

Precious Homes Limited

Precious Homes Hertfordshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Precious Homes Hertfordshire is a service providing personal care to six people living with a learning disability, autism, mental health needs and sensory impairments at the time of the inspection. People have their own separate flats and shared communal areas within the main building. The service can support up to 15 people and is a large detached two storey building.

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

Staff were not using personal protective equipment (PPE) effectively and safely. The provider had access to COVID-19 testing for people using the service and staff, however not all staff were regularly testing. The provider had developed a risk assessment to mitigate these risks, however the staff were not adhering to this.

The provider and management team had not identified the infection prevention control risks to the people living at the service through the quality assurance checks. This put people at increased risk of spreading COVID-19.

Medicines were given to people when they needed them, however discrepancies in the medicine documentation were not always identified. Staff had competency assessments; however, the competency assessments were not always completed by a person skilled to assess competency.

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Risk assessments highlighted people's individual needs, and professionals were referred to when staff needed input for people. Where things went wrong, this was shared with staff and lessons were learnt and changes implemented.

People felt they were able to express how they wanted to be supported and staff were skilled and knowledgeable about their role. Staff and relatives felt there had been an increase in the use of agency staff over the last year. There were enough staff to support people at the time of the inspection. The service had recently undergone a change in management, the overall feedback was positive.

The provider ensured that staff went through a recruitment process and all relevant employment checks were completed. People and relatives felt staff were kind and people were happy living at Precious Homes Hertfordshire.

The manager had systems in place to manage complaints. People and relative said they felt listened to when they raise any concerns. The manager had implemented new ways of working which had been acknowledged by the staff team as a positive thing.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were able to have choice and control of their day to day decisions and the care plan reflected this. The management team have started to ensure that the core values and ethos of the company was shared with the staff team and embedded in the support they provided.

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 18 September 2019).

Why we inspected

We received concerns in relation to safeguarding concerns raised. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Precious Homes Hertfordshire

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 Care Act 2014.

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 completed by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. 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.

The service had a manager who was going through the process of being registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the manager, assistant manager and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. At the time of the inspection visit we saw staff not wearing the masks correctly.
- We were not assured that the provider was accessing testing for people using the service and staff. At the time of the inspection not all staff wanted to be involved in the regular testing. Although the manager said they are mitigating this risk through risk assessment, cleaning and staff wearing PPE this did not give assurance as staff did not always wear PPE correctly and prevention measures from the risk assessment were not adhered to such as, frequency of staff temperatures and maintaining social distancing.
- We were not assured that the provider was meeting shielding and social distancing rules. We observed staff not abiding by the social distancing rules whilst in the staff office.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider did not ensure staff were abiding by the provider risk assessment in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems were either not in place or robust enough to demonstrate safe infection prevention control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were receiving the medicines they needed, although the medicine documentation was not completed accurately. For example, medicines were not counted correctly on the medicine administration record (MAR) and where people needed medicines at a specific time of day did not have clear documentation as to when this was given. This was fed back at the time of the inspection and the manager had been aware of improvements relating to medicine documentation and was implemented a daily checking system.
- Staff told us they had competency assessments as well as shadowing staff administering medicines until they felt confident to administer medicines.

Staffing and recruitment

- The manager said there had recently been staff leave which had meant they have had to use agency at times. Staff said this had a negative effect on the support people are receiving as the agency staff did not know the people being supported. The manager confirmed that where new agency staff started working they were involved in a full induction before supporting people.
- The manager said they tried to ensure people had the same care workers to offer consistency, for example they had set up a core staff team who had been matched with people. To do this they needed to continue to recruit new staff.
- Relatives felt the staff were knowledgeable and had the right skills. Staff had training that was personalised to people's needs, although the manager had identified further training that needed to be completed, such as dysphagia (Dysphagia is the medical term for swallowing difficulties) and autism.
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- People and relatives spoke about how they felt safe whilst being supported by staff. One relative said, "If we did not have confidence in the support [person] would not live there."
- Staff knew how to identify, and report concerns to management relating to abuse. They said they felt comfortable raising concerns and received support to do this. One staff member said, "I would report it to my senior or manager and dependant of severity it would be CQC. [Manager] is very good with our recording system. Any incident or concern is documented so things can't slip through the net."
- Where safeguarding concerns had been raised the manager had systems in place to ensure these were investigated and dealt with in an open and transparent way. Safeguarding concerns were shared with the relevant professionals including CQC and the local authority.
- Incidents and accidents were reported and investigated. This information was collected, and actions identified to share the learning from this.

Assessing risk, safety monitoring and management

- Peoples risk assessments detailed their key support needs such as choking risks and personal care. Where risks were identified these records detailed how staff should support the person safely.
- Staff were able to talk about people's support needs and identify where someone may be at risk of falls or needed additional support in specific areas.
- When people put themselves at risk of harm, staff implemented changes to the person's care to make them feel safe.

Learning lessons when things go wrong

- Several examples were given where the staff were open about mistakes, concerns and accidents. They told us how they would learn from these and how these were shared with the staff team.
- Staff said they felt comfortable in speaking up when things may have gone wrong.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

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

- The provider did not look at different way to ensure people were safe through the pandemic, some staff were not willing to be tested weekly due to not being paid for their potential leave. The audits and spot checks did not identify issues relating to staff not wearing their PPE appropriately or meeting requirements in the service risk assessments. For example, three hourly temperature checks.
- The manager had quality assurance check in place, this was through audits, spot checks, walk arounds and regular communication through team meetings. Although at the time of these audits they did not identify the issues found at inspection relating to infection prevention control. This meant people and staff were at increased risk of spreading COVID-19.

Systems were not robust enough to demonstrate the provider had oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were continuing to drive improvements at the service and were continuing to identify ways in which they wanted to shape the service. For example, From the staff feedback, they had introduced emotional support and learning sessions with the staff team where they discussed specific topics. In addition, they were planning to introduce employee of the month.
- There had been a recent change in management. Staff had acknowledged this change had affected the staff team initially, however, felt the team morale had improved, and they felt supported by the manager.
- The manager gathered information from care plans, recordings and feedback from staff to inform their quality assurance. This then fed into overall analysis and lessons learnt.
- Staff told us, and we also saw, the manager was visible in the home and was available if anyone needed to speak with them.
- The manager had a clear understanding of their responsibility of notifying CQC of reportable events. 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
- Relatives felt the management team were able to effectively manage the home and felt they could approach them if needed. One relative said, "We have been kept informed. We email frequently emails are answered quickly. We get photos of [person] to see what they have been up to. We do not have any difficulty in contacting each other."

- The provider carried out regular quality checks. Both the manager and provider had an open and honest relationship, which meant that the service received the dedication from all involved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. People's care plans and records used respectful language.
- People had support with social engagement and were encouraged to maintain hobbies and interests. For example, one person enjoyed walking and liked the underground and decided to walk the length of the London underground to raise money for a charity of their choice.
- Feedback from professionals stated they witnessed staff being kind and caring towards people, however at times did not promote people's independence and staff needed to develop their skills around this.
- People and their family were able to maintain relationships. For example, A relative said by their family member moving in, they have been able to build a positive relationship with them. "I am not [persons] carer anymore. I have been able to have our relationship back and that is down to what this placement has done. This really is a positive story."
- The manager recognised they had implemented positive changes to the service, and they were continuing to develop the culture of the staff team to reflect the providers values. They had made positive steps, so it became a consistent and sustained way of working.
- People were able to share their views and thoughts to improve the service by surveys. The manager had shown they listened to these suggestions and responded.

Working in partnership with others

- The manager often worked with other professionals to achieve good outcomes for people. For example, social working teams, community nurses, occupational therapists, mental health teams and GPs. One professional said, "I believe that Precious Homecare Hertfordshire have worked with my client in a person-centred way and that my client is encouraged to take control over her life and make decisions."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to demonstrate the provider had oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safe infection prevention control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Warning Notice issued - Breach of regulation 12 (1) (2)