Precious Homes Limited

Precious Homes Bedfordshire

Inspection report

Treow House
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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Following the last inspection in October 2017 when the service was rated as Requires Improvement overall, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well Led to at least good.

At the last inspection we found an insufficient level of leadership at the home, there were concerns with the culture of the staff team. Accidents and incidents were not always processed or in a safe way. Peoples medicines were not stored safely. People were not always protected from harming themselves. Staff did not always understand what harm could look like. Staff security checks were not complete and training was not up to date. People's confidential information was not protected and there was no complaints process in place. The provider was not completing meaningful and effective audits and responding to the issues found.

We inspected the service again in October 2018 and we found improvements had been made. The overall rating for this service is now 'Good'.

When we inspected the service on 30, 31 October and 1 November 2018. This inspection was announced.

Precious Homes Treow house is a domiciliary care agency and a supported living service. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults who have a learning disability. The service was supporting eight people with the regulated activity of personal care. The service was supporting others but they were not receiving assistance with the regulated activity.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection eight people were in receipt of the regulated activity of personal care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe as staff understood what harm looked like and they knew what to do about it if they had any concerns. Staff also understood what constituted discrimination, but staff did not know what they could do about it, if a person experienced discrimination.

There were safe processes in place to respond to accidents and incidents to promote people's safety. People had detailed risk assessments and care plans in place. However, there was no evidence to confirm if staff routinely looked at these documents.

There were sufficient numbers of staff who said they responded to people's needs in a timely way and they did not feel under pressure to rush people. People received their medicines safely and medicines were also stored safely. Staff told us that they followed good hygiene practices when they supported people with personal care and food preparation.

A person's health need was not responded to or identified appropriately andstaff did not receive competency checks when they were supporting people alone. The management checks on new staff were not kept available in the service and were not reviewed to check these had been robust checks.

There were plans in place which staff followed when people were at risk of choking or of being an unhealthy weight.

Consent to care was sought according to the principles of the Mental Capacity Act 2005. However, there were some short falls with how people were supported to spend their money, when they did not have capacity to do so. Also, the service did not evidence who exactly they would share people's sensitive information with if they needed to do this.

The provider? and staff valued and cared for the people they supported. People's confidential information held at the service was protected. Staff understood what dignity and privacy looked like.

People had detailed and updated assessments, care plans and reviews of the care and support they received. People were also involved in the planning of their care and in the development of the service.

There was consistent management presence at the service. Staff felt supported by their senior staff who supervised them. Staff felt confident that any issues they had would be listened to. The provider had completed well evidenced quality checks on the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Incidents and accidents were well managed.

Staff knew how to protect people from discrimination and abuse.

People had risk assessments in place.

People received their medicines as prescribed. People's medicines were stored safely.

There were safety checks on staff to help ensure people were safe.

Is the service effective?

Requires Improvement

The service was not always effective.

A person's health need had not been effectively managed.

Staff competency was not meaningfully assessed.

Staff spoke positively about their inductions and support to do their jobs.

Training was up to date.

Other people's health needs were well managed.

Is the service caring?

Good

The service was caring.

People were treated in a kind way.

The service valued and respected the people they supported.

People's confidential information was protected.

Is the service responsive?

Good

The service was responsive.

People had detailed assessments, care plans, and reviews.

People were asked routinely about their views on the service.

A complaint had been processed but this was not evidenced.

People had end of life plans in place.

Is the service well-led?

Good

The service was well led.

There was consistent accountable management presence at the service.

Improvements had been made from the last inspection.

The provider was monitoring the quality of the service.

Precious Homes Bedfordshire

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 and 31 October and 1 November 2018. This inspection was announced. This was to ensure we would have access to people's records and we could arrange to speak with and visit people in their own homes. The inspection team consisted of one inspector.

Before the inspection we made contact with the local authorities' contracts team and safeguarding team. We asked them for their views on the service. They made positive comments about the service. We looked at the statutory notifications that had been sent us over the last 12 months. Statutory notifications are about important events that the provider must send us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the action plan the provider had sent us following the last inspection.

Most people were unable to communicate with us in ways which we could understand. As a result of this we spoke with people's relatives and visited some people in their own homes.

During the inspection we spoke with two people who received support from staff and two people's relatives. Six members of care staff, the registered manager and the provider's director. We looked at the care records of three people, the medicines records of three people and the recruitment records for three members of staff. We also reviewed the audits and safety records completed at the service.

Good

Is the service safe?

Our findings

We inspected Precious Homes Treow House in October 2017 and found that the service was not always safe. We inspected the service again in October 2018 and found that the service was now safe.

At our last inspection the service did not have a safe system to manage and respond to accidents and incidents. This had now been corrected. There was a clear system to alert the registered manager if an incident had happened. All the staff we spoke with knew about this system. We looked at a sample of three incident forms. It was clear from looking at these records what had happened. The registered manager told us what they did to respond to these incidents. They advised us that the incident form was going to be amended to enable them to evidence the actions taken to keep people safe in these situations.

Staff now knew how to protect people from harm. Previously staff could not identify what self- harm could look like. All the staff we spoke with now could. They knew that if a person hit themselves this needed to be recorded and shared with the registered manager as this needed to be analysed and potentially health input was needed. We looked at one person's record who sometimes hit themselves. One out of the three incident forms we looked at showed what techniques the member of staff had used to try and stop this behaviour. The registered manager told us that they had already identified that other staff were not always recording what actions they were taking to try and encourage this person to not harm themselves. The registered manager told us what action they were going to take to rectify this issue.

All the staff we spoke with knew what potential abuse could look like. All the staff also knew that they must report it to the registered manager. They were aware of the outside agencies that they could also report their concerns to, such as the local authority.

Staff did understand what discrimination could look like. However, not all staff knew that people at the service could be more vulnerable to experiencing discrimination than other people. Staff did not have a clear understanding about what they could do if a person could experience discrimination. Staff had not heard about 'hate incidents' and how they can report these. We spoke with the registered manager about this. They told us that they would work with the provider's trainer to respond to this short fall.

We looked at a sample of three people's risk assessments. These identified the risks which people faced. They also gave clear guidance to staff about how to manage these risks. However, in people's risk assessments it repeatedly asked staff to call the GP if a person was unwell. However, we discussed how safe this was, given that staff needed to support other people. The registered manager agreed that someone in the management team needs to deal with these situations. They said this guide to staff needed amending.

There were plans in place to support staff to manage people's behaviour which others found challenging. These plans gave guidance and techniques for staff to use to try and manage these situations to promote the person's safety.

There were sufficient staff to meet people's needs. Staff told us that they did not feel under any pressure to

rush people. Staff said that they went at people's own pace and if they needed more support they provided this. One member of staff told us, "We are not rushed at all. If you are supporting a service user, that is your main priority at that time."

There were safe recruitment practices in place. At this inspection we found that staff identities had been clearly recorded and verified. Two out of the three staff recruitment files we looked at had complete employment histories. However, one member of staff did not have a full employment history. This had not been identified by the registered manager conducting the interview or by the provider's human resource department. We were later told this error had been rectified. All staff had Disclosure and Baring Service (DBS) checks in place before they started working at Treow House.

At our last inspection people's next course of medicines were not stored safely. At this inspection this had been corrected. The registered manager told us what action had been taken to ensure these medicines were now stored safely.

We also looked at people's Medication Administration Records (MARs) we could see that staff had signed to say they had received their medicines. There was also a weekly audit to check people had been given their medicines as they ought to have been.

The staff we spoke with told us what they did to promote the hygiene in people's homes. When we visited some people's homes we saw that their kitchens were clean. Staff also told us what they did when they were supporting people with food and drinks and personal care to prevent the spread of infection.

Lessons were learnt when something went wrong. Improvements were being made to the systems used at the service, to help promote people's safety.

Requires Improvement

Is the service effective?

Our findings

We inspected Treow House in October 2017 and found that effective care was not always given to people. When we inspected in October 2018 we found some improvements had been made. However, further improvements were still required.

We looked at whether people's health needs were promoted by staff. We looked at one person's record who had not been to the toilet for some days. Staff were recording daily this person's toileting needs. However, no one had identified this issue. We spoke with the registered manager about this. This person could not have contacted a health professional themselves. We needed to remind the registered manager the following day that this situation should be shared with a health professional such as a GP.

During this inspection we were told about one person whose mental health had deteriorated recently. We spoke with this person's relative who told us what staff had done to alert them and a health professional about this. This person's relative had confidence that the registered manager and the staff had and would respond effectively to managing their relative's mental health needs.

The registered manager told us about a person who was reaching the end part of their life. A member of staff had identified that they were unwell. They contacted this person's GP and liaised with the registered manager to stay with the person so they could pass on to the GP their concerns, as this person would not have been able to do this. The actions taken were also recorded in this person's daily notes.

We concluded that on balance the service had responded to people's health needs. However, one person's need had not been managed effectively. The system used to monitor this need was not effective. There was also a short fall in staff knowledge regarding this need.

At the last inspection staff competency was not being routinely monitored. The point of this would be to check staff were competent and knowledgeable to do their jobs well. Especially as people received support on their own, in their own homes. We found that there were still no evidenced competency checks completed. The registered manager told us that they were always checking this when staff and people were together in a communal part of the service. However, this was not happening in people's own homes, when they were being supported by staff.

Staff did have medication competency checks. We looked at two samples of these. One was well evidenced to show that this had been a robust check on this member of staff's ability to give people their medicines safely. However, the other was not. It stated that their competency had been checked three times, but it was not documented.

We were told that new staff completed the Care Certificate which is training on what good care looks like. Competency was observed, but the service did not keep a record of these. There was no way for the provider or us to check that these checks were robust.

Staff had a full induction before they started working at the service. The area director told us about the changes that were made to ensure that new staff's inductions prepared them for working at Treow House. Staff spoke positively about their inductions. They told us that they felt supported by the seniors supervising them. All the staff we spoke with said they felt ready to start working alone in people's homes. One member of staff said, "I felt ready. I asked them [management team] to start working on my own." Another member of staff said, "I felt supported (by their senior during their induction). The induction helped a great deal."

We looked at the staff training programme. We could see that staff had training in subjects relevant to the people they supported. We also saw that training was up to date.

Staff told us that they did look at people's care records so they knew how to support them in a safe and effective way. However, there was no evidence to show staff had looked at these records. There was no system in place to enable staff to routinely look at these records. We spoke with the registered manager about this. They told us that they would speak with the provider to address this issue.

People were supported to have enough to eat and drink. One person was at risk of choking. Their plan gave clear guidance to staff about how to meet this need. When we spoke with a member of staff supporting this person they told us how they checked what they were offering this person to eat was safe to do so. We visited this person in their home. We could see that there was clear guidance for staff to follow in this person's kitchen.

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 had clear and detailed capacity assessments completed by a member of staff at the service. These evidenced how the assessor had reached their decision. Some people lacked capacity to manage their money. Staff were to support these people to buy items each week. However, there was no plan in place or budget to ensure people's wishes and needs were met when buying essentials and nonessential items.

When people lacked capacity to agree to share personal information about themselves to professionals, this was not included in their capacity and best interest assessments. We looked at one person's consent form to share information who had capacity to make this decision. This form did not explain exactly who the service had permission to share their information with. Therefore, this meant that the service had not clarified who they were allowed to share information with in these cases.

Good

Is the service caring?

Our findings

When we inspected Treow House in October 2017 we found elements of the service which were not caring. At this inspection in October 2018 we found that improvements had been made in this area of people's lives.

Most people who received support with personal care at this service, could not communicate with us. We visited two people in their homes and we observed members of staff supporting these people. The staff were kind, thoughtful and respectful to people and to their homes.

We spoke with two people's relatives. They told us how they had been present when their relatives had been supported by staff. These people's relatives spoke positively about what they saw. They were confident staff always treated their relatives in a kind and caring way. One person's relative told us, "We can't fault them [staff]." Another person's relative said, "They [staff and registered manager] are five star."

The staff we spoke with told us how they valued the people they supported. One member of staff said, "It's a big responsibility, I'm a mum, so I have that responsibility, I think it is the same." Another member of staff said, "You treat people kindly, you put yourself in their shoes."

People were involved in their care planning and there were systems in place to involve people in the development of the service. For example, there were regular meetings for people to share their views about the service. People also had weekly and monthly reviews.

Staff told us about how they promoted people's privacy and dignity when they were supporting them with their personal care needs and with other elements of their daily lives. For example, talking to people throughout at these times, closing doors and curtains and giving people time alone.

When we looked at people's daily notes completed by staff which often related to personal and sensitive information. This was recorded and written in a respectful and kind way.

Staff had told us and the registered manager independently explained to us how people were given the time they needed to ensure their care and social needs were provided for.

At our last inspection people's sensitive information was not being protected at the service. Changes had been made to protect and promote the security of people's sensitive information.

When we visited one person in their home, we were told how this member of staff had promoted this person's independence when they supported them with their meal. All the staff we spoke with told us how they encouraged people to be independent with elements of their daily lives. These members of staff understood the importance of this and how this was part of their daily work.

People's relatives told us that they were encouraged to visit their relatives. Two people's relatives told us how staff protected and supported this time together.

Good

Is the service responsive?

Our findings

When we inspected in October 2017 we found that the service did not always respond to people's needs. When we inspected in October 2018 we found that improvements had been made in this area.

When we looked at a sample of three people's care records we could see that these were complete documents. People's health and social needs had been assessed in detail. People's care plans gave step by step guidance for staff to follow when they were supporting these individuals in their own homes.

At people's reviews on a weekly basis it considered what had worked well that week and what had not. It also considered the goals and plans the person wanted to make for the next week. The reviews we looked at showed that members of staff knew and understood the people they were supporting. There was also a monthly review completed by a senior member of staff.

From looking at people's assessments and reviews we could see that people had been involved as much as possible.

There were systems in place for people to share their views about the service they had received. This information would be complied at a meeting and then shared with staff at the next staff meeting. At this staff meeting staff and the registered manager tried to find solutions to the issues raised.
The service was responsible to support some people to follow their interests and to enable these people to have a social life. We saw examples of this evidenced in people's assessments and care records. We spoke with staff and they told us how certain people were supported in this way.

One member of staff told us how they had explored a particular person's interest with them, by selecting certain films for this person to watch. This member of staff told us how this person reacted so they knew this person liked the films selected.

One person's relative told us how staff tried out different places to visit to support their relative. They said, "I was surprised where they take [name of relative] I wouldn't of thought they would enjoy it, but they do….[name of relative] is having a lovely time."

People had end of life plans in place. We could see that people had been involved in the planning of this part of their lives. These plans contained personal information relevant to individuals. One person was preparing for this part of their life. We could see that the service had obtained important information to help meet this person's needs. The registered manager told us about plans they had to provide further training and support for staff with this subject.

At the previous inspection there was not a complaints process in place. At this inspection, we were told about one complaint which the provider's director was managing. They told what they had done so far. However, this information had not been recorded and in the way the provider said it ought to be, despite the

complaint being made some months ago. This is important to evidence what action had been taken and to prompt the management team to review the complaint process, as follow up action may be needed.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017 we had concerns about the leadership of the service. At this inspection improvements had been made in this area.

Previously the registered manager had managed two services and there was not always management oversight at Treow House. There had been substantiated concerns about the culture of the service by the local authority. We asked the registered manager and the provider how they monitored the culture of the service and staff team because of these substantiated concerns. A director for the provider was present at this inspection. They told us how staff are selected in terms of their values. Culture is the first subject covered as part of people's inductions. They told us how Culture was covered in detail at staff inductions. The registered manager also told us that they were visually monitoring this in terms of how staff treated people in the communal parts of the service, daily.

When we spoke with staff and visited people in their own homes when staff were present, and when we spoke with people's relatives, we had no concerns about the culture of the staff team. The registered manager had now deregistered as the registered manager of another service, to ensure there was regular management oversight at Treow House. Despite this, the registered manager and the provider were not purposely assessing or reviewing the culture of the service or checking staff competency especially when staff were supporting people alone in their own homes. We spoke with the registered manager and director about this. We suggested given the historical issues that focused work was completed in this area.

Improvements had been made following our last inspection. Incidents were now being appropriately processed. Concerns were shared with relatives. Staff were knowledgeable about how to protect people from harm.

The registered manager was aware of the important events that they must notify us about by law.

People's relatives spoke positively about the registered manager. Staff felt supported by the seniors who supervised them and who helped lead the staff team daily. However, some staff were critical that they felt the management team were distant from staff. Some staff did not feel connected to the senior management team of the service.

The provider had completed an audit of the service this year. This was a thorough audit which evidenced its findings. There was a working action plan which the registered manager was processing in response to the provider audit.

We had identified some shortfalls in responding to a person being unwell which had not been identified by the registered manager or management team. In this case there was no system to check certain information which staff were recording in relation to this person's health. A complaint had not been evidenced to show the service had followed its own processes. Staff competency was not being assessed and evidenced to

enable the leadership of the service to have assurances of staff competency. These issues were raised with the registered manager who said they would work with the provider to resolve these issues.

People were involved in the development of the service. Practical action was taken to respond on a regular basis to people's views and suggestions about the service. People's relatives told us that they were consulted with. Staff believed that if they had concerns they would be listened to and acted upon.

The provider had implemented a new electronic system to improve the quality of people's records. People had updated assessments and records. Staff inputting of information was of a good quality.

The service shared information with other relevant agencies and professionals to benefit people who used the service.