

Precious Homes Limited

# Precious Homes Limited

## Inspection report

Unit 4  
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Milton Keynes  
MK7 8BN

Website: [www.precious-homes.co.uk](http://www.precious-homes.co.uk)

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27 September 2023  
04 October 2023

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Precious Homes Limited is a supported living service providing personal care to people as part of the support they need to live in their own homes. The service supports younger adults and older people with a learning disability and autism. Since our previous inspection in 2017, the provider has changed the address where they are registered. This change has no impact on people's care and support.

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 this inspection 3 people were receiving personal care.

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

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.

### Right Support

People had a good quality of life and were fully supported to lead fulfilling lives. Personalised support plans gave clear information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible.

Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents. People were fully involved in managing personal risks and in taking decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People were supported to understand their rights and explore meaningful relationships. People knew how to raise concerns and were confident they would be dealt with properly.

### Right Care

The staff team ensured people had full access to healthcare services. People's support plans were personalised. Relatives confirmed their family members were supported to follow their hobbies and interests.

### Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The service promoted a

culture of inclusion, diversity and equality.

People were supported to express their individuality. The staff team were caring and dedicated to the people they supported. People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to pursue their chosen hobbies and interests.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised. People's quality of life was enhanced by the service's culture of transparency, respect, improvement and inclusivity.

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

The last rating for the service at the previous premises was good. (Report published 03 August 2017).

The service was registered with us at the new premises on 23 December 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Precious Homes Limited

## 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 2 inspectors.

#### Service and service type

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because people and staff providing their support are often out and we wanted to be sure there would be people at home to meet with us.

The inspection activity started on 27 September by visiting the office location and ended on 04 October 2023 by visiting people in the supported living settings.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We met with 3 people living in 2 supported living settings. Not everyone using the service was able to speak with us, so staff supported them to feedback using their preferred communication methods.

We spoke with 7 staff including the registered manager and operations manager. We received written feedback from 1 relative and 3 staff.

We reviewed the support plans and associated records for 3 people using the service. We reviewed 3 staff files in relation to recruitment and selection and a variety of other records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of the service since the provider registered at the new location. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

Safeguarding policies, processes and systems were in place to help protect people from the risk of abuse. Staff helped people to understand the concept of safeguarding and what to do if they or others were placed at risk of any form of abuse. A relative commented "[Name] appears to be very settled and is enjoying living with his new family."

- Staff confirmed and records showed they received safeguarding training and knew how to recognise and report any concerns of abuse.
- Staff understood about the risks of closed cultures (when care becomes institutionalised, leading to harm, including human rights breaches and abuse). One staff member said, "We had a meeting about it and discussed some examples of closed cultures. For example when staff sometimes feel they cannot speak out. We have an open culture as everyone can speak to everyone, and doors are open."

Assessing risk, safety monitoring and management

- The service assessed, monitored and managed safety to ensure people lived safely and free from unwarranted restrictions. Personalised risk assessments were in place that gave clear instructions for staff to follow to keep people safe, whilst enabling as much independence as possible.
- Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe. One staff member told us, training was provided for them to better support a person that at times placed themselves and others at risk of harm. This helped the staff member to recognise possible triggers to heightened distress and how to effectively support the person to ease their distress.

Staffing and recruitment

- Records showed that Disclosure and Barring Service (DBS) checks were carried out on all staff. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff available to support people to carry out their choice of day to day activities. Staff told us there were always enough staff deployed to support people's individual needs, goals and aspirations.
- We observed during the inspection the numbers and skills of staff matched the support needs of people using the service.

Using medicines safely

- People were supported by staff who had received training on the safe administration of medicines and followed the systems to administer, record and store medicines safely.

- People received support from staff to make decisions about medicines wherever possible.
- Records showed that medicines administration records (MAR) were closely audited to ensure they were completed correctly by staff.
- Staff understood and followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with the STOMP principles.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and had received additional training on preventing the spread of COVID-19. This included the correct procedure for putting on and removing personal protective equipment (PPE) and correct handwashing procedures.
- Staff were provided with adequate supplies of PPE, such as disposable gloves, aprons and face masks.
- The provider's infection prevention and control policy was regularly reviewed and kept up to date.

#### Learning lessons when things go wrong

- Records showed accidents, incidents and near misses were recorded in detail, closely monitored and prompt action was taken to mitigate the risk of repeat incidents.
- Staff told us, and records showed that incidents were discussed with staff to reflect and learn from them.

# 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.

This is the first inspection of the service since the provider registered at the new location. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and people and / or relatives were involved in care reviews. One relative told us they felt involved in the family members care, and that staff contacted them regularly to keep them updated.
- People's support plans were very personalised, reflecting people's range of needs, individual goals and aspirations.

Staff support: induction, training, skills and experience

- People were supported by staff who received training appropriate to their roles and responsibilities. All new staff were required to complete the Care Certificate and induction programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that forms part of a robust induction programme.
- Staff confirmed when first starting with the service they worked 'shadow shifts' alongside experienced colleagues while they got to know the people they supported.
- Staff told us, and records showed they received regular supervision meetings and an annual appraisal. One staff member said, "We do a lot of training, both face to face and online, if we need more, we will speak to the registered manager, and they will arrange it."

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

- People were given guidance and support from staff to eat healthily. Staff supported people to draw up their own menu plans and go food shopping.
- Staff supported people where possible to prepare and cook their meals in their preferred way.

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

- People were supported to attend annual health checks with their GP. Staff and healthcare appointments worked well with other services and professionals to support people to lead healthy lifestyles.

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.

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.

- Staff empowered people to make their own decisions about their care and support. During the inspection we observed staff consistently asked people for their consent and supported them to make their own choices and decisions.

# 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.

This is the first inspection of the service since the provider registered at the new location. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. Staff had an awareness and appreciation for diversity, around people's culture, ethnicity, gender identity and sexual orientation.
- Relatives told us the staff cared for their family members with kindness and compassion. One relative commented that all the staff that provided support for their loved one were very caring.
- Throughout the inspection we observed staff supported people to make choices and express their views. One person said, "They [staff] are very kind and patient."
- People's support plans had communication profiles available that explained how the person communicated. For example, using pictures and social stories to help people make themselves understood and to make informed choices.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed staff interacted with people showing warmth and kindness. A staff member said, "I would like to emphasise the importance of recognising and celebrating the achievements and progress made by the people we support. This positivity contributes to improved well-being and boosts staff morale."
- Staff ensured people's right to privacy was respected and information was only shared with people's consent and with relevant agencies involve in people's care and support.
- People were supported to have freedom and take positive risks if appropriate. A staff member said, "We are very open to people's ideas and suggestions, we risk assess everything, this is their home, and we are in their home."

# Is the service responsive?

## Our findings

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

This is the first inspection of the service since the provider registered at the new location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and / or relatives were involved in putting together personalised support plans. A staff member said, "The holistic approach, excellent training and good communication leads to good outcomes for the people we support."

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

- People were supported to follow their interests and hobbies. A relative said, "I know that [Family member] goes out a lot and takes part in various activities the latest being swimming which as a young child they loved."
- Staff took an interest in the people they supported and helped people build on existing skills and embark on new ventures. For example, supporting a person to manage travelling a long distance to visit a relative, to go on a boat trip, on day trips to the seaside and to take up a computer course.
- Staff were very involved and open to people's ideas and suggestions. People had made scrapbooks to record the activities they had enjoyed doing, such as going on day trips, holidays and social gatherings with friends and fellow housemates.

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.

- People's communication needs were identified and described in their individual communication profiles. We observed staff communicated with people in their preferred way. Staff were skilled in active listening and responding to nonverbal communication. They were very mindful of using a calm tone of voice when talking with people.
- People used picture cards, notice boards, symbols and day planners to help them make decisions, or to indicate their feelings.
- All information was available for people in easy read, visual formats.

Improving care quality in response to complaints or concerns

- A complaints policy was available in an easy read version.
- Complaints were taken seriously and investigated following the policy.

## End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care. However, if needed, end-of-life care policies and procedures were in place as well as access to palliative care teams and healthcare professionals.

# 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.

This is the first inspection of the service since the provider registered at the new location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a registered manager and senior management team. The staff team took pride in enabling people to have autonomy, choice and control over their own lives. A staff member said, "We have an excellent team that understand each other we work to promote the independence of the people we support with person centred approaches."
- A relative told us, "[Registered manager is a very caring friendly person. They let me know when [Family member] goes on special trips and sends me photos. I find [Registered manager] is very approachable and I would have no trouble in contacting them if needed."
- Staff told us they felt fully supported by the registered manager. One staff member said, "I am proud to be a part of the team at Precious Homes Limited and am dedicated to ensuring the best care for the people we support." Another said, "[Registered manager] is very approachable and down to earth, they make me feel appreciated for all the hard work I do. They have turned the service into an interesting and friendly place for the people we support."

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

- The registered manager had the specialist skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were in place and effective to continually assess, monitor and drive improvement of the service. The quality of care people received, and the staff support systems were closely monitored by the registered manager and the senior management team. A range of scheduled quality audits took place to continually monitor all aspects of the service. Meetings took place to cascade and share information regarding best practice procedures and to discuss and reflect on issues within individual services.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted promptly to the CQC.

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

- The registered manager understood their duty of candour responsibility.
- Staff knew how to follow the safeguarding procedures, including how to whistle-blow if concerns raised with the provider were not listened to or acted upon.

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

- The registered manager maintained regular contact with all people using the service, relatives and staff, to continually evaluate the care and support people received.
- People's views about the quality of care provided were sought in a variety of ways in line with people's communication skills.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the staff team worked closely with commissioners and local authority teams, to achieve good outcomes for people using the service.
- Records showed that staff had consulted timely, with health and social care professionals in response to people's changing needs.