

Precious Homes Limited

Precious Homes Hertfordshire

Inspection report

Oster House
Flat1, Lavender Crescent (off Waverney Rd)
St Albans
Hertfordshire
AL3 5UT

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Website: www.precious-homes.co.uk

Date of inspection visit:

11 August 2016

19 September 2016

Date of publication:

27 October 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Precious Homes, Flat1, Lavender Crescent. The service provides supported living for people with learning disabilities, mental health conditions, physical disabilities, and sensory impairments. At the time of our inspection there were 14 people using the service, eleven were residing in flats in Oster House and three people lived in the community, of which there were four people receiving personal care and support from this service in their own flats.

The service did not have a registered manager in post. 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. However, the manager of the service was at the time of our inspection in the process of registering to become the registered manager.

There were excellent systems in place to keep people safe from harm. Staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care. Staff were well supported to deliver a good service and felt supported by each other and their management team.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work in the home. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Medicines were administered safely by staff who had received training. Staff cared for people in a friendly and caring manner and knew how to communicate effectively with people. Staff supported people well and spent time with them.

People were supported to make decisions for themselves and encouraged to be as independent as possible. Where people were not able to make decisions for themselves, the provider had a system in place to ensure that, best interest decisions were made on their behalf which involved advocates and other professionals. People's choices were respected and we saw evidence that people, relatives and/or other professionals were involved in planning the support people required. People were supported to eat and drink well and to

access healthcare services when required.

The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner as well as an effective system to monitor the quality of the service they provided.

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

The service has a high level of understanding of the need to make sure people are safe.

Staff develop positive and meaningful relationships with people to keep them safe and meet their needs.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Is the service effective?

Good 

The service was effective

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

Is the service caring?

Good 

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Is the service responsive?

Good 

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place

Is the service well-led?

Good 

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.

Precious Homes Hertfordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 August 2016 and was unannounced and on 19 September 2016 we received information from a professional who had contact with the service. The inspection was conducted by one inspector. Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service, the manager, one deputy manager. We also spoke with two care staff, a professional and one relative. We reviewed the care and support records of two people that used the service, two staff records and records relating to the management of the service.



Our findings

A person that we spoke with told us, "Yea I feel safe with them [staff] in my home." The provider had a high level of understanding of the need to make sure people are safe. For example, the registered manager told us about how they kept a person safe. The person had been risk assessed as being high risk for fires and other life threatening risk. As to continue to provide support to the person and render their flat safe in response to their ever changing circumstances the provider sourced and purchased cooker that only was able to heat up once a sauce pan was placed on the stove. Once the sauce pan was removed the cooker immediately switches off and was cool to the touch. The provider also purchased a cigarette lighter which was secured to the outside wall of the person flat this lighter would only light a cigarette that was place into the hole. This ensured that the person was able to smoke and cook safely.

We saw that the provider had also made many changes to keep a person safe by ways of altering their shower and widening the doors in the flat. This enabled the person to continue to reside safely in their home. A professional commented on how the service helped to keep a person safe they told us "Last year they sensibly and proactively took the step of employing a staff member with additional experience in psychology to support a particularly complex [person]." This showed that the provider had taken additional steps to employed staff who had exceptional skills and the ability to recognise when people feel unsafe.

A staff member told us how they had taken immediate action to keep a person safe. They said "A service user was being chased by someone out in the community; I asked the individual if they wanted me to phone the police on their behalf. The police came out and spoke with the person and asked them if they wanted to take any further action. I advised the police that the person needed time to process the information that was given, due to their ability in understanding information it takes them a bit longer to process information. I advised the person to stay in that evening just to prevent them from any further harm. The person understood and agreed and said they were not going to go back out anyway. The next day I spoke with them again to ensure they understood what had happen and ensure that they were safe. I had informed the night staff what had happen so that they could be vigilant should the assailant returned and I wrote it in the staff communication book so everyone could be aware of what had happen." Following the incident the member of staff made appropriate referrals to the local authority safeguarding team.

A relative was also asked to describe a time the staff helped to keep their relative safe. They said "My [relative] is very prone to running away the staff are very aware of triggers when [person] going to do that they will remaining very close with her when they see the signs they are very good at calming her down. If [person] manages to run away the staff will keep in touch with [person] and get [person] to return safely".

The relative told us that having been assessed their relative was found to not always have the capacity to make best decisions for themselves, therefore the provider had undertaken risk assessments pertaining to the person running away, but this did not prohibit the person from going out on their own when able, with safeguards in place.

Care plans showed that the provider had assessed and had written clear action plans to effectively keep people safe when dealing with behaviour that may challenge others. They did this by documenting possible triggers that could change people's behaviour and put them at risk of harming themselves or others and provided instructions for staff to follow on how to diffuse potential situations at an early stage. For example in one person's care plan it stated that staff should remain calm they should walk away and not react. Staff were aware of escalation techniques which could be used such as distraction techniques. A professional said "My impression is that the team work very hard to try to maintain the safety and care of their service users who are largely young people with very complex needs including risk taking behaviour."

We saw that when a safeguarding concern was raised an action plan was written which would include details such as recommendation from the manager and other professionals such as social services, what the learning outcomes were to prevent further safeguarding concerns and how to put the safeguards into place. For example the changes that were put into effect following a safeguarding concern was that one person using the service should not be left alone with another person that also used the service. Staff we spoke with were aware of this. This meant that the provider had taken reasonable steps to try and minimise any possible reoccurrence.

A staff member had raised a safeguarding concern in connection to a person's money going missing which had involved another staff member. This was reported to the various authorities and the home obtained an advocate for the person to ensure that they understood what had happen and that their views were taken into account. This meant that the provider had actively encouraged staff to raise their concerns and to challenge when they feel people's safety is at risk.

Staff we spoke with were aware of where they could locate information within the home to report any concerns they had about people, this included either internal or external organisations such as the local authority. Training records we reviewed showed that staff had all received training in safeguarding people.

Staff knew where to locate the provider's whistle-blowing policy. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

We saw that the manager had undertaken regular risk assessments to ensure that people were safe from harm and these were appropriately reviewed and updated when required. The provider had undertaken environmental risk assessments and health and safety checks to ensure that the home was suitable and safe for people; these included a fire risk assessment, regular gas safety checks and portable appliance testing. There was a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy.

The provider had a contingency plan in place, which helped to ensure that in the event of an emergency, people using the service were kept safe. This included individual emergency evacuation plans for people. These plans assessed people's ability to leave the home safely should the need arise, as well as the support they would need to do so. The provider also had an 'emergency grab' bag which held items such as emergency flash lights, high visual jackets that the 'wardens' responsible for getting people out of the home

safely would wear, First aid kit, glow sticks to enable people to see their way, a whistle and blankets.

We were told by the management team that staffing levels were assessed based on the needs of the people. On the day of our inspection, the home had four staff on duty. We were told that the home sometimes used agency staff but additional hours would be offered to permanent staff first to try and maintain consistency. The registered manager, told us that staff rota's were designed around people's needs, for example if a person had a hospital appointment or was doing a activity and wanted a particular member of staff to attend with them, the staff member would be asked (if possible) to work their shift around the person. People and staff we spoke with confirmed this and staff told us that they were happy to change their shift time (where possible) in order to meet people's needs. Relatives we spoke with all felt that there was enough staff on duty and during our inspection we observed that staff were available to support people when required.

Staff employed at the service were suitable and qualified for the role they were being appointed to. All staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for one person. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held details of any allergies. Records were also kept for PRN medicines. These are medicines which are used 'as and when' required. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed.

Medicines were stored securely and audits were in place to ensure they were in date and stored according to the manufacturers' guidelines. We noted that monthly audits were undertaken by a member of the management team as part of the provider's quality monitoring processes.



Our findings

A person told us, "The team I work with know what support I need I'm happy with the service I get." Staff we spoke with knew and understood the needs of the people who used the service. A relative told us "Staff know how to communicate with my relative." We saw that staff were able to communicate with people effectively. There were some people who were non-verbal and staff had learned to sign and/or use 'Makaton' to enable them to help people to communicate their needs. We saw that details of people's needs were well documented within people's care and support plans so that staff could refer to them.

A relative we spoke with told us "[person] finds it really difficult to keep their flat clean and do [their] washing. The staff are aware of how to communicate with [them] and always prompting [person] as they understand that's the way [person] brain works, they understand [person] needs and work with [person] to encourage [them] to keep it clean. When they can't get [person] to do it [themselves] because of [their] needs they will do it for [them] to help [person] remain in a hygienic clean space."

The registered manager had undertaken annual appraisals and regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with confirmed that they were always given an opportunity to discuss concerns and self-development during supervision, and appraisals and could discuss issues with the manager if the need arose at any other time.

Staff we spoke with and evidence reviewed showed that staff had received an induction when they started working for the service, which included training, shadowing experienced staff and reading people's care plans. Appropriate training such as health and safety, first aid and infection control were undertaken by all staff. Regular refresher courses were undertaken to ensure that staff were abreast of any changes. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QCF). A staff member told us "I have done a communication course which has helped me to understand the different types of communication; it's given me a better understanding of the levels of communication and how to use the best communication to support people better."

A person we spoke with told us, "Staff come with me to do my shopping help and sometimes to cook it" People's food preferences had been documented within their care support plans. To ensure that people were able to make a choice about what they wanted to eat, pictures were used in the menu. Staff we spoke with told us that they encourage people to choose a healthy choice of foods and also encouraged them to

drink plenty of fluids throughout the day especially in during the warmer months. One staff member said when talking about a person who had a special diet "I always encourage healthy foods that have fibre".

A person that we spoke with told us that staff always asked for their consent prior to providing care and support. We saw that were able, people signed their care plans to indicate that they had consented to the care and support staff provided as outlined within the care plan. Where people were assessed as not having capacity, we saw that relatives had signed their care plan to show that they were agreeing with the contents. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that people consented to their care and support

Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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. Records showed that all staff had received training in DoLS and mental capacity assessments as required by the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. On the day of our inspection a staff member was assisting a person to attend a medical appointment in the afternoon. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required.



Our findings

A person we spoke to said that staff were "Caring, thoughtful, understanding and compassionate." Throughout the day people who used the service came and left at their will. We noted that during the time they were at Oster House staff interacted with them in a positive and caring way. We saw that staff went out with people into the community. We observed staff members talking with people and engaging them in conversations that they were interested in.

A relative we spoke with was very positive about staff that cared for their relative. They told us that, "Yes very caring. They don't have to bring my [relative] to visit me, but two members of staff choose to do that for [relative] so they can have a day visit or overnight stay with her family." They also told us that "When [relative] had lost a member of our family a member of staff stay with [person] after they were off shift. They choose to stay with [person] and sat there with [them] till the early hours of the morning because I wasn't there and [relative] needed someone with [them]. I think [staff member] was brilliant, absolutely fantastic."

we spoke with told us how much they enjoyed their job. A staff member said, "Sometimes on my days off if [person] needs a big item like a flower pot, I go and get it on my day off as to help them." Staff members we spoke with all told us the importance of encouraging and supporting people to be as independent as possible to retain skills that they already had and to encourage them to learn new skills.

Each person had a key worker who was responsible for ensuring that their needs were met. We saw that during the initial assessments of people's needs they were given the opportunity to choose their key workers and whether they want a male or female keyworker. People we spoke with confirmed that they had chosen their keyworkers. We saw that people were asked what type of personality and things they would like to have in common with their keyworker. We were told by the registered manager that this process help to match staff with people where possible. Key workers spent additional time with people and so were more aware of their interests and preferences. A person confirmed that they would talk to their keyworker if they needed anything, and that if their keyworker was not available they could talk to any staff on duty. A keyworker we spoke with said "I always build up trust with service users so that they can come to me with any issues that they may have so I can help them sort things out". A relative told us "My [relative] keyworker is so well match they get on very well."

People's support plans were written in an 'easy read' format so that they could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in their care planning process. Pictures and symbols were used to assist them to make choices about how they wanted to be cared for.

People were encouraged and supported to decorate their flats to their liking. We saw that all flats were homely, individualised and decorated with items that people liked and reflected their individual personalities. Decorations included soft furnishing and personal effects such as pictures of family members.

During our inspection we observed that staff respected people's privacy and dignity. A person confirmed that, staff knock on their front door and waited for a response. Staff also confirmed that before they entered people's flats, they would knock on the door and wait to be given permission to enter or for the person to open the door. Staff told us that they ensured that when undertaking personal care, doors and curtains were shut so that people were supported in private.



Our findings

Care plans were person-centred and contained comprehensive details of the support people needed. Care plans were 'user friendly' and had photographs and symbols to support people to understand their care plan. They contained enough detail about people's history, preferences, interests and things they found important. Care and support plans were regularly reviewed and updated when required. We noted that reviews of care plans, where possible, people and their relatives or other professionals we invited to participate. Care plans also detailed what a 'good' or 'bad' day looked like for each person. Staff confirmed that this information helped them to consistently support people in a way which promoted their happiness. A relative told us "I'm always involved in [relative] care I attend all the reviews and always kept informed."

People we spoke with were positive about the care and support they received. They said that the staff responded quickly when they needed assistance and they were supported in the way that they liked. One person said, "[Staff] provide me with what I need and help me to do the things I want to do." We observed that there was staff around the communal areas of Oster House, available to support people should the need arise. People had regular meetings with their keyworkers during which they would explore if people's needs were being met and if any changes to care and support plans were needed. Details of people's histories were documented which had helped to formulate the care and support plans so that they included people's interests and preferences. People had been supported to attend activities within the community and at the home. On the day of our inspection we saw that staff were supporting people to go out locally. We saw that people all had their individual activity plans which were based on people's likes and interest and that people were supported to follow their interest. People confirmed that they were supported, where required to keep in contact with their families and friends.

A person that we spoke with said, "I know how to make a complaint." There was a complaints policy and procedure available in an easy read version. The policy provided details of how and where a person could make a complaint to the provider. People we spoke with knew how they could make a complaint and felt confident that they would be listened to.

Records reviewed showed that there had not been one complaint in the last six months. We saw that the complaint had been recorded investigated and the initial acknowledgement of the complaint was done in a timely manner. On the day of our inspection an investigation was currently being carried out therefore a conclusion of the findings had not been recorded. The manager told us that following any complaint if required an action plan would be implemented to ensure that the service users' needs were being met. This would then discuss at team meetings to enable the service to improve the care and support they provided

to people.



Our findings

The provider did not have a registered manager in place, however the service was well-led by a manager who was in the process of being assessed to become the registered manager for the service. Staff said that the management team were approachable and willing to listen to any concerns or ideas they may have had in regards to the service and people's care. A staff member said, "The manager is very supportive, she is brilliant with the service user, they really respect her. They love speaking to her; she will always stop what she's doing just to speak to them."

A person we spoke with confirmed that staff and the management team were approachable. A relative we spoke with said, "The manager is brilliant absolutely fantastic and the deputy he's fantastic. I couldn't wish for anyone better to look after my [relative]. There were situations that I believe that I couldn't have gotten through without the support of the manager."

A professional that had extensive interaction with the service said when speaking about the agency "They seem to me to be well led by a manager and deputy manager who have been in the service for some years and who are robust in their approach to difficult issues as well as having strong relationships with the people they support and their families."

The registered manager told us that they had an 'open door' policy, meaning that people, staff, relatives and professionals could speak with them at any time. Staff we spoke with knew the names and positions of senior staff, as well as, the management structure of the organisation. We saw evidence that the registered manager supported the deputy managers to gain confidence and knowledge of their role by regularly meeting with them and supporting them to undertake management duties such as audits. Staff were clear on who they reported to and who within the organisation they could contact to obtain particular information from. A staff member told us that the philosophy within the service was to, "Support people to be as independent as possible and live and enjoy a full life."

The registered manager undertook monthly staff meetings and these were recorded so that staff who were unable to attend could be kept abreast of any changes. The registered manager was visible throughout the agency. Concerns or ideas that had been raised and were suitable to do so would be discussed and/or shared in staff meetings so that they could be used as a learning tool to improve the service.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals such as social workers.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. We saw evidence that appropriate records were kept of these accidents/incidents which are notifiable by law. Regular audits such as health and safety checks, care plans reviews and medication audits were conducted by the management team to ensure that the service was meeting the standard set by the government and the provider.

The provider had undertaken a survey to obtain the views of people who used the service, professionals who work with people who use the service and relatives. People were happy with the service they had received. The manager told us that the results of the survey were shared with staff to encourage them to continue with the good work and to think of ways in which to continue improving the service.