Precious Homes Limited

Mi CasaMI CASA

Inspection Report

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Overall summary

MI CASA provides accommodation, personal care and support for up to three people with learning disabilities and associated challenging needs, including autistic spectrum disorder. When we visited, three people were living in the home. The home is run by Precious Homes Ltd.

People told us they felt well cared for and safe living at the home. Their comments included "I like my house it's good" and "I like all my staff they are nice." We found staff recruitment practices were safe and that relevant checks had been completed before staff worked at the home. Staff had the training and knowledge they needed to make sure people living in the home were cared for safely. The care records we looked at demonstrated that people had access to external health care professionals' support as required. We found the arrangements for the management of medicines were safe.

We saw all communal parts of the home and some people's bedrooms (with their permission) and found the premises and equipment were safe and well maintained. The provider took account of complaints and comments to improve the service.

The service had a registered manager. She provided strong leadership and people using the service, their parents, care staff, health and social care professionals told us the manager promoted good standards of care. However, one parent told us whenever they tried to talk in relation to the care of their relative with the senior member of staff they found them uncooperative.

All the people we spoke with told us staff always asked them what they wanted to do before they received support with their care or treatment. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). However, the majority of people who needed an assessment of their mental capacity had not received one in line with the Mental Capacity Act (2005) (MCA) Code of Practice, to assess their capacity to make specific decisions about their care and treatment. The problem we found breached one health and social care regulations (Regulation 18). You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they liked living in the home, they felt safe and well cared for by staff. People living in the home had assessments of possible risks to their health and safety and these were reviewed monthly or when a person's condition changed.

The registered manager and staff working at the home had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received regular training in safeguarding and staff could clearly and confidently explain what they would do if they suspected any form of abuse.

We found the arrangements for the management of medicines were being followed. We saw staff had followed correct medication procedures and had signed medication administration records (MAR) to show that people had taken their medication. Staff had the training and knowledge they needed to make sure people living in the home were cared for safely.

We found staff recruitment practices were safe and that the relevant checks had been completed before staff worked at the home. We saw all communal parts of the home and some people's bedrooms (with their permission) and found the premises and equipment were safe and well maintained. There were arrangements in place to deal with foreseeable emergencies, such as illness, accidents and fire.

Are services effective?

People were involved in making decisions about their health and personal care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People's care plans were detailed and covered all of their health and personal care needs. The health care records we looked at demonstrated that people had access to external health care professionals' support as required.

People received care from staff who were adequately supported by the management. During the inspection we saw there were enough staff available to give people the support and care they needed.

Are services caring?

People we spoke with told us staff were kind and caring. Each of the care plans we looked at described the person's likes, dislikes and daily routines.

Summary of findings

We observed staff maintained individual's dignity and demonstrated respect whilst providing care and support. Staff maintained eye contact when communicating with an individual to ensure that the person understood them.

Are services responsive to people's needs?

People we spoke with confirmed consent had been sought by staff before care was provided. Staff we spoke with were able to demonstrate how they would seek consent from a person using the service. We observed staff treated people with respect and involved them in making choices and decisions about their care. However, two of the three care plans we looked at staff had not obtained the individuals written consent for specific aspect of their care.

Two of the three people's care records we looked at did not contain evidence of mental capacity assessments in line with the Mental Capacity Act (2005) (MCA) Code of Practice, to assess their capacity to make specific decisions about their care and treatment.

There was a system for reporting any concerns raised by people or their relatives. Records showed concerns raised by people had been responded to by the provider in a timely manner.

Are services well-led?

The home had an experienced and qualified manager who promoted good standards of care and support. Staff told us they felt supported by the manager and senior staff. They also told us they understood their roles and responsibilities.

The provider had effective systems to regularly assess and monitor the quality of service that people received. These included regular audits of medication, care plans, health and safety and infection control. There was evidence that learning from these audits took place and appropriate changes were implemented. There was evidence that learning from accidents and incidents took place and appropriate changes were implemented.

However, the provider had not undertaken a survey to gather people's views about the service, which were taken into consideration and acted upon.

Summary of findings

What people who use the service and those that matter to them say

People living in the home who were able to express their views told us they were happy with the care and support they received. One person who use the service said, "I have been living here for six years, I like all my staff they are nice. They book appointments for me with GP and dentist."

A healthcare professional told us "the management has been quite ok; I didn't get any resistance to change, that's a positive thing."

A parent told us, "it is getting better, [my relative] aggression of attacking people has decreased and trained staff support him

The people we spoke with confirmed that they can have people come and visit them as well as being supported to go out and visit their family.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. Before our inspection, we asked the provider to complete an information return. We reviewed the information we held about the service including the last inspection report from May 2013. At the service was meeting all national standards covered during the inspection. We spoke with the general practitioner, psychiatrist, occupational therapist, and staff member of commissioning team. They gave positive feedback about the service.

We visited the home on 01 May 2014. We spent time observing care and support in communal areas. We looked at all areas of the premises, including some people's bedrooms (with their permission). We also spent time looking at records, which included people's care records and records relating to the management of the home. We spoke with two people living at home, three relatives, four health and social care professionals, five members of staff and the manager.

Our inspection team was made up of an 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.

Are services safe?

Our findings

One person told us "I like all my staff, they are nice." A parent said "it is getting better,[my relative] aggression of attacking people has decreased and trained staff support him." A healthcare professional told us "since July 2013, things have improved in relation to the home's environment, sensory room and communication with staff. This change is in the best interest of people living in the home."

Staff we spoke with understood the safeguarding and whistle blowing policies. Staff training records we looked at showed that all staff had attended safeguarding training and had been booked for refresher courses. Staff we spoke with understood their responsibilities in relation to safeguarding vulnerable people and the whistle-blowing procedures. They were familiar with the incident recording and reporting procedures, if they witnessed abuse, or had concerns that it might be taking place. The manager was aware of the need to refer any safeguarding concerns to the local authority. We saw the manager had reported a safeguarding incident and had taken appropriate steps, following the safeguarding investigation.

The staff we spoke with were aware of individual's care and support needs and how their care should be delivered. We looked at care records for the three people living in the home and saw risk assessments were reviewed and updated as and when required to reflect changes in people's needs. The risk assessments we looked at included accessing the community, showering, fire safety, food, using kitchen and appliances, self-harming and risk to others. These assessments informed the support plans and included the actions that should be taken to mitigate the risk to assist staff to deliver care that met people's needs.

Care records showed that trained staff safely delivered people's medicine. We saw staff had followed correct medication procedures and had signed medication administration records (MAR) to show that people had taken their medication. We saw each person's medicines were stored securely in a lockable medication cabinet and medicines administration records were accurate.

People told us there were usually enough staff on duty to support them and we saw this was the case during our inspection. Staff rotas we looked at showed that there were adequate numbers of staff always on duty. The registered manager talked to us about how she tried to ensure that the rotas were flexible so that they could support people using the service. She explained how if a person wanted to go out, but required staff support to do so, that the rota was flexible so that this could be facilitated. We looked at three staff recruitment records and found that recruitment practices were being followed and that the relevant checks had been completed before staff worked at the home.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place; however the registered manager knew the correct procedures to follow to ensure people's rights were protected. Where people did not have capacity to make complex decisions, the registered manager was able to explain the process she would follow in ensuring best interest meetings were held involving advocates and other health and social care professionals. During our inspection we spoke with staff about DoLS. All staff members said they understand the importance of DoLS and had received appropriate training.

During the inspection we saw communal parts of the home and some people's bedrooms (with their permission). We found the premises and equipment were safe and well maintained. Regular checks by staff made sure any problems were identified and put right and servicing and maintenance records were up to date. There were arrangements in place to deal with foreseeable emergencies, such as illness, accidents and fire. The care records we looked at each contained a personal emergency evacuation plan. For example, one person told us "we have fire drills every month, when fire alarm goes off, and then we have to go outside." Staff we spoke with were aware of actions to be taken in the event of emergency, for example by calling the emergency services or reporting any issues to their manager to ensure people received appropriate care.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the care plans for all three people living in the home. Care plans were based on an assessment of individual's needs, and were regularly reviewed. The care plans contained information about how and when the care was to be provided to suit people's individual needs, including how staff should support them. For example, support around their behaviour, activities of daily living and health needs. These plans also showed the areas where people could do things for themselves to ensure their independence was maintained and developed. For example washing, laundry and cleaning their room.

People's views were recorded and care plan actions were based on their wishes and aspirations. People were involved in making decisions about their health and personal care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed. For example, a parent told us "we all sat down with a psychiatrist, general practitioner and the manager and discussed about my son's care plan." One person using the service said "I have a care plan, staff discussed with me." This enabled staff to support people in accordance with their wishes and they were aware of people's choices. Staff told us they acted as key worker for people which meant they had responsibility to oversee the person's care and welfare. Staff told us part of this role was to discuss how people's care needs were being met at formal supervision meetings. Care records showed that staff maintained daily notes to evidence people's care was delivered in line with their care plans.

People had access to health care services when necessary. We saw people's care plan included information about their general practitioner, psychiatrist, dentist, occupational therapist and specialist nurse as appropriate. The care staff we spoke with were able to tell us about people's health care needs and how these were met in the home. For example, one person had complex health care needs and staff told us how they had worked with occupational therapist and specialist nurses to make sure they had the training and support they needed to care for the person.

Staff records included evidence of individual annual appraisals and supervision sessions with their line manager in line with the provider's policy. The staff records showed that at these supervisions and appraisal sessions staff discussed a range of topics including their performance in the role and any issues that related to people they supported, for example, challenging behaviour, safeguarding and staff training needs. Staff we spoke with told us they felt well supported in their role and were comfortable raising any issues with the manager. People received care from staff who had been adequately supported through supervision and appraisal.

People had received care by appropriately trained staff. The provider had identified the mandatory training staff were required to complete to enable them to carry out their roles. This included training in relation to safeguarding vulnerable adults, administration of medicines, challenging behaviour, autism, Mental Capacity Act (2005), food hygiene, and health and safety. The staff training records we looked at showed that all the staff had completed the necessary mandatory training courses identified by the provider for their role. Staff we spoke with told us that they received training that was appropriate to their individual roles and responsibilities.

Are services caring?

Our findings

People told us staff were kind and caring. One person said, “staff are nice, they book GP and dentist appointment for me. I tell them what food I like they do shopping for me.” One parent told us “when they pass on some information about a person to a staff member, it is not shared with the other staff members; communication with staff needs to be better.”

Staff had a good knowledge of people’s care and ensured their privacy was protected. We observed staff maintained an individual’s dignity and demonstrated respect whilst providing care and support. Staff ensured any personal care was discussed discretely with people and carried out in private. When we observed care and support, we found this was respectful, unhurried and staff were kind to people. For example, we saw staff lowered themselves to the person’s level and maintained eye contact when communicating with an individual to ensure that the person understood them.

We saw people’s care plans included information about how they preferred to be supported with their care. For example, one person’s views about how they wanted to be supported with their personal care had changed and these were recorded and included in the updated care plan. We saw two people living in the home had positive behaviour plans. The plans detailed behaviours that were challenging for staff to manage and included identified triggers and techniques for staff to make sure the person, and other people, were safe. Staff we spoke with were able to describe these behaviours, triggers and management techniques. Staff had information and support to help them to make sure people were cared for and supported appropriately.

We saw people had a “care passport” with important information about their health care needs. Staff told us the passport was used when people were taken or admitted to hospital. Health care staff had up to date information about a person’s health issues and medicines when they needed it. Staff were able to describe to us people’s needs and preferences in a clear and concise way. We saw that individual’s needs were documented clearly in care records and staff were knowledgeable about this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the inspection we saw when people did not have the capacity to consent, the provider had not acted fully in accordance with legal requirements. For example, two care records we looked at did not contain evidence of mental capacity assessments in line with the Mental Capacity Act (2005) (MCA) Code of Practice, to assess their capacity to make specific decisions about their care and treatment. There was not a consistent approach to the mental capacity assessment. And some people may have been receiving care against their wishes without the service having first established that it was in their best interests, as required by the law. There is a breach of the relevant legal regulation (Regulation 18) and the action we have asked the provider to take can be found at the back of this report.

Two of the three care plans we looked at showed staff had not obtained the individual's written consent for specific aspects of their care, including consent for staff to administer medicines. However, people we spoke with confirmed consent had been sought by staff before care was provided. They told us staff always asked them what they wanted to do before they received support with their care or treatment. Staff we spoke with were able to demonstrate how they would seek consent from a person using the service. For example, one staff member told us they regularly involved the person they cared for in an activity and asked if the care they provided was what the person wanted. We saw staff treated people with respect and involved them in making choices and decisions about their care, for example when providing support with meals.

People told us they were supported to take part in a range of activities, some independently and others with support from staff. One person told us "I go out by myself to meet with my relatives, and to my mum's house every day"; I do my own cooking, clean my room and do my own laundry."

There was a system for reporting any concerns raised by people or their relatives. Records we looked at showed concerns raised by a family member had been responded to by the provider in a timely manner. For example, in the year to March 2014, there were two complaints, we saw complaints were well recorded and investigations included the outcome for the person making the complaint. . One person told us "if I'm not happy, I will speak with staff or manager." A relative told us they had total confidence in the manager. Another relative said their family member does not get taken anywhere anymore and told us "the outings have been reduced to a walk to the local shop or a bus ride to nowhere and back."

Are services well-led?

Our findings

Checks were undertaken by the provider. These checks included monthly health and safety, weekly medication, finance audits; and a manager's monthly audit covering areas such as care plans, staff supervision and training, accidents and incidents. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, as a result of a health and safety audit the redecoration work of the home was in progress at the time of our inspection.

There was evidence that learning from accidents and incidents took place and appropriate changes were implemented. We saw a summary of incidents involving people using the service and of the provider's response. Where required, action plans were set up and monitored to ensure actions were delivered. For example, staff guidelines were reviewed and updated in relation to managing people with challenging behaviour.

The service had a registered manager. All the people we spoke with spoke positively about staff and the manager. For example, a healthcare professional told us "the management has been quite ok; I didn't get any resistance to change and that's a positive thing." Another healthcare professional said "the home was in regular touch with them and medication prescription are regularly requested, that is good." Staff told us they felt well supported by the manager and they understood their roles and responsibilities. They said they were able to access the training they needed to do their jobs. One staff member told us, "manager is supportive and is available when required for any guidance."

The manager, staff and two of the three parents had been meeting regularly to express their views about the service, giving feedback in relation to their relatives care and welfare on what they liked and any improvements required. However, one parent told us they had "been asking about parents meetings for the last couple of years but nothing comes of it." The provider had not undertaken a formal survey to gather people's views about the service, to be taken into consideration and acted upon. The manager told us there was a lack of interest from the parents to complete the formal survey, and that they would request parents to participate in the formal survey in the near future. We were unable to assess the impact of the formal feedback survey as this was not completed at the time of our inspection.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (regulated Activities) Regulations 2010. Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users in relation to care provided for them. Not all people's mental capacity act assessments had been completed before decisions were made on their behalf.