

Precious Homes Limited

# West Midlands Community Services

## Inspection report

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Date of inspection visit:

05 August 2020

11 August 2020

12 August 2020

22 September 2020

Date of publication:

09 April 2021

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service effective?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

West Midlands Community Services is registered to provide personal care to younger people who may live with learning disabilities or autistic spectrum disorder, physical disability, sensory or mental health needs, in their own homes. At the time of the inspection, the service provided care to four people living at a specialist housing location.

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

People's safety needs had been assessed and staff knew what action to take if they had any concerns for people's well-being. There were enough staff to care for people and staff were positive about recent changes which had been introduced to support them to provide good care to people. These changes had promoted people's safety and well-being.

There had been a recent change in management and provider representatives supporting the service. People's relatives and other health and social care professionals told us communication with the new manager and staff team was improving. Staff told us they now felt supported to provide good care through training, increased staffing and discussions with the manager.

People were supported in the least restrictive way possible; the policies and systems in the service supported this practice. However, we found the Mental Capacity Act 2005 (MCA) was not consistently applied, because where people needed support to make some decisions these had not been recorded by staff.

The service didn't always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support as decisions had not consistently been taken to promote people's choice and control. There was a risk people would not always receive support based on their choices and preferences, as staff had not consistently been provided with guidance they needed to do this. The manager confirmed they had started to arrange reviews with people's relatives and other health and social care professionals to address this.

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

This service was registered with us on 16/03/2020 and this is the first inspection.

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about people's safety and how the service was registered.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not provide or change the rating from the previous inspection, if a rating was provided. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

This is the first inspection for this newly registered service. We have not awarded a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

This is the first inspection for this newly registered service. We have not awarded a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

This is the first inspection for this newly registered service. We have not awarded a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

**Inspected but not rated**

# West Midlands Community Services

## **Detailed findings**

### Background to this 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 Care Act 2014.

#### The inspection

This was a targeted inspection to look at specific concerns we had about people's safety and rights, staffing levels and staff knowledge and how the service was managed.

#### Inspection team

The inspection at the specialist housing location was undertaken by one inspector and an assistant inspector on 5 August 2020. After this site visit, a second inspector spoke with people's relatives and additional staff members.

The second inspector also undertook an inspection at the location's registered office on 22 September 2020.

#### Service and service type

This service is registered as a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing.

The service had a manager registered with the Care Quality Commission. 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. The registered manager had advised us of their intention to de-register as registered manager for this location. A new manager had been appointed and had applied to become registered manager.

#### Notice of inspection

This inspection on 05 August 2020 unannounced. The inspection on 22 September 2020 was announced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person and two relatives. We also spoke seven staff members including the newly appointed manager. In addition, we spoke with three provider representatives.

We reviewed a range of documents including four people's care records, staff recruitment and management records and a range of policies and procedures to support people's care. We also saw how the provider marketed the service, monitored the care provided and how they had investigated any concerns for people's safety.

We sought the views of four adult social care professionals who have worked with the service to find out what they thought about the safety and quality of the care provided and to confirm the services they had commissioned.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in respect of people's safety and how the service was managed and registered.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. We have not awarded a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on the specific concerns we had about the safety of the care provided to people, including staffing levels. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- Relatives knew how to raise any safety concerns they may have and were confident any suggestions they made for improving their family members' care and safety would be addressed.
- Staff had been supported to develop the skills they needed to identify any safety concerns for people. One staff member told us, "Safeguarding is about making sure people are protected. I'd report it to [manager's name]. if I was worried and if [manager's name] didn't seem to act, I'd report it to the area manager."
- Where a concern for a person's safety had been identified, the provider had worked with the Local Authority to investigate the concerns and to take action to promote the person's safety.

Assessing risk, safety monitoring and management

- Relatives were positive about the way their family members' safety needs were managed. One relative told us, "We have peace of mind that [person's name] is safe and secure." Another relative said, "Staff seem to know [person's name] well and they've got them settled into a routine so they feel settled and stable."
- Health and social care professionals told us the guidance they offered was incorporated into people's care plans.
- Staff understood people's individual risks and gave us examples of care they provided to assist people to reduce these. These included ensuring people were supported to manage risks relating to their sensory needs and of self-harm.
- Staff told us the new manager had provided additional guidance in how to support people, so people were less anxious. Records showed us the number of incidents relating to people experiencing anxiety, restraint and staff injury had significantly reduced since new the new approach to caring for people had been introduced.
- The new manager had started to review people's risk assessments, to ensure these were personalised, and gave staff the information they needed to help people to stay as safe as possible. This included the introduction of Covid-19 risk assessments, to ensure people's needs were met.
- The manager gave us an example of how they were working with other health and social care professionals to balance people's risks with their freedoms. For example, one person was being supported safely to access household items that had previously been restricted.

Staffing and recruitment

- People were promptly supported by staff when they wanted assistance.
- Relatives told us there were enough staff to meet people's care needs, including supporting people to visit their relatives.
- One relative advised us they had experienced some concerns about the consistency of staff supporting their family member when they first began to receive care from West Midlands Community Services. The relative told us this had subsequently improved by having a named staff member to promote the person's care needs.
- Staff told us there had been improvement in the continuity of staff caring for people, and said people were less anxious because of this. One staff member said, "Having regular support workers has helped. This wasn't happening before."
- Staff told us they had raised their concerns over staffing levels with the provider and new manager, and these had been addressed. Additional staff had been put in place to ensure there was always sufficient staff cover to meet people's needs and to provide relief cover for staff on breaks.
- Staff told us there had been improvements in the way rotas were organised, so people now knew who would be supporting them, and staffing arrangements were clearer.
- Checks were undertaken on the suitability of staff employed to care for people.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. We have not awarded a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on the specific concerns we had about the skills and knowledge of staff and how people's rights were promoted. We will assess all of the key question at the next comprehensive inspection of the service

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.

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.

- We found the MCA was not consistently applied. People's capacity to make some specific decisions had been assessed, but no decision had been recorded that reflected their best interests. This increased the risk staff would not know how to uphold people's rights. We spoke with the manager about this. They confirmed they had started to arrange reviews with people's relatives and other health and social care professionals to address this.
- The manager gave us examples of restrictions currently in place which should not have been applied to everybody. The manager was working with people and the appropriate stakeholders to ensure the correct individual assessments and guidance were available to staff. This would ensure individual rights would be further promoted.
- The provider was working with other health and social care professionals to contribute to and confirm if Court of Protection Orders were in place.
- Relatives and other health and social care professionals told us they were appropriately consulted and involved in key decisions about people's care.
- Staff had received training to understand how the MCA promoted people's rights and gave us examples of how they adapted the way they supported people, to ensure people's decisions were upheld. This included

how to support people to decide what time they wished to get up and to have appropriate nutritional support, based on their choices.

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

- People's assessments considered people's physical and emotional well-being and health needs.
- Relatives told us they contributed to the care planning when their family members' needs were assessed. One relative told us, "[Person's name] has settled well. It was a lot easier and smoother than we first expected." Another relative said, "The transition went really well and the staff have managed really well."
- Health and social care professionals told us they supported staff to understand people's needs before they started to receive care from West Midlands Community Services and to ensure people's assessed needs could be met.
- Staff told us they were given the information they needed to guide them to meet people's assessed needs. One staff member said, "We're given time to read the risk assessments and support plans before working with people."

Staff support: induction, training, skills and experience

- Relatives were positive about how staff used their skills to care for their family members. One relative said, "The staff will always ask us about how best to support [person's name], and as time has gone on the staff have grown in confidence."
- Some staff had not initially had timely access to the training they needed to care for people. One staff member told us, "I feel we didn't have the training before to support people safely, but now we are definitely having the right training."
- Staff who had started their employment more recently were positive about their induction and how they were prepared to care for people. One staff member said, "Before I started, I had to complete some online training on infection prevention and control, autism, [managing people's anxiety], medicines training and mental capacity training. Then I did some shadow shifts and gradually got introduced to the people who live at Red Kite".
- Staff told us they now had more opportunities to continue to develop their knowledge. One staff member said, "The manager is trying to ensure all staff have the right training to support people. We're all doing positive behaviour support and autism training. I did [other] training today because we have a really complex [person] and it's really important." Another staff member told us, "We've had extra training for Covid and we discussed the risks and needs of the people we support."
- Not all staff had been supported to administer a specific medicine, which may be needed in emergency situations. There was no evidence anyone had been harmed because of this. We spoke with a provider representative about this. They immediately brought forward the training already planned, so the possibility of risks to a person would be further reduced.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. We have not awarded a rating for this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on the specific concerns we had about how the service was being managed and how the service was registered. We will assess all of the key question at the next comprehensive inspection of the service

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

- We conducted our inspection at the specialist housing location and at the provider's registered office.
- Records relating to the management of the service were held at the specialist housing location, rather than at the provider's registered office.
- We found the provider had displayed a CQC rating on their own website, when a rating had not been awarded. There was therefore a risk members of the public would consider CQC had awarded a rating of "Good" for this location. We brought this to the attention of the provider representative and manager, who promptly removed this.
- A new manager had recently been appointed at the specialist housing location and was in the process of applying to become registered manager.
- The provider's representative and manager checked the quality of care, including how staff supported people to manage their risks so people would achieve outcomes.
- The new manager and provider's representative had developed an action plan to ensure quality was further improved and staff were appropriately supported.
- Staff knew how to care for people and understood the manager's expectations. One staff member told us, "I've had a 1:1 with [manager's name] after induction and they have touched base with me on the 'phone. [They are] very approachable and supportive and [they] seem to care about us".
- The new manager understood what key information needed to be notified to CQC and the provider's representative knew their responsibilities to be open in the event of something going wrong with people's care.

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

- Relatives, staff and health and social care professionals said there had been improvements in the care provided since the new manager had commenced in post and a more open culture was developing in the service.
- Another relative told us the culture at the service had a positive impact on their family member's well-being. The relative said this approach had helped staff to quickly understand their family member's needs. They told us, "[Person and staff] have a great respect for each other. Honestly, for us we couldn't have

wished for better, and we know [person's name] is thriving. They recognise it as their home."

- Staff told us there had been significant improvements in how they were now supported to meet people's needs, manage their risks and provide good care. One staff member said, "I am very, very positive about changes; it's really good now. It was not so good previously, but [there has been] a reduced number of incidents against staff and staffing has improved. [Manager's name] steps in and supports while staff have their break. What's being changed is definitely working because staff are so much happier."
- Another staff member said, "Since [manager's name] took over the atmosphere has changed. It's so much more positive, and we work better as a team. You see [manager's name] everyday. She gives us hands on support. I've built a positive relationship with [manager's name] they are someone to trust. [Manager's name] cares that people and staff are happy."
- The manager gave us examples of how they supported staff to explore different ways of caring for people during the Covid-19 pandemic, so people could continue to do things which were important to them.
- The provider had recently introduced an additional senior staff role, to support the manager to continue to drive through improvements at the service. The introduction of the new role would also ensure staff had regular opportunities to reflect on their practice during one to one meetings with their line managers.