

Precious Homes Limited

# Precious Homes Bedfordshire

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Precious Homes Bedfordshire (AKA Treow House) is a domiciliary care agency and supported living service, providing personal care for adults with a learning disability, autistic people, and people with mental health needs, in their own homes.

Treow House comprises of 22 one-bedroom flats, with a shared communal living room and garden. Staff also support individuals in their own homes through an 'outreach support in the community' service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection the service was supporting 21 people. Of these, 9 people were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

Although improvements had been made, the service was not yet able to demonstrate they were consistently meeting the underpinning principles of Right support, right care, right culture:

#### Right Support:

Daily records demonstrated improvements in the way some staff recorded the care and support provided. However, there were still entries that lacked personalised information and read as a list of tasks carried out by staff. Senior staff were checking these regularly to address this.

Staff enabled people to access routine and specialist health and social care support in the community. However, more work was needed to ensure people received good oral healthcare.

People's care and support plans reflected their range of needs, and this promoted their wellbeing.

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.

Improvements had been made to learn lessons from incidents; to see how they might be avoided or reduced in future.

Staff helped people to live in a clean and well-maintained environment that met their sensory needs.

Staff supported people to make decisions following best practice in decision-making.

Senior staff carried out regular spot checks and audits to support with making sure people received their medicines in a safe way and as prescribed.

#### Right care:

Further work was needed to ensure all staff had the skills to communicate with and understand people who had individual ways of communicating such as using body language, sounds, Makaton (a form of sign language), pictures and symbols.

People did not consistently receive care which focused on their aspirations, quality of life, and followed best practice.

Some people did not yet routinely take part in activities. New activity planners had been introduced to support people to try new activities which enhanced and enriched their lives.

Staff had identified potential goals for people, however, there was little evidence of people's involvement, progress, or measurable steps to achieve their goals. More work was needed to ensure people were supported to increase their independent living skills too.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

There were enough staff to meet people's needs, and to keep them safe.

#### Right culture:

Work was in progress to ensure people were consistently supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

The service was not always proactive in enabling people and those important to them to provide feedback and develop the service.

Throughout the inspection the registered manager and senior team spoke openly and honestly about what had been achieved since the last inspection and what still needed to be done. They were open to feedback and acted on this in a timely way.

An improved recruitment process had been introduced to ensure staff were suitable to work with people.

The provider had recently introduced a new auditing system to check the quality of the service provided to people. The new system included all the areas CQC assess when inspecting services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

We carried out a comprehensive inspection in July 2022 (published 4 November 2022). We found multiple breaches of regulation and the service was rated requires improvement. The provider completed an action plan after the inspection to show what they would do and by when to improve.

We undertook a further targeted inspection\* in November 2022 (published 17 December 2022); to check the most urgent breaches, which related to using medicines safely, preventing and controlling infection, learning lessons when things go wrong and supporting people to access healthcare services and support, had been met. We found improvements had been made in all these areas and the provider was no longer in breach of those regulations.

\*Targeted inspections are used to check urgent concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

During this inspection we checked all the remaining breaches from the July 2022 inspection and rechecked the breaches we looked at during our November targeted inspection.

We found improvements had been made in all areas and the provider was no longer in breach of any regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last comprehensive inspection.

The last rating for this service was requires improvement. The service remains rated requires improvement and has been rated requires improvement for the last 2 consecutive inspections.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Precious Homes Bedfordshire' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Precious Homes Bedfordshire

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Precious Homes Bedfordshire provides care and support to people living in one 'supported living' setting (Treow House), so they can live as independently as possible. The service also provides a community outreach (domiciliary care) service to people living in their own houses and flats.

In both cases, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living or domiciliary care; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

We carried out 2 visits to the service, both were unannounced.

Inspection activity started on 4 May 2023 and ended on 12 July 2023. The Expert by Experience spoke to people using the service and relatives, by phone, on 4 May 2023. The inspector visited people living at Treow House on 8 and 18 June 2023.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

## During the inspection

We spoke with, or observed the support provided to, 7 of the 9 people using the service who received personal care; to understand more about their experience of the care provided.

We spoke with 6 relatives, 1 professional who works with the service and 19 members of staff including: the registered manager, 2 deputy managers, 1 senior support worker, 12 support workers, the operations manager, the managing director of operations and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

In addition, we received written feedback from a further 5 professionals, 6 more support workers and the head of quality.

We reviewed a range of records including care, risk management and medicine records for 8 people using the service. We also looked at a variety of records relating to the management of the service, including policies and procedures, staff files in relation to recruitment and staff supervision, complaints and compliments, audits, and meeting minutes. Review of this information allowed us to corroborate our findings, and ensure the care and support provided to people was appropriate for them.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last comprehensive inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Although improvements had been made, we could not improve the rating on this occasion because to do so requires consistent good practice over time. We will check this again during our next comprehensive inspection.

### Using medicines safely

- At our July 2022 inspection we found medicines were not always managed safely or administered as prescribed. There were delays in seeking advice from healthcare professionals when people regularly refused their prescribed medicines. Furthermore, people's records had not always been updated when changes were made to their prescribed medicines, and medicine audits had failed to identify and address these findings.
- We checked medicine management again in November 2022 and found improvements had been made in all these areas. This was still the case during this inspection. One example was improved staff knowledge and understanding of epilepsy, and what to do if someone had a seizure, including when to administer emergency 'as required' medicine.
- Records showed there had been a few medicine errors. However, actions had been taken to address these, including face to face training, detailed regular audits, and spot checks. One staff member told us, "I have just had my medication training and am due for my medication competency assessment and shadowing before I can do medication."

### Preventing and controlling infection

- At our July 2022 inspection we found systems to prevent the control and spread of infection were not robust. Staff were not consistently following Government COVID-19 guidance, which was mandatory at that time. In addition, people were not always supported to live in an environment with a good level of cleanliness.
- We checked infection prevention and control systems again in November 2022 and found improvements had been made in both of these areas. This was still the case during this inspection.
- This included spot checks carried out by senior staff; to ensure people's homes were maintained to a good and hygienic standard. A professional confirmed this approach was working by telling us, "There is a cleaning rota to clean [name of person]'s flat and the flat has been clean at all times when I visited." A relative added, "[Person]'s home is immaculate, always clean and tidy."
- Staff continued to liaise with people's housing landlord to provide equipment, fixtures and fittings which would be more robust and easily cleanable, where required.



### Learning lessons when things go wrong

- At our July 2022 inspection we found incidents affecting people's safety were not always managed well. Gaps in records such as incident reports, showed missed opportunities to routinely learn lessons and improve safety across the service. Some incidents had not been recorded at all, so there was no information to review and learn from.
- We checked how incidents were managed again, and whether lessons were learnt. In November 2022, we found improvements had been made in all these areas. This was still the case during this inspection.
- This included improved oversight of people's records by senior staff and sharing lessons learnt from this with other staff. One staff member told us, "We have a folder with lessons learnt and it is discussed at staff meetings." As a result, we did see improvements in record keeping. However, as this initiative was still quite new, we were unable to fully assess its effectiveness on this occasion.

### Assessing risk, safety monitoring and management

- At our July 2022 inspection we found improvements were needed with staff understanding of how to support people's distressed behaviours, providing structure and purpose to people's daily routines and ensuring the language used by staff in records was appropriate. Improvements were found at this inspection.
- Positive Behaviour Support (PBS) training was being rolled out across the staff team. This training helps staff understand why people may present with behaviours of concern or distress, so they can implement proactive strategies aimed at improving each person's quality of life, rather than simply trying to contain the behaviour.
- The general consensus from staff was this was a good start, and they were looking forward to this approach being developed further. One staff member told us, "The training helped me to look at things completely differently."
- It was apparent this approach was starting to benefit some people using the service. One example was someone who didn't like wearing their shoes, which limited them from going outside. A staff member gave the person some slip-on shoes to try, which the person had accepted. Since then, they had made some progress with attending healthcare appointments and accessing community facilities. A relative told us, "There has been lots of work going on over the last few months, and as a result staff know how to communicate with (family member) more effectively. It was frustrating for (family member) before."
- Records evidenced there was still a way to go with the new PBS approach. For example, we found staff were not consistently following one person's PBS plan; in terms of when to give medication to manage their distressed behaviours. There was no evidence they had come to harm as a result and the registered manager said they had reminded all staff of the importance of following the plan. They also said they would review the plan with a health professional to ensure it was still the best approach for the person.
- We also found instances of language used by staff that still did not demonstrate best practice. For example, describing people's behaviour as 'aggressive' instead of recognising the behaviour as a way of them communicating a need. There was, however, more evidence of oversight from senior staff who were checking people's records more frequently. Examples from the records had been shared with the staff team as 'lessons learnt'; to reinforce PBS and improve the overall quality of record keeping. Further documentation training for staff was planned too.

### Staffing and recruitment

- At our July 2022 inspection we found improvements were needed with staff recruitment processes. This was because there were gaps regarding required background checks which must be undertaken before new staff begin work. This included unexplored gaps in employment history and verifying reasons for leaving previous care positions.
- A new process, incorporating all the required checks, was in place by this inspection. However, it had only

recently been put in place, so we were unable to assess its effectiveness on this occasion.

- People confirmed there were enough staff. One person told us, "There is always someone about if needed downstairs." Agency staff had significantly reduced and records showed people were matched with familiar staff who understood their needs.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and keep them safe.
- Staff confirmed they had received safeguarding training and knew how to report any concerns about people's safety. One staff member told us, "Management should be firstly notified about the incident, so safeguarding is raised in light of the organisational policy on safeguarding for the people we support. The relevant stakeholders such as the local authority safeguarding team and CQC are also notified."
- Records showed this was happening, along with the outcome of those referrals.
- Changes were made where needed to improve safety. For example, 1 person raised concerns about their home security and immediate action was taken to address this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Although improvements had been made, we could not improve the rating on this occasion because to do so requires consistent good practice over time. We will check this again during our next comprehensive inspection.

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

At our July 2022 inspection, the provider had failed to ensure people's needs were assessed in line with current legislation and evidence based guidance. Assessments varied in content meaning that support plans, which were developed using this information, did not always reflect a comprehensive understanding of people's holistic needs and aspirations. In addition, functional assessments had not been completed, to help staff understand what to do when people expressed their needs through actions or distress. Compatibility with other people living at the service had also not been considered sufficiently.

These were breaches of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- No one new had started using the service since the last inspection. However, a more detailed 'initial assessment' form had been developed in preparation, and the registered manager outlined the assessment process to be followed if someone was considering using the service. This included checking people's compatibility when sharing communal spaces. They told us, "I know how important it is to get things right, not just for potential placements but for the people already in the service."
- Some people already using the service had been referred to external specialist professionals to reassess their needs and support staff in understanding how best to meet these, in a way that achieved effective outcomes.
- Functional assessments were still not in place; however, the service had a dedicated Positive Behaviour Support (PBS) team who were training staff to complete these.

Staff support: induction, training, skills and experience

At our July 2022 inspection, the provider had failed to ensure all staff had the skills, knowledge and

experience to deliver effective care and support. This included gaps in training to support autistic people and people with a learning disability, and administering emergency medication for people who may experience seizures as a result of living with epilepsy. In addition, staff competency was not being routinely monitored and there were inconsistencies in the frequency of staff supervision and how key messages were cascaded to staff who did not attend staff meetings.

These were breaches of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- When asked if staff training was in line with their family member's needs, a relative told us, "Most definitely...they manage (the person's condition) really well, they use distraction techniques." A staff member added, "I have received all the training needed to do my job and there is also ongoing training that the organisation puts me through when needed to help me in my job role."
- Records showed an improvement in the completion of training including specific training on learning disability and autism, epilepsy, and the administration of emergency (as required) medication. Senior staff were checking staff knowledge and competency. As a result, staff spoke with confidence and demonstrated a good understanding of what to do if someone had a seizure.
- Some training, such as PBS training, was still being rolled out across the staff team. Findings from this inspection have shown improvements were still needed in this area. This was echoed by a professional, who told us, "More training is required to deal with customers with complex needs."
- More frequent staff supervision and meetings were taking place, providing opportunities for regular communication, problem solving, and increased team working. However, feedback we received was the 'outreach' part of the service was too separate from the Treow House service and did not receive the same level of support and oversight. By the end of the inspection the registered manager had addressed this feedback. The registered manager introduced new arrangements to ensure staff working with people using the outreach service would benefit from the same level of support as their Treow House colleagues.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our July 2022 inspection, we found inconsistencies in how staff supported people to make their own decisions in line with relevant legislation and guidance. Capacity assessments for people who needed

support with making decisions, were often brief in content and did not demonstrate how staff had tried to help the person understand the decision being made. In addition, where decisions had been made on people's behalf, using the Best Interests principle, there was limited evidence to show who else had been involved, such as family members and relevant professionals.

This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Records showed significant improvements in people, and those important to them, being involved in decision making, including best interest decisions. A professional echoed this by telling us, "In the past I think staff were not aware of MCA and best interest. During this review we have had meetings whereby we discussed at length about best interest."
- A relative confirmed their family member was supported to make their own decisions. They said, "There are no restrictions on bedtimes or getting up, [name of person] lets [staff] know when they want to go to bed." A staff member demonstrated a clear understanding of the MCA by adding, "I have had online training on the Mental Capacity Act. If an individual refused support, I would find out why from the individual, using positive language and language of encouragement and assurance. If the individual still refuses support, management will be informed about it so a new face or support staff is used as some of the individuals we support have staff they do get well along with. Preventing individuals we support from leaving their flats, going out for shopping with them, allowing them not to choose and plan their day if they have the capacity and imposing one's own ideas could be seen as restrictive."

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

- At our July 2022 inspection we found people were not always supported to access healthcare services for routine check-ups, including a dentist. Furthermore, staff did not always understand how to support people with their daily oral health care routines.
- We checked this again in November 2022, and found improvements had been made.
- This was still the case during this inspection, with evidence of increased health checks and appointments taking place and follow up actions taken where required.
- A relative praised staff for their quick actions in seeking urgent healthcare attention for their family member when staff realised something wasn't right during routine personal care. They said, "I trust the staff 100%...they are absolutely marvellous." Someone living at the service confirmed they had been supported by staff to attend all their routine health checks too.
- Although training records showed most staff had completed oral health training; records still showed some people did not receive consistent support to clean their teeth. The registered manager told us they planned to appoint some staff as 'oral health champions', who would undergo additional training. This would help increase awareness about the importance of good oral health with the rest of the staff team.

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

- At our July 2022 inspection we found improvements were needed to ensure everyone was involved in choosing what they ate and drank, and to make the presentation of blended food more appealing. Improvements were found at this inspection.
- When asked if their family member had a choice of meals, drinks, and healthy snacks a relative said, "There is an amazing choice of meals. [Staff] batch cook and freeze them. There is a menu which [name of

person] can say what they would like." Someone living at the service added, "I can cook with the support of a carer. Meals are planned and it's my choice."

- Risks such as choking or swallowing difficulties were identified and managed. One staff member told us, "Individuals who require a special diet are firstly assessed by the SALT (speech and language therapy) team and have guidelines in their flat as to how to prepare their food." One person required pureed food to keep them safe. Staff had sourced prepared meals that blended each type of food separately to keep their individual colour and flavour, as well as making them look more appetising too.
- Some people were eating higher levels of processed food, crisps and ready meals. As well as the potential health concerns, did not provide them with the opportunity to learn how to cook and increase their independent living skills. The registered manager told us meal planners would be created where needed, to encourage a wider variety of food and preparing meals from scratch.
- Pictorial 'food cards' had already been developed for 1 person to assist with their food and drink choices, and these did contain some healthier options.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our July 2022 inspection, staff did not consistently follow best practice standards. One person looked uncared for in terms of their personal appearance, and another person came into the office naked with no arrangements in place to protect their dignity. People's flats did not always provide them with dignified surroundings, and staff did not consistently uphold people's confidentiality.

These were breaches of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We observed people were consistently treated with dignity and respect during our visits.
- People's privacy and dignity needs were understood by staff. One staff member told us, "People are asked before we offer personal care. Doors are shut and curtains closed. Full attention is on the service user, guiding them along as to what we are doing. Communication throughout is important so that the person we are speaking to feels we talking to them and not at them." A relative echoed this by adding, "All staff knock on [name of person]'s bedroom door before they enter."
- Staff had worked with another person's family, which meant this time the person looked well cared for, and there was a plan in place to ensure this continued.
- Blankets and dignity reminder signs were on display in key parts of the service, enabling staff to protect another person's dignity if they were to remove their clothes. Staff also carried a 'grab bag' with a blanket when they went out.
- People's flats were fresh, clean, and tidy when we visited. Cleaning rotas and regular spot checks had been implemented to help people feel more comfortable and dignified in their own homes.
- Staff understood the importance of treating information relating to people in a confidential way. One staff member told us, "We ensure people's privacy and dignity are respected without sharing sensitive information to individuals who are not authorised to have such information."

Ensuring people are well treated and supported; respecting equality and diversity

- At our July 2022 inspection we found staff did not consistently treat people with kindness and compassion. Their approach was often task based and they did not support people in a way that was caring

or showed each person that they mattered.

- Significant improvements were found at this inspection. During both our unannounced visits, we observed positive interactions between staff and people. Staff had been well matched with people who they had been working with for some time and understood their needs well. There was a relaxed atmosphere at the service with only respectful, patient and kind interactions observed.
- Someone living at the service said, "The staff help me and are there for me. They are always there if I have a problem, they sort it out." When asked if the staff were kind and caring a relative added, "Very much so, they speak to [name of person] and hug them. They are very attentive and kind." We saw staff doing 'high fives' with people, and heard friendly, respectful exchanges, with lots of shared laughter too. People appeared very comfortable with the staff supporting them.

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

- At our July 2022 inspection we found variations in the choice and control experienced by people. One person told us staff decided when to lock the door to a communal room at night. We also witnessed staff doing tasks for people, with no consultation or communication, including handing them food, drink and wiping their nose. Although staff seemed kind and well-intentioned, this demonstrated a culture of inequality; not seeing all people as equal adults with the same rights.
- Improvements were noted during this inspection. Staff consistently offered people choices, including visual choices where this helped the person understand the options available. People were given time to make their own decisions, and these were respected. A staff member told us, "Activities for the day are planned with the people we support with their interest, choices and preferences respected. In terms of what food they'd want to eat, whether they have something planned for the day and any outings they'd want to go to."
- Records showed staff were more aware of the importance of gaining people's views and involving them in decision making. Some staff were still better at documenting people's choices than others, however. The registered manager told us they were aware of this and had allocated senior staff member to oversee people's records to address this.
- They also told us they would discuss removing the lock on the communal room with the maintenance team. As this had not yet happened, we were unable to assess the impact of this for people living at the service.



# Is the service responsive?

## Our findings

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

At our last comprehensive inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant people's needs were not always met.

Although improvements had been made, we could not improve the rating on this occasion because to do so requires consistent good practice over time. We will check this again during our next comprehensive inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our July 2022 inspection, the provider had failed to ensure people consistently received personalised, proactive and co-ordinated support. People did not have meaningful goals that would enable them to increase their independence, follow social interests and achieve their aspirations. There was also no evidence of support plans being meaningfully reviewed for everyone.

In addition, staff did not always understand people's individual communication needs, and communication support plans lacked sufficient detail to provide staff with effective guidance on each person's preferred methods of communication.

These were further breaches of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's support plans were more personalised, with clearer guidance for staff on how to provide consistency of care and support.
- Daily records demonstrated improvements in the way staff recorded the care and support provided. However, there were still entries that lacked personalised information and read as a list of tasks carried out by staff. The registered manager was aware of this and had recently allocated senior staff member to oversee people's records to address this.
- Staff had identified potential goals for people however there was little evidence of people's involvement, progress, or measurable steps to achieve the goals. For example, some people were planning to go on holiday, but there was no further detail about when this might happen.
- There was mixed feedback about how well staff supported people to develop and build on their independent living skills. A relative told us, "[Name of person] helps to stir the ingredients, which shows they can help." Despite this, there were still entries in records that showed some staff were doing tasks for people, rather than with them. This included meal preparation, grocery shopping and cleaning. We raised this with the registered manager who told us staff would be required to review people's goals with them,

and document progress. They would also be asked to evidence how they were promoting people's independence and skill building. Both of these areas would be subject to more frequent oversight by senior staff too.

- Person centred reviews had been completed to ensure people's support plans reflected their current needs. However, there was mixed feedback about how well staff involved people, or those important to them, in contributing to these reviews. One relative said, "(There are) no in house meetings, no care plan meetings." The registered manager described new arrangements being put in place to increase relative involvement and enable them to contribute to their family members' care and support, where appropriate.
- In addition, the provider's dedicated PBS team had recently begun working with the staff team to focus on improving people's quality of life.

#### AIS Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Improvements had been made to meet the communication needs of people. Communication passports were in place providing up to date, clear information for staff on each person's preferred method of communication. In addition, picture and photographic cards had been developed to support some people with planning their time and making choices.
- New 'talking tiles' were on display. People were able to press these to hear a pre-recorded message from a staff member about important topics such as safeguarding; reminding people who they could speak with if they had a concern. Additional photographs and pictorial symbols were on display too, to reinforce the messages.
- At our last inspection staff did not all understand a hand gesture used by someone living at the service. This time there was a picture of the gesture on display in the office for all staff to see. Some staff had also completed Makaton (a form of sign language) training, providing opportunities to increase the use of signing with people.
- Staff were more knowledgeable about meeting people's communication needs. One staff member told us, "There are individuals in the service who are not verbal, and these individuals are communicated with by using pictures, objects of reference and offering them options for them to point or choose from."
- However, we did not see any communication aids or signing being used with people during our visits, and daily records made little reference to these too. This was echoed by a relative and a professional who said, "It is still work in progress." The registered manager told us the use of communication tools would be monitored more closely.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection staff had made progress with supporting some people to get out and participate in social activities and access community facilities. One example of this included a weekly local drop in centre with a coffee shop and sensory activities. A relative told us staff had shared some photographs of their family member at the drop-in centre and said, "It made them so happy to see [name of person] out and about and having so much fun." A staff member described the reaction of another person following a visit to the drop-in centre and said, "They were screaming with joy. Other people went too, it was brilliant and staff really enjoyed it too."
- When we arrived for our first unannounced visit, 4 of the 7 people who receive the regulated activity were

either already out for the day or on their way out: shopping, visiting a local park and a cycle ride.

- Large planters had been sourced for people to grow bedding plants and vegetables. One person talked about what they planned to grow next, and said they helped to water the existing plants.
- Staff spoke with enthusiasm about other activities such as shopping trips, a street party to celebrate the Coronation of King Charles III and participating in a local carnival.
- However, some people were still not participating in activities or leaving Treow House often. Records showed they did not have structured routines and often spent long periods of time in bed. Referrals had been made to specialist external professionals for sensory integration support and advice. Staff reported some success for 1 person, but it was too early to assess progress for 2 other people at the time of this inspection. However, 1 professional did tell us, "I have had a positive experience working with [name of person] and I believe staff are along the right tracks and motivated to support them to engage in meaningful activities."
- New activity timetables were introduced during the inspection, with the aim to provide more structure and variety for people. The timetables seen were quite ambitious, particularly for people who were not going out often. They also did not include many, or any, daily living activities such as cleaning, grocery shopping and meal preparation. This was a missed opportunity to link the activity timetables with people's goals; to maximise their skills and independence. The registered manager explained this was a starting point and the timetables would be reviewed the following month.

#### Improving care quality in response to complaints or concerns

- At our July 2022 inspection we found records did not evidence how concerns and complaints were handled. Improvements were found during this inspection.
- People knew who to contact if they had any concerns. One person told us, "I would speak to staff." A relative added, "There are no concerns or complaints. We have had the same carer for 3 to 4 years now. She's been fantastic."
- Records provided a clear audit trail of the actions taken in response to concerns received. These were dealt with in a timely and compassionate way.
- Despite this, 1 relative had had cause to report concerns on more than one occasion. We saw this was taken seriously, with follow up actions put in place. The operations manager told us they would keep the complaint open until the relative was fully satisfied.

#### End of life care and support

- At our July 2022 inspection attempts had been made to consider people's individual preferences and choices for their end of life care. However, this had not always been done in a meaningful way, involving the person or those important to them.
- During this inspection, staff told us there was no one using the service who was in receipt of end of life care.
- The registered manager told us mental capacity assessments would be completed around end of life care; to determine whether it was most appropriate for each person or their relatives to be involved in planning and making such decisions. This would provide staff with the necessary information to develop up to date end of life care support plans; reflecting people's individual preferences, should these be required. However, as this had not yet happened, we were unable to assess the effectiveness of this approach on this occasion.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last comprehensive inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Although improvements had been made, there was still more to do. We could not improve the rating further on this occasion because to do so requires consistent good practice over time. We will check this again during our next comprehensive inspection.

### Continuous learning and improving care

At our July 2022 inspection, quality audits and checks were being carried out however, these did not fully consider or address all the areas we (CQC) look at when we inspect registered care services, including improvements important to people to live full and meaningful lives.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had invested sufficiently in the service, embracing change, and delivering improvements. The provider had recently carried out some comprehensive 'mediator analysis,' to get an up-to-date picture of the staff team, their skills and thoughts, with the aim of improving the overall quality of practice and support provided to people. Feedback from staff had been sought in a variety of ways, including surveys and face to face group sessions. This had provided some useful information on what was working well, as well as areas to work on; to help with continually improving the service.
- There was evidence of increased governance at both service and provider level which had levered improvements in some areas. An example of this was the improved culture at the service. However, there was a greater focus on policies and processes, rather than people's lived experience and quality of life. As such the outcome from the provider's audits still not fully match our inspection findings.
- This was understood by the nominated individual who told us a new governance framework and wellbeing strategy had been implemented. As part of the new approach, a new governance tool, that aligned to CQC regulations and expectations, had been commissioned. The new system would enable the provider to carry out 'mock inspections' to measure how well they were meeting required standards. The plan was to complete a mock inspection by September 2023.
- In the interim, the registered manager provided us with an action plan that addressed the inspection

findings including increased oversight of people's records, the use of communication aids, the outreach part of the service, staff recruitment processes, developing meal planners, increasing independent living skills, oral health, relative involvement, feedback from people, goals, and activities.

- We noted throughout the inspection the entire senior team spoke openly and honestly about what had been achieved since the last inspection and what still needed to be done. They were open to feedback and acted on this in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our July 2022 inspection we received mixed feedback about whether the management team were visible, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. In addition, some staff did not feel the management team were effective; in terms of listening and bringing about positive changes. Similarly, the feedback about staff motivation and collaborative working varied. Significant improvements were found during this inspection.

- The management team were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One person told us, "They (the registered manager) are very approachable. She is doing her best." A relative added, "Managers are always visible when I visit."

- Staff felt respected, supported, and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us, "I have been welcomed into such a good service and managed very well. I enjoy what I do each day and go home knowing I made someone have a wonderful and meaningful day's support." Another staff member added, "There is teamwork here and support staff go all out to offer support to other members of staff as teamwork makes the vision and dream work."

- We noted a different and positive vibe at the service during this inspection. Staff were more engaged with the inspection process, and they spoke with passion and confidence. They were more motivated and spoke about improved communication. They told us the outcome of the last inspection had impacted negatively on their morale, but they had confronted this together by saying, "We can turn this around, we can do it." Another staff member told us, "The atmosphere is better; more laughing...we are getting there." A relative supported this by telling us, "It's the attitude of the manager and the way she is with her staff. It's a rolling effect on how they work, and they work well."

- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "Yes, I feel able to raise concerns with management and they are very welcoming and approachable. I believe management tries their best to be fair to all staff."

- There was mixed feedback however about how the provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "I don't need meetings, they (staff) tell me what's going on when I visit." Other people told us they were not asked for their feedback. We raised this with the registered manager who told us feedback surveys were being sent out to families and professionals the next day. 'Tenant' meetings were being held for people living at Treow House, but these did not yet include feedback from people who received a regulated activity, or people using the outreach part of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our July 2022 inspection we found some areas requiring better understanding and swifter action to demonstrate legal requirements were being consistently met by both the manager and the provider. This included reporting potential safeguarding concerns and notifying us (CQC) of changes at the service, in a timelier way.

- Improvements were found during this inspection. Notifiable events were now being reported to us and the local authority as required.
- The management team had worked hard since the last inspection to address all the areas requiring improvement. They understood and demonstrated compliance with regulatory and legislative requirements.
- The service apologised to people, and those important to them, when things went wrong. A member of staff told us, "It's better to be open and honest. This helps good feedback and reflection on how and why and look into ways that can be used to improve and hopefully make less chances of it happening again."

#### Working in partnership with others

- At our July 2022 inspection the feedback we received from professionals was generally positive, with a few areas for improvement, such as developing staff skills to support people's emotional and sensory needs consistently, and ensuring people are always referred to relevant health care professionals as required and in a timely way.
- Although there was still work to do to, particularly with fully implementing the PBS approach, improvements had been made in both these areas during this inspection. A professional told us, "I have managed to create a good work relationship with [registered manager]. It has been positive, with a willingness to work with us and improve the service for people."