

# Precious Homes Limited

# Ulysses House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ulysses House is a residential care home which can support up to 6 people. At the time of the inspection Ulysses House was providing personal care to 5 people aged under 65 with learning disabilities. The service can support up to 6 people. While the service was a large home and bigger than most domestic style properties, the environment was adapted in line with Registering the Right Support. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

We expect health and social care providers to guarantee people with a learning disability and autistic people have 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

#### Right Support:

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. However, care plan reviews and best interest meetings undertaken required improvement to ensure the people, their relatives and advocates were involved in decisions and development of their care.

The provider gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Where people wanted support, staff enabled people to access specialist health support. Staff supported people with their medicines, however procedures currently in place required improving to ensure medicines were stored and managed safely.

#### Right Care:

People received kind and compassionate care. Staff understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People told us they received support from staff who knew them well and understood how to keep them safe. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing.

#### Right Culture:

People received good care because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, placing people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Risks of a closed culture were minimised by

staff so that people received support based on transparency, respect and inclusivity.

The manager demonstrated a commitment to delivering improvements and achieving best outcomes for people.

Rating at last inspection and update

The last rating for this service was good (published 01 April 2020).

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

Why we inspected

We received concerns in relation to the management of the home and staffing. As a result, we undertook a comprehensive inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement

We have identified breaches in relation to regulation 12, safe care and treatment at this inspection. We have served a requirement notice to the provider to improve in this area.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective.

Details are in our well-led 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ulysses House

## 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. The expert by experience made telephone calls to relatives. 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

Ulysses House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for three months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff as well as the manager, area manager, senior care workers and care workers.

We reviewed a range of records. This included 5 people's care records, quality assurance records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found, including information about the provider's monitoring and medicines documentation.

# Is the service safe?

## Our findings

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

At the last inspection we rated this key question Good. At this inspection the rating for this key question has changed to 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.

### Using medicines safely

- We found people's medicines were not always stored and managed safely. For example, some people were being administered medicines and topical creams after the expiry date. Medicine and topical creams administered beyond the expiry date places people at risk, the product could have chemically changed. This may make it clinically ineffective or could cause actual harm.
- People and their relatives told us they received their medicines when they needed them.
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered and medicine count records recorded the total of each medicine in stock.

The administration and storage of medicines was not always effective, placing people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were risk assessments in place to guide staff on how they should support people safely. These included risks associated with the environment.
- Risk management plans contained information to keep people safe. For example, people who were high risk of falls had risk assessments with detailed instructions for staff to follow to keep people safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency such as a fire.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff kept people safe. A person told us, "I feel safe here". A relative told us, "[Name of person] is in a safe place, and they ring me with incidents and accidents. The staff are good. [Name of person] is happy I can tell. They are friendly and have been brilliant, [name of person] shows affection towards the staff. The home and garden is well maintained".
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse that can happen in a care home such as physical, verbal, emotional, institutional and financial."

- The provider had systems in place to safeguard people from abuse and the manager understood their responsibility to follow local safeguarding protocols. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- One staff member told us, "If I witnessed or became aware of any kind of abuse, I would report it to the management. However, if I was unhappy with how it was dealt with, I would contact the police, safeguarding local authority team and CQC."

#### Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs. One relative told us, "The are good, there appears to be enough staff".

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

#### Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the manager to reduce the likelihood of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.



# 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 the last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider had sent Deprivation of Liberty Safeguards (DoLS) authorisation requests for people who lacked capacity and for some of these they were waiting for applications to be authorised by the local authority.
- Staff had received training in the MCA and had some basic knowledge of the Act. People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.
- We found some people's best interest decision records did not always demonstrate people who were assessed as lacking capacity had their relatives or advocates involved in the decision-making process. The registered manager stated they would improve best interest decision records and arrange meetings with relatives and advocates.

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

- People were assessed before they used the service to ensure their needs and preferences were identified and could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Completed assessments were used to formulate a plan of care for each person. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the skills and knowledge to meet people's needs. One relative told us, "The staff I have met are good friendly caring and [name of person] seems happy to me".
- Staff were positive about the providers training programme. A member of staff said, "I enjoy the training here, it gives me all the information I need to do my job well and support people."
- New staff had completed an induction programme which involved training and shadowing more experienced staff members.

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

- People were supported by staff to have enough to eat and drink to maintain their health and wellbeing.
- People had choices and access to sufficient food and drink throughout the day. Food was well presented, and people we spoke with told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One relative told us, "They keep on top of [name of person's] diet and nutrition, [name of person] gets to choose what they want to eat, and the staff consider healthy eating".

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

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "[Name of person] is supported to attend medical appointments".
- Staff were knowledgeable about people's health conditions and needs. Staff told us changes to people's health and well-being were communicated effectively.

Adapting service, design, and decoration to meet people's needs

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
- There were multiple areas for people to use both inside and outside of the home. This meant people could spend time alone, with other people who used the service or to take part in activities.

# 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 the last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. 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

- People were supported by staff who treated them with kindness and respect. One person told us, "The staff are very caring." We observed kind and caring interactions between staff and people.
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs.
- Staff enjoyed their role in supporting people. One staff member told us, "I love working here, everyone is treated with dignity and respect."

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "The carers are amazing, they know [name of person] well."
- We observed people being offered choices about their day-to-day care. One person told us, "They [staff] give me choices."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "I make sure doors and curtains are always closed when doing personal care and the person is covered with a towel."
- People's confidentiality was respected, and people's care records were kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection we rated this key question outstanding. At this inspection the rating for this key question has changed to 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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. However, care plan reviews were not always completed in line with the provider's schedule. In addition, care plan reviews lacked involvement from people, their relatives and representatives. One relative told us, "I don't get enough meetings and would like more to discuss some of this they don't always let me know when [name of person] has appointments and has missed 3 recently and I took them in the end". The acting manager stated they would improve care plans reviews to record how people and their relatives had been included in the review process.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced communication difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

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 had opportunities to engage in meaningful activities. We saw some people chose to participate in gardening activities. People and their relatives told us they enjoyed the activities within the home. One relative told us, "[Name of person] goes out a lot and I am happy with this; [name of person] has been to the zoo and farm and loves going out for meals. [Name of person] is given choices and makes her own decisions".
- We observed, and relatives told us they were supported to maintain important relationships.

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints; and felt confident that these would be listened to and acted

upon in an open way.

- People and relatives told us they felt able to raise any concerns and could approach the acting manager directly. We saw complaints had been received and responded to in a timely manner.

End of life care and support

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need.

# 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 the last inspection we rated this key question good. At this inspection the rating for this key question 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.

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

- Procedures currently in place required improving to ensure medicines were stored and managed safely. Reviews were not being consistently completed for people prescribed with antipsychotic medicines. Expired medication was being administered to people and this placed them at risk. The manager confirmed a new procedure would be implemented to ensure medicines and topical creams were disposed of in a timely manner and new stock ordered.
- Care plan reviews and best interest documentation audits undertaken required improvement to ensure the people, their relatives and advocates were involved in decisions and development of their care.
- At the time of our inspection there was not a registered manager in post. People and their relatives told us the lack of a permanent manager had impacted the quality of the service. They were happy with the current manager. One staff member told us, "We've had a number of different managers, and this had an impact on the consistency of the home. The current manager was a registered manager for another location operated by the provider and had applied to add this location to their registration. We are currently assessing their application."
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us what they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run. However, they stated there had been too many changes in management.
- One relative said, "There have been too many different managers over the years." Another relative told us, "The service is good, however they need a manager that will be here long term".
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences. One relative told us, "I don't have any issues currently and I wouldn't change anything".

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 manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The provider issued satisfaction surveys to provide people, relatives and staff members with the opportunity to express their views about the quality of the service provided. We reviewed the results from the last survey and the feedback received was positive.
- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued, and their views were respected. One staff member told us, "Team meetings are productive, and it gives us opportunity to raise any concerns or ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- The management team spent time working with staff to identify areas that may need improvement.
- The manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they had access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure people were supported appropriately.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The administration and storage of medicines was not always effective, placing people at risk of harm.