

Precious Homes Limited

Precious Homes East London

Inspection report

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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 East London is a supported living service providing personal care to people living with autism or a learning disability. At the time of our inspection there were nine people using the service. The service was provided to people in their own self-contained flats within two buildings.

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

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

Right Support:

The model of care and the setting maximised people's choice, control and independence. People lived in their own flats where they felt safe and comfortable. Care and support was provided in a safe, clean and well-maintained environment which met people's sensory and physical needs. Staff supported people to achieve their goals and aspirations. People were encouraged to make choices and decisions in accordance with their level of understanding.

People were supported by enough appropriately skilled staff to meet their needs and keep them safe. People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly evaluated, involving the person, relatives and other professionals as appropriate. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.

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; the policies and systems in the service supported this practice.

Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. People were protected from abuse and poor care. Staff demonstrated they provided kind and compassionate care to people and relatives. Relatives confirmed that they were included in decision making about their relative's care. People were supported to maintain their privacy, dignity and independence by a staff team who knew them well. The provider had a system of matching the skills and qualities of staff to the people who used the service.

People had their communication needs met and information was shared in a way that could be understood. People were supported to maintain links with their culture and family. Staff engaged people in activities in

accordance with their individual care plans. Support focused on people's quality of life and followed best practice.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. The manager had an open door policy and relatives and staff spoke positively of the managers in the service. Relatives and staff told us they felt comfortable raising concerns and making suggestions to enable improvements to be made to the service.

Managers ensured that staff had relevant training, supervision and appraisal. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People, relatives, staff and other professionals were asked by the provider about their opinions of the service. Staff worked well with other services and professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 June 2019)

Why we inspected

This inspection was carried out due to concerns raised by the local authority regarding the safe care and treatment of people. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

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 East London

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 team consisted of two inspectors.

Service and Service Type

The service provides care and support to people living in two 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (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 not a registered manager in post. A new manager had been in post for two weeks and had submitted an application to register. We are currently assessing this application.

Notice of Inspection

We gave the service 18 hours' notice of the inspection. This was because the service is small and people are often out. We wanted to be sure the manager and staff would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We observed care and support in communal areas. We spoke with five staff including the manager and four support workers. We looked at a range of management records including supervision, quality audits and medicines. We also reviewed four staff recruitment files and three people's care records. After the inspection visit, we spoke with two relatives. We continued to liaise with the service and the manager who sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse.
- Relatives told us they felt their relative was safe with staff at the service.
- Staff knew what action to take if they suspected someone was being abused. One staff member said, "When I see something that is not right, I report it to my manager or deputy manager and if they do not do anything, I can report it to CQC or safeguarding."
- Records showed staff had received safeguarding adults training.
- The provider notified the appropriate authorities about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected from the risks they may face and had risk assessments as part of their care plan.
- Risk management plans included guidance to staff when supporting people to use different modes of transport, with road safety, health conditions, and eating and drinking.
- Care records contained positive behaviour support plans which included the triggers that could lead to a person becoming anxious or distressed. These plans provided guidance to staff as to how they should support people in these situations.
- People also had a personal emergency evacuation plan in the event of needing to leave the building in an emergency.
- Care plans included a missing persons procedure for people who were at risk of absconding or becoming lost. This meant staff would know what to do if the person was missing.

Staffing and recruitment

- Records confirmed there were enough staff on duty to meet people's needs.
- We observed people always had a dedicated staff member working with them, so nobody had to wait for their needs to be met.
- Relatives told us permanent staff knew their relative well and there were enough on duty with the occasional use of agency staff at the weekend. This meant they felt confident their relative received the support they needed.
- Staff confirmed there were enough staff on duty to meet people's needs. One staff member told us, "If we are short [staffed], we have agency back up. We have bank staff and agency as well."
 - The provider had a safe recruitment process in place. Records showed relevant recruitment checks were completed before employing new staff. The checks included the right to work in the UK, obtaining references for the applicant and proof of identification.
 - The provider conducted Disclosure and Barring Service (DBS) checks for new staff and regular DBS

updates for other staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- Protocols were in place for medicines prescribed on a 'when required' basis to enable staff to give these medicines consistently.
- Records showed people prescribed medicine for anxiety were only given these when needed and in line with their positive behaviour support guidelines.
- Medicines administration records showed people received medicines as prescribed.
- We checked the stock count against the number of tablets for boxed medicines and these were correct.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Relatives confirmed people were protected from the spread of infection. Comments included, "[The environment] is absolutely spotless."
- Staff knew how to prevent and control the risks associated with the spread of infection. One staff member told us, "You manage [infection] by proper hygiene, wash your hands, use sanitiser and personal protective equipment (PPE)."
- Staff were observed wearing appropriate PPE correctly. They confirmed they were provided with enough PPE supplies including gloves, masks, aprons and hand sanitiser.
- The provider had an infection control procedure which gave clear guidance to staff about how manage and control the spread of infection.

Learning lessons when things go wrong

- The manager told us lessons learnt from accidents and incidents were shared with staff. They said, "I like to do a debrief or a workshop which opens up for staff to ask questions." Records confirmed this.
- Staff confirmed lessons learnt from incidents and accidents were shared with them. One staff member said, "[We] discuss how the incident happened and work out ways to ensure in the future that type of incident doesn't happen."
- The provider had a system in place for accidents and incidents to be recorded in each person's care record. The manager told us the multidisciplinary team had access to these records to analyse them in order to identify times, triggers and common trends.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 before they began to use the service so the provider could be sure they could be met.
- Assessments were detailed and gave the person's background history leading up to the time they moved to the service. People's preferences were documented.
- Care assessments included a transition plan for the period leading up to the person moving to the service. This enabled staff from the previous service to pass on valuable information about how to work with the person.
- Care records also contained a one-page profile which gave staff a snapshot about the person. This meant important information could be quickly accessed if needed.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant skills, training and experience. Relatives told us staff knew their relatives well and had the skills needed to provide care.
- Staff confirmed they were given training opportunities. One staff member said, "We do a lot of training, especially in positive behaviour support." Staff confirmed they completed both face to face and online training.
- Records showed staff received training in a range of topics including, learning disability and autism awareness, first aid, epilepsy, diabetes and fire safety.
- During the inspection, we observed a group of new staff being inducted to the service. Managers were slotting the new staff into the rota for them to each have opportunities to shadow experienced staff.
- Staff confirmed they were supported with supervision and appraisals. One staff member told us, "[Supervision and appraisals] are very helpful as it helps you to know your strengths and your weaknesses and supports you to achieve your goals."
- Records confirmed staff had an annual appraisal and supervision every two months. Topics discussed in these meetings included people using the service, the staff member's personal development and goal setting for the following year.

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

- People's nutrition and hydration needs were met. They were supported to buy and prepare food in accordance with their preferences, cultural and spiritual needs.
- Relatives views were considered as part of the care plan. For example, one care plan stated, "[Relative] would like [person] to have freshly cooked meals."

- Staff told us how they supported people with nutrition. One staff member said, "We do the shopping list with [person] and the things they like are put on [the list]. We encourage them to have healthy nutritious food."
- A staff member explained how they enabled people to make food choices. They said, "We use Makaton signs. We use a picture board. We open the cupboard and fridge and give them a choice of two on the table." Makaton is a unique language programmed that uses symbols, signs and speech to enable people to communicate.
- Staff were knowledgeable about how to support people to stay hydrated. One staff member said, "We encourage them to drink enough water to keep them hydrated. We give them ice cream as well."
- Care plans documented people's food and drink preferences and the support they needed. One care plan stated, "[Person] needs staff present when eating and drinking to encourage [them] to slow down and to not overfill [their] mouth." This provided staff with guidance on how to appropriately support the person at meal times.

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 by staff to maintain their health.
- Relatives told us the healthcare needs of their relative were being met. One relative explained, "[Person] recently got a new pair of glasses [and] was referred to a neurologist which was excellent. [Person] also had a blood test and saw a special needs dentist."
- Staff confirmed they supported people to maintain their health. Comments included, "We encourage [people] to eat healthy food. We go with them to medical appointments" and "[We support people with] oral care and visiting their dentist."
- Care records included guidance for staff about how to support the person to maintain their health. This included a document to give to healthcare professionals when the person was admitted to hospital so they would know the best way to support the person.
- The provider had their own occupational therapy team who produced guidance for staff to know how to support people to manage their anxiety and distress. This included a sensory tool kit and diet sheet with suggestions for sensory activities for individuals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of inspection, one person had a deprivation of their liberty authorisation from the Court of Protection and the conditions relating to this were being met. Four people were awaiting the outcome of the

Court of Protection applications and one person was waiting for theirs to be renewed.

- Care records included mental capacity assessments and best interests' assessments for different aspects of people's lives.
- Staff understood the need to obtain consent from people before providing care. One staff member told us, "We knock on the door, greet [the person] and ask them 'Are you ready for a shower or show them a picture. Some will nod their head or stand up. If they don't respond to you, we know they are not ready.'"

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were supported respectfully by staff who knew them well.
- Relatives spoke positively about the staff team. Comments included, "I would say [staff] are kind and caring. Some are more proactive and do more" and "Yes, definitely 100 per cent caring."
- Staff described how they got to know people and their care needs. One staff member said, "There is a support plan and there is the family who provide us with information and as time goes on, we build on that to give [person] the best care."
- The manager told us they recruited staff from a variety of ethnic groups and would make sure people who used the service were supported to link in with social community groups according to their spirituality, ethnicity or sexuality if they wished.
- Staff confirmed they had received equality and diversity training. They described the support they gave to people to meet their spiritual needs. One staff member said, "I have to respect [person]. I am not going to enforce my own [belief] on them."
- We observed several caring interactions between staff and people using the service. For example, we saw one person jumping on a trampoline with a staff member dancing along to the music at the side whilst encouraging and talking to the person. The staff member remained enthusiastic and untiring for around two hours. The outcome was the person was calm and happy.
- We noted the above interaction was in line with the care plan which stated. "Staff joining in during my activities and being enthusiastic during the activities" would encourage the person to have more good days than bad days.
- The provider had a system of matching staff skills to the support individual people needed. For example, one person's care record stated they needed to be supported by staff who were creative, patient, understanding and have high matching energy who loved music.

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

- People were supported to express their views and be involved in their care. Relatives told us they were involved in the care their relative received.
- Staff told us families were involved in decision making about how care was delivered. One staff member said, "The family are involved a lot." Another staff member told us, "The families are able to help and they say, 'Why don't you try this?' We have their support."
- The new manager explained they had spent time introducing themselves to the families and there was only one they still needed to contact.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and were treated with dignity and respect. Relative's confirmed with us people's privacy, dignity and independence were promoted.
- We observed staff knocked on people's flat doors before entering.
- Staff knew how to promote people's privacy and dignity. One staff member told us, "We have to close the curtain and shut the bedroom and bathroom door. We have to give them their personal time."
- Staff explained how people's sexual needs were supported. Comments included, "Some require private time. You respect their privacy for that time" and "Sometimes they will tell you, 'I need my time' and you just have to leave them."
- Care records gave guidance to staff about how to support people to maintain their independence. For example, one person's support plan included guidance for staff to give the person money to go to the shop independently to buy a drink or a snack.
- Staff explained how they supported people to maintain their independence. One staff member told us, "We encourage [person] to do as much as they can. It gives them a meaningful life."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 were supported in line with their choices and preferences. People were supported by staff in the way they wished and in line with their relatives' wishes. One relative told us, "I would say staff support above and beyond mine and [person's] wishes."
- Staff understood how to provide a personalised care service. Comments included, "Everybody has their own routine", "[We] try to centre the person's care around them" and "I have to do what they need and what they want."
- Care plans were detailed and personalised. They contained people's likes and dislikes and detailed what a good and bad day looked like for the person.
- Support plans included people's goals and the outcomes. For example, one person's goal was to go out more often. Instructions to staff included how to prepare the person for going out, by giving them the choice of two or three activities.
- The manager told us they were using a tick box exercise to find out what individuals would like to do in the future and make it achievable. They explained this would be developed into a talking mat to support people to give more detail.
- People's care plans were regularly reviewed and relatives confirmed they were included in the reviews.

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.

- The manager understood what was required to follow the Accessible Information Standard. They told us for people with a sight impairment, "You have got braille and you could read to [people]" and for people with a hearing impairment, "You can write it down."
- The manager knew how to make information accessible to people in relation to their learning disability. They explained they were introducing talking mats and "One person has a now and next board which needs to be further developed." A 'now and next' board is a visual tool used to help people understand and complete daily activities.
- We observed laminated picture cards were used to help people choose what activity they wished to take part in. There were other pictorial cards explaining the role of a keyworker and another explaining the fire alarm and the fire brigade.
- The manager explained they were also in the process of rolling out the use of social stories using pictorial

cards to help people understand events or situations. We saw examples of these.

- People had a communication passport as part of their care plan which gave clear guidance to staff about how the person preferred to communicate.

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 maintain relationships. Care records showed people were supported to visit and maintain contact with family and friends. Relatives confirmed they were able to visit when they wanted.
- Staff told us people could have access to family and friends when they wished. One staff member said, "Two people have their own private phones. One person tells staff they want to speak to [family member] so they will call them. It is like a small family here."
- People were supported to take part in a range of activities. Support plans included the activities people liked to participate in, such as, trampolining, walks in the local park, using different modes of transport, listening to music and arts and crafts. We noted people were able to register for educational classes if they wished.

Improving care quality in response to complaints or concerns

- Systems were in place to act and respond to complaints. Relatives knew how to make a complaint. They told us if they had a concern, they would feel comfortable raising it with one of the managers. One relative told us, "I do feel confident it would be responded to appropriately."
- Staff understood how to handle complaints. One staff member said, "You support [person] to make a complaint. Most [family members], if they are not happy write emails to the management. There is also a suggestion box."
- The provider had a complaints policy which gave guidance to staff about how to handle complaints. The service had a complaints poster in pictorial format displayed for people using the service and visitors to see.
- We reviewed the record of complaints and saw there had been two complaints made over the past year. Records showed one of these had been dealt with appropriately. The other complaint was still in the process of being investigated.

End of life care and support

- At the time of this inspection there was nobody in the service requiring end of life care, but the service had provided this type of care previously.
- The provider had an end of life care policy which gave clear guidance to staff about how to provide this type of care. There was a system where people's end of life care wishes could be documented should they require this type of care.
- Care plans stated if there was a family member who could be consulted should the person lack capacity and require end of life care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were supported in a service which promoted a positive culture and achieved good outcomes for them. One relative said, "I feel [staff] managed the transition for my [relative] particularly well and it has been a real change." Another relative told us, "[Staff] are really respectful to [relative] and whenever I turn up, they are always doing what they should be. I can't fault them."
- Relatives told us they were satisfied with how the service was being managed. Comments included, "I have noticed [the service] is more efficient. The manager is very nice" and "I would feel comfortable talking to [the managers]."
- Staff gave positive feedback about the managers. One staff member said, "The new manager has come with a different energy. If we all give our best, we work in a happy environment. Anyone who knocks on the door is welcome."
- The manager told us how they ensured staff had a voice. They told us, "They can phone or email me. I have an open-door policy. By being visual to them and opening up opportunities for them to share their thoughts."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Staff understood their role and responsibilities. They told us communication systems worked well and they were kept updated on changes in people's wellbeing through handovers, the communication book and emails.
- The manager was clear about their role and understood their responsibilities under the duty of candour. They told us, "We reflect on practices that could be better and put our hands up to say we made a mistake, we are sorry and this is what we are going to do about it."
- The provider had notified us and the local authority as required about safeguarding concerns and serious incidents. A new reporting system had been introduced to capture incidents.
- The manager told us the provider had invested in a new positive behaviour support strategy and each service now had a strategy to ensure physical restraint was used by staff as a last resort.
- The provider had a system in place to check the quality of service provided to people so they could make improvements and improve care. These checks included the manager's daily check, health and safety quarterly audit, weekly and quarterly medicines check.

- The manager carried out monthly reviews to ensure a high quality service was provided. This included checking all audits, risk assessments and staff training.
- We reviewed the provider audit carried out in March 2022. We saw the service was rated by the auditor as requires improvement and an action plan was drawn up. Completed and partially completed actions were noted with outstanding actions highlighted.

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

- The provider had effective systems in place to engage and involve people using the service, the public and staff. This included regular meetings with staff. We reviewed the most recent meeting held on 29 June 2022. Topics discussed in this meeting included incident recording, restrictive practices, complaints and compliments, and goals and achievements for people using the service.
- Staff confirmed they attended regular staff meetings. One staff member said, "[Staff meetings] are useful. We talk about everything. Everybody is free to express their feelings."
- The manager explained they thought it was important to involve relatives to improve outcomes for people using the service. The manager said, "I am starting to arrange six weekly catch up meetings with families."
- The provider had a system of obtaining feedback from people using the service, families, professionals and staff. The feedback was analysed and action points created to enable improvements to be made.
- We reviewed the March 2022 feedback analysis and saw people who used the service had indicated they were not involved in the staff selection process. The action identified included inviting people to come to recruitment days to meet the applicants.
- The provider considered equality characteristics in their engagement with people using the service, the public and staff. The manager explained they recruited staff from a variety of ethnic groups to meet the equality needs of the people they supported. The manager told us there were no equality issues among staff and staff confirmed this.

Working in partnership with others

- The provider worked in partnership with other agencies. Records showed the service worked jointly with healthcare professionals including mental health professionals, neurology, speech and language therapists and dietitians.
- A healthcare professional gave a recent compliment to the service which stated, "When I visited, I saw [person's] lovely engagement with the staff and [person] was very happy and comfortable in [their] environment."