported to understand the information provided to them in line with this standard. For example, we saw that key documents about complaints and safeguarding were in an easy to read format and that the newsletter for people was also written in a way that people would find accessible. We saw that technology

was used to support people with their preferred type of communication for example, one person chose to use a hand-held tablet device to communicate with staff and this worked very well for them.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes, and on public display in the communal areas. People told us that they knew how to complain if necessary. One person said," I know I could complain if I wanted to and I know I would be listened to." We looked at the complaints records and noted that there was a clear process to deal with them in a timely manner. The managers told us that if they received any complaints they would try to resolve them as quickly as possible in partnership with the complainant.

People using this service are younger adults, however the managers had considered their end of life wishes. Where these had been discussed with people and their family members records were available.

Requires Improvement

Is the service well-led?

Our findings

At this inspection the rating for this key question is Requires Improvement.

People and their relatives did not always tell us that the service was well led. For example, one person explained to us how they had been made to feel very uncomfortable to speak with the inspector by a member of staff. While the operations manager assured us the person was now well supported, this approach showed that the service was not open and transparent and did not support all people to state their views.

The service did not monitor and audit their systems or processes well enough to make sure people were consistently supported in the best possible manner. We spoke with health professionals who told us of their concerns about how the service had failed to implement their previous recommendations or utilised advice passed on from other professionals involved in people's care. We noted that these concerns related to events some months prior to our inspection, but also that they had not been identified by the management at that time. One health professional told us their recommendations were ignored by the service, and the managers' auditing had not identified these concerns. For example, one person had not been given simple everyday objects that would have helped relieve their anxiety, even though this had been recommended by the health professional. Other people's communication needs had not been met in a timely way as staff had not been trained in the use of Makaton (a form of sign language). One health professional said, "It feels like [the managers] are reacting to situations and not being pro-active with what they do."
The reviews of care plans and peoples care needs had not identified these concerns, and had therefore been ineffective. At the inspection we found that the previous period of significant instability was now improving. Relatives told us that the service had not been well led but was now getting better. Relatives comments included; "There has been a lot of staff turnover especially of managers. The latest manager seems OK." and "Staff ratios are more appropriate now, staff mostly have the right skills. There has been a huge turnover of staff, the management do not totally understand the impact on [my relative]." Staff told us that the management of Falcons Mews and Robins View had improved. Staff comments included; "The new manager is the best, she looks after the staff so well." and "Its stabilised well now I think there is a good structure at the moment, I do feel supported by my managers." We found that the audits and reviews of service delivery had failed to make sure that they worked collaboratively with other professionals and had not always used available information to ensure the best outcomes for people. While we recognised that aspects of the service were improving, the provider had not ensured the service was consistently well led and well managed.

At the time of our inspection there was no registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. We noted that both Robins View and Falcons Mews had managers in place who had applied to us to become registered managers.

Staff were enthusiastic about their role in supporting people and spoke positively about their work. One staff member told us, "There's been support in all areas from the company and the managers." and "The

managers are willing to listen to big and small questions, they just find out."

People and relatives told us they had been asked to give their feedback about their experiences of the service in residents' meetings and the managers planned to send out questionnaires in the near future. We saw that people were involved in the running of the service and took part in welcoming visitors and being part of forums where ideas were shared and peoples' voices heard.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The managers had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

There was a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the service. Staff were aware of and demonstrated their understanding of the provider's whistleblowing procedures. Whistle blowing is when a staff member reports suspected wrong-doing at work. Staff said they felt confident that if they raised any concerns the managers would listen and take the appropriate action.

The provider conducted regular audits and checks to ensure effective governance of the service. This included monitoring of medication audits, accident and incident monitoring for patterns and trends, infection control audits, care plan reviews and health and safety audits. Information was then collated and reviewed so that any patterns and trends could be identified and action taken where areas for improvement were identified. The provider also conducted monthly visits, to check the quality of care provided. These visits were recorded and an action plan was completed with timescales to ensure any concerns were addressed without delay.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice and particularly in relation to the inspection process. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.