

Precious Homes Limited

Precious Homes Hertfordshire

Inspection report

Oster House
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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

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. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

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 well-Led findings below.

Requires Improvement ●

Precious Homes Hertfordshire

Detailed findings

Background to this inspection

About the service

Precious Homes Hertfordshire is a service providing personal care to five 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

Medicines records were not clear, and discrepancies were identified in the documentation. Where actions were highlighted in the previous inspection this had not been actioned.

There were clear governance systems in place, and these had started to be used in a way that identified clear outcomes and actions associated with this. However, following our previous inspection improvements had not been implemented in relation to medicine documentation. The provider was focused in developing their recruitment and selection process as well as putting a strategy in place to forward plan recruitment to ensure people had consistency of a regular staff team.

People were supported by staff who were knowledgeable about when to report concerns to safeguard people. Risk assessments highlighted people's individual needs and professionals played an active role in developing these.

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.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People's care plans and the involvement with professionals led to the support people received being person centred. People were encouraged to have choice and control of their day to day decisions. There were changes in management which meant there had been inconsistent leaders, however this had improved over the recent months and staff could see the improvements being implemented.

People and staff had the opportunity to express how they wanted their support. Staff felt listened to and gave positive feedback about the support they received from the management team.

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 requires improvement (published 14 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however we found additional evidence that meant the provider was in breach of regulation 17 (Good governance)

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We received concerns in relation to the management of incidents and safeguarding's. 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.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Enforcement

At this inspection we have identified breaches in relation to ensuring medicines records and administration is completed accurately.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.



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 requires improvement. At this inspection this key question has now remained the same. 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.

At our inspection the provider failed to ensure systems were in place and were 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to infection prevention control.

Preventing and controlling infection

- At the last inspection we found failings within the systems in place for testing staff and ensuring staff wore appropriate personal protective equipment (PPE). This inspection found systems had been implemented to ensure staff were following correct processes and additional checks were implemented to offer management assurances.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- At the last inspection we found there to be improvement needed in regard to accurate medicine records and where people needed medicines at a specific time of day, this needed to be documented. We found this to still be the case. There were still errors in documentations and where medicines needed to be given at a specific time, this was still not coordinated correctly.
- Staff had received medicines training. Where staff administered medicines, they had competency assessments to check they were skilled to administer medicines.

Staffing and recruitment

- The manager spoke about their challenges with recruitment of staff. However, they were being proactive with looking at ways to improve this. The manager and provider were working closely together to drive recruitment by reviewing their selection and induction process, as well as incentives in the hope this would drive staffing levels up.
- The manager had tried to ensure there was consistency for people by reviewing staffing rotas and working closely with external agencies.
- Overall, relatives felt people were being supported by a regular staff team who were skilled. One relative

said, "I know agency staff are used, although they have recently employed them and I am happy about that because [family member] gets on really well with them."

- Staff felt they had the right skills, however they felt that new staff needed to have bespoke training for the service. One staff member said, "I think we have the mandatory training. I think it would help before coming here to have training relating to people's specific needs. I had autism training, but I think it needs to be specific to the person."
- 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

- There were systems in place to ensure people were supported safely. The manager ensured that there was a consistent approach to safeguarding matters which included logging these, completing a detailed investigation and they shared the learning with staff.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "I would be mindful where there would potentially be a resident being abused, maybe neglected or physically. I would report it to the manager or take it to HR or whistleblowing."
- Relatives we spoke with said they felt people were safe whilst being supported. One relative said, "We think [family member] is safe. If [family member] wasn't we would not leave him there."

Assessing risk, safety monitoring and management

- People were supported in a proactive approach which looked at managing risks. For example, people and staff were supported by health professionals which enabled staff to be confident about the best ways to manage situations where they or people they supported would be at risk. One professional said, "Support staff were keen to attend, engaged professionally throughout and expressed to myself and the management team that the session had been helpful. As a result, I have now planned a regular monthly visit to the service to offer ongoing reflective practice sessions."
- Professionals said with the multi-disciplinary approach (multi-disciplinary is where a group of professionals meet to discuss and approach to a topic or problem) staff were supported to explain the recommended strategies and how to implement these. One professional gave an example where from this intervention they were able to see a reduction in incidents.

Learning lessons when things go wrong

- Staff were involved in debriefing sessions where staff, professionals and management were able to share information and look at ways support people in a positive way.
- Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses to learn from these.

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 requires improvement. At this inspection this key question has now remained the same. 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.

At our last inspection the provider's systems were not robust enough to demonstrate the provider had oversight of improvements needed. 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.

Not enough improvements had been made in relation to the systems in place. We found additional areas of improvement needed to managing medicines. This meant the provider was still in breach. b

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager had oversight of the service. This was through had quality assurance checks, which included audits, spot checks and regular communication with staff and people. Although these were not always effective as improvements with medicine management had not been improved upon since our last inspection and audits had not picked up on the improvements required. For example, medicine counts were not accurate, documents such as medicine protocols were not in place and audits did not identify where staff were not following directions on the medicine record.
- The provider was continuously looking at ways to support the service to improve and provide a person-centred service. The provider had sourced additional support with a consultant to drive improvement particularly focusing on staff recruitment and staff support.
- The provider and registered manager had leadership meetings which discussed the service at a strategic level, and they spoke about systems to be implemented to improve the support. This was then filtered down to the local team meetings.
- At the time of the inspection the provider was proactively trying to recruit a registered manager. There had been some changes in management since the last inspection. In recent months there had been a consistent management team which staff said had improved the morale within the team.
- Staff we spoke with spoke highly of the manager and the support they received. One staff member said, "When [manager] came they made so many positive changes. [Manager] is such a good manager, they work with us. [Manager] will put themselves out on the floor and is always looking to improve the team."
- Relatives felt they could approach the management team and felt listened to. One relative said, "I have found [manager] is very good. They knew [family member] and knew how they were and how they react. I am very impressed."

- The manager had a clear understanding of their responsibility of notifying CQC of reportable events.

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's support needs were at the centre of all of staff and management conversations. People's care plans reflected how people wanted and needed to be supported to empower them to lead a happy life.
- The management team were actively involved in supporting people and staff, which enabled staff to understand the expectations of the role but also allowed staff to feel valued and supported.
- We observed staff speaking with people in a kind and compassionate way and supporting people with their wishes.
- People had the opportunity to meet with the manager weekly where it was encouraged to speak about any concerns. Where concerns had been highlighted, there was evidence this was listened to and actions taken.
- Staff had the opportunity to share their views about how to shape the service. For example, one staff member spoke openly about how they expressed improvements and considerations were needed where staff have protected characteristics. Management listened to this and shared learning.

Working in partnership with others

- The manager worked well with professionals to provide people with joined up support.
- Guidance and involvement from professionals was promptly sought, implemented, and systems were in place to check that this was effective in improving people's lives. One professional said, "The Manager of Oster House attends monthly Multi-disciplinary team (MDT) meetings, contributes to these, and supports recommendations within the service. Joint working has resulted in a reduction in the severity of the incidents that occur at Oster House and a reduction in the use of physical intervention."

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 improvements needed relating to medicines.