

Precious Homes Limited

Precious Homes Birmingham

Inspection report

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Date of inspection visit:
28 February 2019

Date of publication:
09 April 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Precious Homes Birmingham provides personal care to people in their own homes within a supported living setting. At the time of the inspection there were 16 people receiving personal care at the service.

People's experience of using this service:

People felt safe and were supported by staff who understood how to report concerns and manage risks to keep people safe. Staff were recruited safely and people were supported by a regular team of staff. Medicines were given in a safe way and lessons were learnt when things went wrong.

There were systems in place to monitor the quality of the service. People were given opportunity to feedback on the quality of the service. People spoke positively about the management structure at the service and felt confident that concerns raised would be taken seriously.

Rating at last inspection: Good (Report Published 31 October 2018)

Why we inspected: The inspection was brought forward due to information of concern being received. The concerns related to the safety and care provided to people by staff employed by the provider.

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

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 safe
Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Precious Homes Birmingham

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by several concerns being shared with CQC. The information indicated potential concerns about the care people received from staff. This inspection examined those risks particularly in relation to staff practices.

Inspection team: The inspection was completed by one inspector.

Service and service type: Precious Homes Birmingham provides personal care to younger adults who may have a learning disability within a supported living setting of 22 self-contained flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: The inspection was unannounced. Inspection site visit activity started on 28 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did: We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used

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

We spoke in communal areas with five people who received support from the service. We also spoke with five members of staff, the manager, the registered manager and two operations managers.

We looked at care records for three people as well as records relating to safeguarding, recruitment and quality assurance.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when being supported by staff. One person told us, "Yes I do like it here".
- Staff we spoke with understood the types of abuse and what action they should take if they had concerns that people were at risk of abuse. One member of staff told us, "I would report any concerns to a manager. If I didn't feel that anything had been done, I would go to a higher manager". Another member of staff added, "I am certain that no one here is abused, far from it".
- In response to several concerns raised about staff practices and the safety of people when they receive support from staff, the manager had completed investigations to ensure people's safety. The investigations were concluding at the time of this inspection but had not substantiated any of the concerns. We also saw that the registered manager had put additional resources in place to support staff to report any concerns they had, this included an additional 'whistleblowing' helpline in which staff could speak to somebody external from the provider about any concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored to ensure safety. We saw that risk assessments had been completed that identified individual risks to people and how staff should to manage this risk.
- Where people may display behaviours that may challenge, there were detailed assessments in place that gave guidance on potential triggers that may cause the person distress, primary techniques that may prevent their behaviour from escalating and how to respond and ensure the person's safety if their behaviour continues to escalate. Staff's knowledge of how to respond in these situations reflected the information provided in the assessments.
- Staff knew the action they should take in the event of an emergency such as fire. This meant that people would be safely supported if a fire were to occur.

Staffing and recruitment

- Staff had been recruited safely. Staff told us that before they could commence work, they had been required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS would show if a person had a criminal conviction or had been barred from working with adults. Records we looked at confirmed that these checks had taken place.
- Where concerns had been raised and related to staff, the provider had acted to ensure people's safety. This had included renewing recruitment checks to ensure the person remained safe to work.
- People told us that they were supported by a team of staff who were familiar to them. This was confirmed by staff who told us they regularly worked with the same people. This meant that people had consistency in their care team. Where people were not being supported by staff, they told us that there would always be staff on site to support them in an emergency.

Using medicines safely

- People told us they were happy with the support they received with medication and that this was always given to them as needed.
- Staff we spoke with described how they supported people to take their medication. This reflected safe medication practices.
- Records held in relation to medication administration indicated that medication had been given in a safe way. Medication had been consistently signed for which indicated that it had been given as prescribed.

Preventing and controlling infection

- People received their support from staff within their own homes. However, staff explained how they continued to ensure safe infection control practices. This included wearing personal protective equipment such as gloves and aprons and ensuring people's homes are left clean.

Learning lessons when things go wrong

- The two managers at the service showed a commitment to learning lessons where things go wrong. Where safeguarding concerns were raised, following investigation of these the managers completed a learning outcome plan that supports them to reflect on the concern raised and identify any lessons that could be learnt to minimise risk in future.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The supported living service was divided into two areas; Falcon Mews and Robin's View. Each area had its own manager. The manager of Robin's View had recently registered with CQC and the manager of Falcon Mews had an application to register currently in progress.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke positively about the leadership at the service and were confident that any concerns raised to the managers would be acted upon. One person told us, "I would tell [manager's name] if I was worried. I get on with her. I have been to her before [with a concern]. She is the best. A lovely lady".
- Staff we spoke with also felt supported by the two managers. One member of staff told us, "If I am struggling, management is always here to help". Another staff member said, "I know I could approach them [the two managers] with concerns they would act on it".
- Both managers were keen to address the concerns that had been received by CQC and ensure that people received high quality care and support. In response to the concerns raised, the managers, alongside more senior managers from the provider, had investigated the concerns raised, spoke to staff to give them opportunity to discuss any concerns and completed additional unannounced spot checks to ensure people were safe. This demonstrated that the provider and the managers had taken concerns raised seriously and were working to investigate and resolve these where possible.

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

- At the last inspection it was found that systems implemented to monitor the quality of the service had been ineffective in identifying areas for improvement or acting on areas identified. At this inspection, we found that these systems had improved.
- There were systems in place to monitor the quality of the service. This included audits of medications, training and complaints. The service had also implemented a service improvement plan to ensure that any identified areas for improvement were acted upon. We looked at this plan and saw that areas for improvement had been acted upon. For example, the audits had identified the need to reduce the number of agency staff used at the service. Because of this, the provider has acted and recruited several new staff to ensure people receive support from a regular care team.
- The managers understood the regulatory requirements associated with their roles and had ensured these were met. Notifications had been submitted to CQC when needed as required by law.

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

- At the last inspection, it was identified that people were not always supported to state their views. At this inspection, we found that this had improved.
- People were encouraged to feedback on their experience of the service in service user meetings. The meetings were held two monthly and had been well attended. We saw that where people had provided feedback on where their care could be improved, this had been acted upon. For example, where a person requested to be supported by a specific staff member more often, this had been implemented in subsequent months.
- The provider had also developed a 'service user forum' in which a person from each supported living setting would meet with the provider to share their views on the care they and their peers received. We spoke with a service user representative who was very proud of the role they played in supporting others in sharing their views. The person told us, "I go to meetings with the manager. If anyone takes the mickey out of someone, they come to me and if I can't deal with it, I take it to a manager".
- The managers had implemented 'You Said, We Did' records to show they acted on feedback from healthcare professionals. These records identified where recommendations were made by visiting health professionals and the steps the managers had taken to implement these suggestions.

Continuous learning and improving care

- The managers were keen to learn from concerns that had been received in recent months and improve the quality of care provided to people. One manager told us, "As a result of the concerns coming in, we have implemented a system where there is always a manager on site so any issues, there is a manager here". This meant that the managers had listened to the concerns raised and acted by ensuring an increased managerial presence.
- Where audits had identified areas for improvement, the managers used these to improve the service for people. For example, where previous checks had shown that errors had occurred when giving medication, the manager had responded to learn and improve medication practices in future. She had done this by completing competency checks on all staff and amending the medication recording system so that any missed medication would be flagged with a manager within 30 minutes.

Working in partnership with others

- The managers across the service had been proactive in working with others to improve the care provided. In response to concerns raised to CQC, the managers had supported people to access advocacy services so that any concerns people may have had could be shared with a person independent of the service. The managers have also worked alongside the local authority safeguarding team to investigate concerns raised and ensure that people are safe.