

Plymouth Court Limited

Plymouth Court Limited

Inspection report

Plymouth Close
Headless Cross
Redditch
Worcestershire
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Tel: 01527404446

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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

About the service

Plymouth Court provides care and support to people living in specialist 'extra care' housing. The setting comprises of 52 purpose-built bungalows in a shared site. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of the inspection three people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe and well supported. People knew the staff well and assured staff understood how to keep them safe. Staff had received training and understood the importance of protecting people from harm and felt confident the registered manager would listen and act upon their concerns. Risks to people's health had been detailed in care plans for staff to refer to. Risks were reviewed in line with people's needs. The registered provider had processes in place to recruit staff safely. Where appropriate, people were supported with their medicines. Although not everyone received support with their medicines. Accident and incidents were monitored to ensure people received the care they needed.

People's needs were assessed prior to them joining the service so that the registered manager understood their needs and was able to provide the support they needed. Staff training needs were monitored and staff had access to regular supervision and guidance. 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 liked the staff supporting them and staff had developed a good understanding of their individual needs. People felt staff were like friends and that the relationship was easy and comfortable. Staff had received training and understood how to support people whilst maintaining their dignity and promoting their independence.

People were involved in regularly reviewing their care so that it met their needs. People felt able to talk with staff and tell staff what they needed and how they needed their care delivered. As people's needs changed their care was adapted to reflect their needs. People understood they could complain if they needed to and the process for doing so but had not needed to complain. Staff knew who to contact in the event of a life limiting emergency.

People and staff felt the registered manager was approachable and that information was clear and that communication was good. The registered manager had systems in place to review and check the quality of

care people received and make necessary changes where appropriate. The registered manager worked with other stakeholders such as the local authority in order to improve their knowledge and develop best practice.

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 requires improvement (published 20 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Plymouth Court Limited on our 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?

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.

Plymouth Court Limited

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.

Inspection team

There was one inspector in the inspection team.

Service and service type

This service provides care and support to people living in a number 'supported living' settings, 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 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with one duty manager.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance records sent to us by the registered manager. We also spoke with two care staff by telephone.

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 had improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection we identified systems for supporting people with their medicines required improvement. At this inspection we identified improvements.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe around staff who they knew well and who they felt understood how to keep them safe. Staff received training on how to protect people from harm and felt confident the registered manager would take the appropriate action if they raised any concerns. Systems were in place to escalate concerns staff had.

Assessing risk, safety monitoring and management

- Risks to people's health had been documented and were reviewed when needed.
- Staff understood the risks that people lived with. Risks to people's health and wellbeing were documented in care plans for staff to refer to.

Staffing and recruitment

- People told us they received support they needed.
- The registered provider told us they planned recruitment based on people's assessed needs so that they had sufficient staff to support people.
- Systems were in place to recruit staff safely. Checks of potential staff included references, identity checks as well as Disclosure and Barring Service (DBS) checks. These were followed up prior to staff commencing employment.

Using medicines safely

- People were receiving support in line with guidance detailed in people's care plans.
- Staff had received training on supporting people safely and told us they undertook regular training to ensure they could competently support people.

Preventing and controlling infection

- Staff had received training in preventing the spread of infections. Staff had access to equipment that would help them limit the spread of infection. Equipment included gloves, aprons, and hand gels.
- We saw staff use techniques aimed at reducing the risk of infection throughout the inspection such as using alcohol gel after visiting people.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so that people's changing needs could be reviewed and lessons learnt.
- Staff told us when people's needs changed information was shared with them about how best to support people.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Most people were known to the Registered Manager because they lived within the complex. People's needs and preferences were assessed prior to them beginning a care package with the service. This was to ensure the registered manager had the correct support in place. Where people had specific needs, training was offered to staff.

Staff support: induction, training, skills and experience

- Staff told us they received regular training and guidance. Staff told us they could request additional training if they required it and they were kept informed of training opportunities as they arose in order they could attend.
- Staff told us they could always speak to the registered manager if they were unsure about a person's care and that guidance was always offered. We saw the registered manager had a system in place for reviewing and monitoring staff training.

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

- People told us they were supported by staff to maintain a healthy balanced diet. Meals were prepared within the main dining hall which people could access. People told us they were offered choices and that staff prepared light snacks and drinks in their homes if people needed.

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

- People told us staff supported them to attend appointments and access healthcare services. One person told us they had recently had a period of stay in hospital and had required additional support. They told us staff supported them to access the services they needed and when they required.

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 Act 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to assess person's ability to make decisions. People were supported to make as many decisions as possible for themselves. Staff understood the importance of consent and had received training.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- People liked the staff supporting them and felt at ease in their company. People told us staff were kind and were more like friends. One person told us, staff were a "Really lovely bunch of girls."
- People were supported to maintain their lifestyle and culture. Where appropriate, staff supported people to maintain their cultural heritage and respected their lifestyle choices.

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

- People were involved in their day-to-day care. People told us, about how they made decisions that were important to them. For example, one person told us they had an upcoming religious celebration and that staff were helping with their preparations.

Respecting and promoting people's privacy, dignity and independence

- People were supported to achieve independence in ways that were important to them. One person told us, their independence was paramount to them, and staff did everything possible to help them maintain this. Staff told us they received training on dignity and respect and offered support based on the person's individual need and preference. Care plans we reviewed detailed guidance for staff to refer to if they were unsure about the level of support people needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they were happy with the support they needed because it reflected their preferences. One person told us they had recently had a period of stay in hospital after which they required more intensive help. They told us they were really happy with the care and support they received, and this had been reassuring to them. Another person told us the registered manager checked they were happy with their support and had not needed any recent changes to their care needs. People felt in control of their care and support they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they used a number of ways in which to support people with their communication. they told us they adapted their communication to reflect their person's needs. For example, where people were hard of hearing they ensured they spoke clearly and slowly so the person could hear them.

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 were supported to maintain interests and relationships that were important to them. One person told us about their culture and how they regularly participated in activities that reflected their heritage. They told us staff helped support them to maintain these links. Another person told us staff knew their family member well and that their family member always felt welcome.

Improving care quality in response to complaints or concerns

- People told us they understood they could complain if they needed to but had not needed to complain. Systems were in place to register, review and respond to complaints. Copies of complaints were also shared with the registered provider in order to identify any trends.

End of life care and support

- Staff and the registered manager understood who to contact in the event of a life limiting emergency. People told us staff knew their families well and would contact them as appropriate.

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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we identified that quality assurance checks were not effective and people's support with their medicines was not adequate. At this inspection we found systems had improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they knew the registered manager well and felt they had a good relationship with them.
- Staff told us the registered manager was very approachable and that communication was always very open.

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

- The registered provider understood the duty of candour and promoted an open and honest culture within the service.

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

- The registered manager had systems in place to routinely check the quality of care people received.
- The registered provider also had systems in place to assure themselves that the care people received was of a standard they expected. Staff told us the regional manager regularly visited and undertook their own checks to assure themselves.
- The registered manager together with the registered provider understood their responsibilities. Statutory notifications were submitted appropriately and promptly. The inspection rating was displayed at the service.

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

- People were supported to provide feedback about the service. People felt able to speak to staff and the registered manager.
- Staff were encouraged to feedback about the service through staff meetings and supervisions meetings. Staff told us their relationship with the registered manager was very good and that could approach the registered manager any time they needed.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with staff to ensure people's care reflected their needs. The registered manager had improved systems since the last inspection.
- The registered manager worked with the local authority to access opportunities for learning and sharing best practice.