Precious Homes Limited

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Inspection report

5-11 Green Lanes
London
N13 4TN

Tel: 02088264343
Website: www.precious-homes.com

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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

This inspection took place on 28 June 2017 and was announced. Precious Homes Limited is a domiciliary care agency that provides staffing to three supported living projects in North London. People who use the service live in their own accommodation in self-contained flats. At the time of the inspection there were 18 people using the service. The service works with people with mental health, learning difficulties, drug and alcohol addiction.

At the last inspection on 25 February 2015 the home was rated 'Good'.

At this inspection we found the service remained 'Good'.

Risk assessments gave staff detailed guidance and ensured that risks were mitigated against in the least restrictive way. Risk assessments were reviewed and updated regularly.

Staff had received training on medicines administration and people were supported to take their medicines safely. Medicines were accurately recorded on medicine administration (MAR) sheets. People were supported to become independent with their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were regular reviews of people's mental health and overall well-being. Staff knew how to refer people for both physical and mental health issues. People were involved in planning their own healthcare needs.

People were supported to shop and prepare for meals. People were provided with extra support around meals if this was necessary.

People said that they were treated with dignity and respect. Staff were able to give examples of how they ensured that they promoted dignity. People were encouraged to be as independent as possible.

Staff received regular supervision and appraisal that helped them identify areas for learning and development. Supervisions and appraisals were used as an opportunity for staff to improve care practices.

Audits were carried out across the service on a regular basis that looked at things like, medicines management, health and safety and the quality of care.

Surveys were completed with people who use the service and their relatives. Where issues or concerns were identified, the manager used this as an opportunity for change to improve care for people.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Precious Homes Limited

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 was planned to check 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.

This inspection took place on 28 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was present. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted people that used the service to gain their views of the care they received.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We looked at six care records and risk assessments, seven staff files and other paperwork related to the management of the service including, medicines records, staff training, quality assurance and rota systems. We spoke with six people who used the service, six staff and one person's relative.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. People commented, "I do feel safe here. There are nearly always staff around in the building when I am there and they make sure everything is okay" and "Yes I am happy here, I feel safe. The staff here and the CCTV make me feel safe. It is clean. It is a very nice place to be. I have been here for quite a long time now and I have always felt safe." A relative told us, "Yes, [relative] is safe there. 100 per cent."

The service had a detailed safeguarding policy which included information on how to recognise and report abuse. All staff members that we spoke with were able to explain how they would keep people safe and understood how to report it if they felt people were at risk of harm. One staff member told us safeguarding was, "Protecting clients and making sure that if they are at risk of abuse you raise an alert about it." Records showed that staff received training in safeguarding when they commenced employment and annual refresher training to ensure that their safeguarding knowledge was up-to-date. There was information in staff offices at the locations where care was provided on how to report any safeguarding. Staff told us that there was also information on their pay-slips on how to report safeguarding concerns. One staff member said, "There is a [phone] number on our pay-slip and on the office notice board."

People had individualised risk assessments. Risk assessments provided staff with detailed guidance on how to mitigate known risks in a person centred way. Risk assessments included an assessment of mental health relapse indicators which helped staff recognise when people need extra support or referral to mental health professionals. We saw other risks addressed such as, behaviour that challenged, nutrition, absconding and vulnerability whilst accessing the community.

People had positive behaviour support plans (PBS). PBS's help staff and people to understand the meaning of certain risks and behaviours, why specific behaviours occurred and the circumstances around them. This helped build a picture of how best to support the person and helped people improve their quality of life.

The majority of people using the service were in charge of their own medicines. The service aimed to encourage people's independence with their medicines and worked with people at their own pace to achieve self-medicating where appropriate. A staff member said, "To aid each individual with taking control of their medication, a sheet for each individual has been produced to show the name, dose and image of the medication put into columns for the time of day it is due to be taken. This helps each individual to identify each medication and take an active part in the administration of their medication." Where required, the service supported people to get repeat prescriptions and collect their medicines on time.

Where people required their medicines to be administered, this was recorded on medicines administration record (MAR) sheets. People who had their medicines administered by staff or who were beginning to self-medicate used the blister pack system provided by the local pharmacy. A blister pack provides people's medication in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one month supply. We looked at MAR's for July 2017 and found that there were no omissions in recording. Medicines were given on time. All people had a risk assessment around their medicines, including what staff

should do if people refused or stopped taking their medicines.

The service followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, an application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. Records were detailed and noted the issue, if there had been any investigation, the outcome and any learning from the accident or incident.

Good

Is the service effective?

Our findings

People were supported by staff that were able to meet their needs. Staff told us and records confirmed that they were supported through regular, monthly supervisions. Staff received a detailed annual appraisal that looked at staff performance over the past year, training needs and what had gone well.

Staff received a detailed induction when they began working at the home. Staff told us that they had three days of training including safeguarding, health and safety and MCA as well as shadowing more experienced members of staff before being allowed to work alone. One staff member said, "The shadowing is really helpful as you get to know the tenants you are working with."

Staff told us and records showed that they received regular and on-going training. Staff told us that where they identified training extra needs that would help them in their role and help improve the quality of care, this was provided. One staff member said, "I wanted to do some mental health training when I came here as conditions like schizophrenia and personality disorder were not covered in basic training and how it can affect them in a day-to-day way. They arranged specialist face to face training for us." Another staff member said, "We do so much training, refreshers and updates. This company really keeps up with the training."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One staff member said, "MCA covers capacity, people's understanding and ability to make a decision. Legally, you have to assume capacity. If it is suspected that someone does not have capacity they need an MCA assessment and best interests decision to ensure the least restrictive and decision specific outcome." All people using the service had capacity and were able to make their own decisions. People were involved in planning their care and had signed their care plans. The service recognised that each person was an individual and made decisions differently. People's care plans had a section called 'The best time for me to make decisions'. One person's care plan noted that the best time for them to make decisions was, 'In the afternoon as I'm not good in the mornings'. Staff had received training on the MCA which was refreshed annually.

People living at the service were independent and had their own self-contained flats which included a small kitchen. They purchased ingredients and cooked their own meals. Where people needed support to cook and plan meals, they were supported by staff. We saw that one person required specific help around food. Staff told us, "Whilst supporting [person], staff observed that [person] can become agitated and frustrated when choosing meals. During one-to-one [person] informed staff that he finds there is too much choice and he gets confused. Staff worked closely with [person] to discuss options with reducing this stress and [person] decided on creating a weekly plan on a Sunday using images of the foods that he enjoys. Images were chosen instead of words as [person] is currently unable to read." We saw that these pictorial guides were displayed in the person's flat and the person told us that they helped him to choose his meals. Another person said, "I Can cook for myself, the staff can help me cook too if I asked them for help. I eat on my own because I want to watch the TV when I am eating."

People's care files contained a 'Health action plan'. This explained people's individual healthcare needs and what type of support people required both emotionally and physically to attend appointments. Records showed that people attended the dentist, doctors, opticians, and other healthcare providers.

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. People told us, "The staff are polite and friendly. I do think they listen to me", "The staff are very nice here, if I have a problem I can just go and speak to them. They are very kind and friendly, they are good people" and "The staff are friendly, they are very caring to the residents. They are polite and ask me how I am feeling when they see me." A relative said, "They [staff] do care about [relative]."

When we walked around one of the buildings where care was provided we observed signs on people's flat doors. A staff member told us, "In order to promote respect, privacy and dignity, personalised door signs were created with the individuals that wanted them. These signs are designed to ensure that visitors to each individual knock before entering the flat. During a tenant's meeting, wording for the signs was chosen by the group as a whole using different individual's ideas. Each individual was then supported during on-to-one with choosing what image they would like on their sign and some individuals chose to colour them." One person said, "They [staff] knock on the door before coming in my bedroom and they do generally respect my privacy." We observed staff knocking on people's doors and greeting them throughout the inspection. A staff member commented, "We make sure their opinions are taken into account. Call them by their preferred name and always ask for consent before we do anything."

Staff treated people calmly and with respect when they became anxious or showed behaviour that challenged. Staff told us that they knew people well and understood each person's individual needs when they became distressed. We observed staff responding to a person who was distressed and saw that the person was listened to and appropriately supported.

The service recognised that the people they worked with had relationships and that supporting people with this was an important part of their work. The service had created a guide called, 'Keeping safe. A guide to relationships and sex." This included information for people of all sexualities on making choices, how to get the information people needed and sexual health guidance. Where appropriate, support around this was documented in people's care plans.

Staff were positive about working with people of different cultures and sexualities. Staff told us, "I enjoy working with diversity. It's all about the person you are supporting and their needs." and "We respect everyone's different beliefs and religions. In their care plan it would say if they were Christian or Muslim or so on and how they want to be supported. We would go with them [to a place of worship] if they needed support with their beliefs."

Good

Is the service responsive?

Our findings

Care plans were detailed and person centred. There were comprehensive records of people's backgrounds and personal histories which staff were aware of when we talked to them. Care plans documented people's likes and dislikes and contained information on what was important to people and how they wanted to be supported.

Each person living at the service had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. People we spoke with were positive about the care and support they received from their key worker and knew who their key worker was. One person said about their key worker, "He's alright. I get on with him and he helps me."

There were records of regular reviews of care. Where people's care needs were identified to have changed we saw that care plans were updated to reflect these changes.

People's care plans documented what people enjoyed doing as well as individualised activity planners. People told us, "I go to the cinema, shopping and I am starting swimming soon", "There are enough activities there. I can choose what activities to do during the weekend. I like to go on long walks, cinema, museums and so on. I would say there is enough things to do mostly. I do like it" and "There are lots of activities such a cinema, eating out at restaurants together, we go on trips, shopping and parks." Another person told us about a holiday abroad that staff were supporting him to plan.

The service worked with people to ensure that they were able to communicate. A person using the service was unable to read and could not read the rota and staff that were working that day. Staff told us, "Working with [the person] we created a rota that shows which staff she is working with and what time. As [person] is currently unable to read, images were paired with words to enable [person] to understand the rota. [Person] was supported with the names of each staff member and she then chose an image that has the same beginning sound as the staff member's name such snail for Susan and Nemo for Nicholas." This meant that the person understood which staff members were working and when.

There were regular documented tenants meetings. One person told us, "I have been able to attend meetings with the manager and other people who are being cared for and I was able to talk about things that I would like to be improved." This meant that people were given the opportunity to express their views and contribute to how the service was run.

The service had a complaints procedure. We observed posters in the hallways that informed people and relatives of how to make a complaint. A staff member told us, "These posters were co-produced with service users who provided the drawings that go alongside the words." People told us that they knew how to make complaints and felt comfortable raising any issues. One person commented, "If I had a problem I would speak to staff and they will sort things."

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager was present throughout our inspection.

Staff and people were positive about the registered manager. People told us, "The manager is very nice. He's very polite and he does listen to us. I have raised things to him before and he has done things about them" and "The manager is very good. He is the best. He is lovely. Always nice to me and listens to me when I tell him stuff. He is a very good man." Staff comments included, "He's one of the best. Easy to deal with. You can talk to him openly and he will listen to you and give advice when needed" and "The manager is very supportive. He comes to the home. He calls to see how things are. He's a hands on manager. I do feel supported."

The service had a documented set of core values called 'SEE ME'. Each letter stood for a specific value such as 'Service users are at the centre of what we do, Everyday outcome focused, Everywhere honesty and transparency, Maintain service viability and Excellence and independence to those we support'. Staff told us that they were trained in these values during their induction and used them in their day to day working practice.

There were systems and processes in place to check the quality of care and safety of both the support provided and the environment. We saw weekly financial audits for where the service held money securely for people to access, weekly physical environment audits, weekly medicines audits as well as monthly health and safety audits. Where issues had been identified, how these had been addressed was documented and signed off when completed.

There were monthly staff meetings and we looked at records of the past six months. During our inspection we also observed a staff meeting. Staff were able to add any items to the agenda and we observed that staff were able to discuss any topic they wished. One staff member told us, "You get to know the team and it lets you be more aware of policies and procedures."

We reviewed accident and incident logs. It showed that the manager used accidents and incidents as an opportunity for learning and to change practice or update people's care needs. Procedures relating to accidents and incidents were clear and available for all staff to read. Staff told us that they knew how to report and record accidents and incidents.

The service completed surveys with people that used the service to gain feedback and allow for constant evaluation. We looked at a copy of the 2016/17 survey results. The survey was set out under each of the CQC key lines of enquiry, safe, effective, caring, responsive and well-led. Results were easy to understand and included what people said and what the service had out in place to address the findings. For example;

people said that they wanted more involvement in their care. The service redesigned the care plans and made them more personalised.