

Precious Homes Limited

Prince Regent House

Inspection report

293b Alnwick Road
London
E16 3EZ

Tel: 02074749870
Website: www.precious-homes.co.uk

Date of inspection visit:
29 June 2022
07 July 2022

Date of publication:
26 September 2022

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

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.

About the service

Prince Regent House is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to ten people.

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; the policies and systems in the service supported this practice. People were supported to pursue their interests and develop their skills in line with their aspirations. Staff supported people to be involved in maintaining their own good health and wellbeing and to access specialist health and social care support when needed. People were supported by staff who knew them well and demonstrated a clear interest in their wellbeing.

Right Care:

Staff worked in ways which promoted equality and diversity. People received culturally appropriate support. Staff understood people's communication needs and how to meaningfully engage with them. People were supported by caring and considerate staff. Their care plans reflected their needs and preferences and guided staff to support them to live fulfilled lives. Staff treated people with dignity and respected their privacy. People were supported to maintain the relationships which were important to them.

Right Culture:

People and their relatives, where appropriate, were involved in the planning of their care. Staff provided support which centred on meeting people's preferences, needs and rights. The manager and staff worked openly with people and actively sought their views in order to help drive service improvements. The provider had quality assurance systems in place to help monitor the quality and safety of the service and to drive improvement where required.

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

Rating at last inspection and update

The last rating for this service was good (published on 8 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service service and to check if the service was applying the principles of 'Right support right care right culture.'

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prince Regent 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 one inspector.

Service and service type

Prince Regent House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Prince Regent House is a care home without nursing care. 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 the service did not have a registered manager in post. The current manager of the service was in the process of applying to become registered.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and one relative to gain their feedback about the service. We also spoke with six staff, including the manager, deputy manager and a member of the provider's senior management team.

We reviewed a range of records, including three people's care plans and the recruitment records for four staff. We also reviewed a range of records relevant to the running of the service including staff training and supervision records, the provider's policies and procedures, medicines administration records, meeting minutes, and checks and audits carried out by the management team.

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

- The provider had systems in place to protect people from the risk of abuse. People told us they felt safe living at the home and were comfortable in the presence of the staff supporting them.
- Staff completed safeguarding training. They were aware of the types of abuse which could occur and knew the action to take if they suspected someone had been abused. One staff member told us, "I would report any concerns I had to the manager who would raise a safeguarding alert. I also know I can raise concerns myself if needed."
- The manager understood their safeguarding responsibilities. They had made appropriate safeguarding referrals where required and worked with the local authority team to ensure people's safety.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their care plans included control measures for staff on how to manage identified risks safely. We saw guidance in place for staff on how to manage risks in areas including people's finances, using public transport and going out, maintaining a healthy diet and managing medicines.
- Staff knew how to support people safely. They were aware of the details of people's risk assessments and how identified risks should be managed.
- People had positive behaviour support (PBS) plans in place where they had been identified as potentially displaying behaviours of distress and the steps staff should take in response. The plans followed nationally recognised guidance on the use of preventative approaches and interventions. Staff had completed accredited training and demonstrated a good understanding of how to support people safely, in line with best practice.
- People had personal emergency evacuation plans (PEEPs) which contained guidance for staff and the emergency services on the support they required to evacuate safely from the home. Staff had completed fire safety and basic life support training. They demonstrated a good understanding of the action to take in the event of an emergency. Staff also took part in periodic fire drills and the provider carried out regular checks on fire safety equipment to ensure it remained in good working order.

Staffing and recruitment

- The provider deployed enough staff on each shift to meet people's needs. People told us staff were available to support them when needed. Staffing levels were determined based on an assessment of people's needs.
- Where the provider used agency cover to address any shortfalls in staffing levels, they sought to use the same staff wherever possible to ensure people received a consistent level of support. The provider was also in the process of recruiting new staff to reduce the need for agency cover.

- The provider followed safe recruitment practices. Checks had been carried out on staff before they started work to ensure their suitability for the roles they had applied for.

Using medicines safely

- People's medicines were safely managed. Medicines were securely stored and could only be accessed by named staff who had been trained and assessed as being competent to administer medicines.
- People had medicines administration records (MARs) in place which included a copy of their photograph and details of any known allergies to help reduce the risks associated with medicines administration. Staff had signed people's MARs to confirm they had administered medicines in line with the prescriber's instructions.
- Staff had access to guidance on when they should consider administering any medicines which people had been prescribed to take 'when required'. This guidance explained the purpose of the medicine and the circumstances in which it could be administered, including any potential signs people might display which may indicate it was needed. People's MARs confirmed these medicines had been appropriately administered, only when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- The manager told us they welcomed visitors to the home. They were aware of national guidance on visiting care homes and followed this when relatives visited. One relative told us, "I'm able to visit [their loved one] when I want and am always made to feel welcome."

Learning lessons when things go wrong

- The provider sought to identify learning from incidents and accidents to reduce the risk of repeat occurrence. Staff knew to report any accidents and incidents which occurred during their work. They completed accident and incident records which described what had happened and the action taken as a result.
- The manager reviewed accident and incident records to look for any potential trends or identify learning which may prevent recurrence.

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 moved into the home to ensure the service's suitability. These assessments were used to help develop their care plans.
- People's care plans had been developed in line with best practice guidelines. For example, they included guidance for staff on how to involve people in activities of daily living in order to help develop their skills and promote their independence. The provider also used the Positive Behaviour Support (PBS) Framework to support people. PBS is a widely used and person-centred approach to identifying and meeting a person's support needs.

Staff support: induction, training, skills and experience

- Staff were supported through the completion of an induction when they started and ongoing training in areas relevant to their roles. One staff member told us, "I had an induction when I started work here which included completing training in a number of different areas, learning about the company and the policies and procedures, and time spent working with other staff as I got to know the people living here."
- Staff completed periodic refresher training in areas relevant to people's needs. Areas covered included autism awareness, communication, food safety, infection control, health and safety, supporting people with learning disabilities, and accredited verbal intervention and safety intervention training. People expressed confidence in the ability of the staff supporting them. One staff member also told us, "The training I've had has given me the knowledge and confidence to do my job well."
- Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "I regularly meet with the manager to discuss my work; it helps me keep on track."

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

- Staff encouraged people to maintain a balanced diet and supported them to eat and drink enough to maintain good health. People's care plans contained information about their dietary preferences and staff demonstrated a good awareness of this information.
- Staff involved people in decisions about what they wanted to eat and supported them to shop for food and prepare their meals. One person told us, "I like to make my own breakfast; [a staff member] is here if I need them but I make it myself." Another person said, "I choose what I like to eat."

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

- People had health action plans in place and were supported to maintain good health. Records showed

they received support from a multi-disciplinary team of healthcare professionals and had access to a range of healthcare services when needed.

- Staff supported people to attend healthcare appointments when required. Staff also told us they monitored people's health conditions and would seek input from healthcare professionals if they noted any changes.
- The manager liaised with health and social care professionals when required to help ensure people received effective support. Records showed timely referrals had been made in response to any concerns staff had raised about people's health and well-being.

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

- The layout of the home met people's needs, consisting of converted flats spread across three floors. Each converted flat gave people a place where they could spend time privately whilst the home also had communal living areas and a kitchen for people to use when they wanted.
- People had decorated their rooms with their personal possessions and a programme of redecoration was underway across the home at the time of our inspection. People had been involved in decisions about the redecoration of their flats.
- The home also had a large garden area containing a garden furniture, a barbecue and a trampoline which people were able to use.

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. 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, 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.

- Staff sought people's consent when offering to support them and understood how the MCA applied to their roles. One staff member said, "I'll always ask if I can help and wouldn't force anyone to do anything against their wishes." Another staff member said, "If I offer choices to someone when supporting them so they can pick, I'll do so in their best interests."
- People's care records included completed mental capacity assessments and best interests decisions documentation for more significant decisions where appropriate, for example where people lacked capacity to manage their medicines or money independently.
- The manager understood and had followed the correct process in seeking to deprive people of their liberty when this was in their best interests under DoLS. Any conditions placed on DoLS authorisations had been met.

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

- Staff treated people well and sought to ensure their diverse needs were respected and met. One person told us, "Staff do a good job and we get on well." They explained how it was important to them to be able to attend their local place of worship and how they were supported to do this several times a week. A relative told us, "[Their loved one] is well treated and has settled well since moving there."
- We observed staff interacting with people in a caring and supportive way throughout the time of our inspection. It was evident staff knew people well and were able to engage them in conversations about things that were important to their lives. Staff were prompt to respond to any signs of anxiety, offering people effective reassurance.
- Staff had completed equality and diversity training and were familiar with people's diverse needs. People's care plans contained guidance for staff on how best to support them regarding their protected characteristics under the Equality Act 2010, including their sexuality, cultural and any spiritual needs. Staff knew to follow this guidance. For example, they supported one person to prepare culturally appropriate meals, in line with the guidance in their care plan.

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

- People were involved in making decisions about their care and support. One person told us, "I'm able to let staff know what I want to do, or what I think about the support I receive." One staff member told us, "I'll always encourage people to lead on decisions about their support. Some people will be able to express their preferences directly, whereas for others we may need to offer or show them choices which they can pick from."
- People were assigned keyworkers who met with them regularly to discuss the support they received in order to ensure their wishes and preferences continued to be met.
- We observed staff involving people in decisions about their support during our inspection. For example, people chose how they wished to spend their time, or what and when they wished to eat.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One staff member described the steps they took to ensure people had privacy whilst washing and dressing, which ensured they were on hand if needed, without intruding. One person told us, "They [staff] always knock on my door before coming into my room."
- Staff supported people to develop skills which supported them to be more independent. People spoke positively about the things they could do for themselves. One person told us, "I choose my meals. Staff help me with the cooking, but I do most of it myself." A staff member said, "We encourage the residents to do as

much as they can for themselves. A lot of the time, they just need a bit of prompting rather than hands-on support."

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's care had been planned with them to help ensure their individual needs were met. Their care plans contained information for staff on how best to support them to maintain good physical and mental health, and with their social needs. They also contained information about people's likes and dislikes, their life histories and their preferred routines.
- Staff talked to people about developing their skills when planning their care. People's care plans included information about the goals they wished to achieve and how staff could support them to achieve them. These goals covered areas such as taking part in activities in the local area, preparing meals and maintaining a balanced diet, and maintaining relationships.
- People told us they had choices in the activities they took part in and they were encouraged to develop their independent living skills. For example, one person showed us how they liked to prepare their own breakfast each morning.

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.

- People's communication needs had been identified in the planning of their care and were met by staff. Care plans contained information on how best to communicate with people, including details of any communication aids staff should seek to use when supporting them.
- Information was made available to people in formats which met their needs. These included standard formatting, easy read and pictorial information. Staff demonstrated a good understanding of how to effectively communicate with people.

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 structured activity timetables and were supported to take part in activities they enjoyed. The activities people took part in included going cycling, skateboarding, bowling as well as trips out to social clubs, shopping and to the cinema. Whilst at home people also enjoyed arts and crafts, baking and playing cricket and football in the garden.
- People were supported to maintain relationships with those who were important to them. The manager told us people were welcome to have visitors to the home and that staff also supported people to spend

time with friends and family away from the service. One relative told us, "I can visit [their loved one] when I like."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which explained the action people and relatives could take if they were unhappy with any aspect of the service. People and relatives knew how to make a complaint. One person told us, "I'd tell [the manager] if there was anything I didn't like."
- The manager maintained a record of any complaints received by the service which they reviewed for any learning which may reduce the likelihood of repeat issues being raised. Records showed any complaints received had been managed in line with the provider's complaints procedure.

End of life care and support

- Advanced care planning had been discussed with people and their relatives where appropriate. However, none of the people living at the service required end of life support at the time of our inspection.
- The manager confirmed they would work with relevant healthcare professionals when needed to ensure people received end of life support which met their needs.

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 spoke positively about the running of the service and the staff who supported them. One person said, "I'm very happy living here; the staff do a good job." Staff demonstrated a commitment to providing the best support they could to people and understood the principles of Right Support, Right Care, Right Culture. One staff member told us, "My focus at work is to make sure the residents live fulfilling lives."
- Staff also spoke positively about the working culture at the service. One staff member said, "We all support each other well and are a good team." Another staff member told us, "We have a very open line of communication. The management team are transparent, patient and understanding and I've never been turned away if I've needed to speak with one of them."

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

- The service had a manager in post who was in the process of registering with CQC to become the registered manager. They demonstrated a good understanding of a registered manager's responsibilities under current legislation. They were aware of the need to display their current CQC rating at the service and knew the different types of incidents they were required to notify the Commission about. Records confirmed they had submitted relevant notifications, where required.
- Staff were aware of the responsibilities of their roles. They demonstrated a good understanding of the provider's key policies and procedures and received information about their day to day responsibilities during staff handover meetings between shifts and during periodic team meetings. Team meetings were also used as a forum to discuss any service developments or learning from incidents or accidents.
- The registered manager understood the duty of candour. They engaged openly with people, relatives and stakeholders and records showed they had informed relatives of any incidents which had occurred.

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

- The provider used a range of methods to engage with people to gain their views in order to make improvements to the service. All of the people we spoke with told us they felt the manager listened to them and would act on any suggestions they made.
- People attended keyworker and resident meetings where they were able to share their views on the service. The home had a 'You Said, We Did' board which displayed examples of the actions taken by the

provider in response to people's feedback. These included arranging a recent trip to the coast, purchasing outdoor furniture to better utilise the garden and organising a barbecue.

- Staff attended regular meetings where they were able to express their views about the running of the service.

Continuous learning and improving care

- The provider had systems in place to monitor the quality and safety of the service. Senior staff carried out regular audits which covered a range of different areas, including infection prevention and control, health and safety, medicines and reviews of the records completed by staff.
- The manager had acted to address any issues identified during the audit process. For example, records confirmed action had been taken to address fire safety issues which had been identified during a recent check.

Working in partnership with others

- The provider and manager worked in partnership with other agencies. The home had welcomed visits and feedback from a range of stakeholders during the six months prior to our inspection. Records showed the manager had sought to make improvements in line with the feedback they had received.