Care Quality Commission

Altruistic Care Limited

Plane Tree Court

Inspection report

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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

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

We last visited the service on 30 September 2013 and found that there were no breaches in regulation.

Plane Tree Court is a care home registered to provide the regulated activities: accommodation for persons who require personal or nursing care, treatment of disease disorder or injury and diagnostic or screening services. Accommodation was provided for 66 people spread over three floors. All bedrooms have en-suite facilities. The home is set in large grounds which are well maintained.

At the time of this inspection visit the manager in post was not registered with the Care Quality Commission (CQC). However evidence was seen that the application for registration had been submitted and processed by CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was also aware of the recent Supreme court ruling in relation to DoLS. The Deprivation of Liberty Safeguards aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

There were systems in place designed to keep people safe such as safeguarding policies and procedures and risk assessments in relation to falls, moving and handling and nutrition. We spoke with staff and found they had a good understanding of safeguarding and whistleblowing procedures which are designed to keep people safe.

We saw there were positive interactions between the staff and the people they cared for. We saw there was a good rapport and staff treated people with kindness and compassion. We saw that staff were patient and caring and gave encouragement when supporting people.

People spoke positively about the activity coordinator and the range of activities available within the home.

We found the home was clean, hygienic and well maintained and staff had access to personal protective clothing such as aprons and gloves.

There was a complaints procedure in place and people told us they knew how to complain and would raise concerns with staff or the manager. There was also a comments box in the reception area for people to post comments or suggestions if they wished.

Summary of findings

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.

Good

We found the premises were well-maintained, safe, clean and hygienic with no unpleasant odours.

The people we spoke with told us they felt safe living at Plane Tree Court. We spoke with staff who were aware of their responsibility to keep people safe. Staff had received training in safeguarding and were able to explain what they would do if they suspected abuse.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?
The service was effective.

Good

People's health and care needs were assessed, and information in care plans and risk assessments was regularly reviewed.

People who lived at the home made positive comments about the staff, as did family members we spoke with.

The staff told us they underwent an induction when they started work at the home and we found they had a clear understanding of what their roles and responsibilities were.

Is the service caring?
The service was caring.

Good

People told us they were happy living at the home.

We saw staff approached people with respect and provided support in a sensitive way. We spoke with the relatives of five people who lived at the home and the visiting clergy. Comments included: "I can absolutely vouch for the care; it is phenomenal they are so caring." "They try very hard to keep people occupied."

We looked at charts in relation to fluid intake and positional changes and saw these were complete and up to date.

People were supported to express their views and be actively involved in making decisions about their care and support.

Is the service responsive?
The service was responsive.

Good

A wide range of in house and community activities were organised for people who lived at the home. The activities on offer encouraged people to try new things. For example; we observed an art session where people chose a painting from a selection of art books and copied it.

There was an effective complaints system in use at the service, which helped ensure that people had their comments and complaints listened to and acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led however the manager had not yet registered with the Care Quality Commission.

The staff we spoke with told us they were well supported by the current manager and received training and supervision that supported them in their role.

The manager had system of audits in place to monitor quality and safety within the home such as; infection prevention and control and medication. Meetings were held to gain the views of people who lived at the home, staff and families.

The manager monitored accidents and incidents and lessons were learnt to make sure incidents did not happen again.

Plane Tree Court

Detailed findings

Background to this inspection

The inspection took place on 19 August 2014 and was carried out by one adult social care inspector. The inspection was unannounced which meant the provider was not told we would be visiting the home. The inspection was unannounced and was carried out by one adult social care inspector.

Before our inspection the provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make .In addition we checked all of the information that we held about the service and the service provider. We also spoke with health and social care professionals who visited the home on a regular basis including; seven GP practices, the infection prevention and control nurse and the local authority quality manager.

During this inspection we spent time talking to people who lived at the home, their relatives and friends or other visitors, we spoke with staff, looked at four care plans and risk assessments. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions, reviewed maintenance records and spoke with the manager and provider. We spoke with twenty people who lived at the home, six visitors; five members of care staff the manager and the provider.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We spoke with twenty people who lived at the home and they told us they felt safe. The relatives we spoke with told us they felt their family members were safe at the home. Comments included: “I am very happy that they keep (my relative) safe.” “My relative is content here and I am reassured because I know they are safe.”

We saw that risks to safety were identified and guidance for staff on how to minimise risks and protect people from harm was provided. Staff training records confirmed the staff team had received training in relation to safeguarding people in their care. This helped them to manage and reduce any risks. The staff we spoke with were able to explain their responsibilities in relation to keeping people safe from harm, identify the various forms of abuse, the signs and what they should do if they suspected abuse was taking place.

The staff we spoke with told us: “Training is very good; we have mandatory health and safety training and training in safeguarding people.” “I have done safeguarding training, it covered what to look for if a person is quiet or there are bruises. I would report to the manager or the senior person.” We saw that there was information displayed throughout the home in the form of a flow chart advising staff how to report suspected abuse. A health care professional told us: “I have no concerns about people’s safety.” “I think they (staff) keep people safe.”

We looked at a sample of four peoples’ care plans in depth and saw risk assessments were in place so staff were given clear guidance about how risks should be managed. Risk assessments were reviewed and where necessary updated on a regular basis.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) is a law designed to protect people who are unable to make decisions for themselves. CQC has a statutory responsibility to monitor the operation of the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We saw staff had been trained to understand their responsibilities under the DoLS Codes of Practice and there were policies and procedures in place to provide further guidance.

There had been no applications made to deprive people living in the home of their liberty. Our observations showed staff used the least restrictive options to support people with freedom of choice and independence.

Medicines were dispensed into a 28 day monitored dosage system. We observed the tea-time medication round on the second floor of the home. We saw staff administered medicines in a safe way and we found that medicines, including controlled drugs, were securely stored. We looked at a sample of medication administration records (MAR) and we found the records were fully completed and up to date. There was information on how to give medicines prescribed 'when required' for pain relief. Where medicines required cold storage a refrigerator was available and the temperature was checked daily to ensure medicines were stored according to manufacturer’s guidance. The staff we spoke with told us only staff that had completed medication administration training were allowed to give out medication.

The manager and provider told us staffing levels were determined based on the needs of people across the home. For example; the manager told us they monitored falls and the times they were occurring. This would prompt an assessment of the staffing levels at those times.

There was a named infection prevention and control lead and there were policies and procedures in place in relation to effective hand washing; waste disposal; outbreak of infection and the use of personal protective equipment such as gloves and aprons (PPE). Posters on correct hand washing procedures were displayed above sinks around the home to promote good hand hygiene. We saw liquid soap and paper towels were provided in all areas to minimise the risks of cross infection.

We were given a tour of the building and found all areas were clean, safe and well maintained. The relatives we spoke with commented on how well the home was maintained. Comments included: “The home is always clean and tidy.” “It is nicely decorated and always kept spotlessly clean.” “There are never any nasty smells.”

Maintenance records showed equipment and services were checked and tested on a regular basis. This included; the passenger lift, hoisting equipment, fixed gas and electricity appliances and fire safety systems.

Good

Is the service effective?

Our findings

An assessment of needs was completed prior to a person moving in. This was to make sure it was the most appropriate place to meet the person's care needs. We saw that people's preferences in relation to daily activities, rising from and retiring to bed and meals had been recorded.

The people we spoke with confirmed that staff took their preferences into account. For example, one person told us: "I prefer to stay in my room and just go to the dining room for my meals and they (staff) respect my wishes."

We spoke with twenty people who lived at the home and five relatives who confirmed they were involved in the assessment and care planning process. The care plans we looked at contained signed consent for taking a photograph for identification purposes, in agreement to the care plan and to the staff managing and administering medication. A relative told us: "They (staff) asked about (my relatives) preferences such as meals and activities."

There were various assessment tools in use to monitor any changes to health and wellbeing such as; universal malnutrition screening tool (MUST to assess the risks of malnutrition and obesity) and Waterlow (a tool to assess a person's risk of developing pressure ulcers). This meant staff could identify when medical intervention was required.

Records showed people had access to health care professionals such as GP, district nurses, dieticians and speech and language therapists. We contacted several health and social care professionals who visited the home on a regular basis. Health care professionals confirmed requests for support were appropriate and referrals were made in a timely manner and staff followed professional guidance. This meant people received care and treatment promptly.

We asked people about the meals provided. People told us they enjoyed the food and if there was something they did not like the cook would provide an alternative. We looked at the menu and saw a choice of two meals was offered each day. Staff confirmed if people wanted something different they just told the cook and they would prepare something else like an omelette or soup. Comments from people included: "There is always something to eat, the cook will do an egg or a sandwich and soup, whatever you fancy really." "I don't generally mind the food is always nice and I always eat it. I imagine they would make something else but I have never asked." "I always have enough to eat, we can have a cooked breakfast if we want it and they always ask if we want a cup of tea and biscuits. I won't starve".

Where nutritional monitoring had identified a person had lost weight, we saw referrals had been made to the dieticians or speech and language therapists for assessment and advice. Records demonstrated that professional guidance had been followed to make sure people did not lose any more weight.

We saw that care plans and risk assessments had been reviewed on a regular basis and updated to take account of changes in people's needs.

We spoke with staff who told us they had access to training and received regular supervision where they could discuss any concerns or issues they may have and their training and development needs. Supervisions are also used, amongst other methods, to check staff progress and provide guidance.

There was a training manager employed at the home. We saw that there was a system that identified when training was in need of updating. We saw that there was a training plan covering each month throughout the year. The manager told us all staff received three day mandatory training each year and three days refresher training. There was a process of testing knowledge during supervision and staff meetings.

Good

Is the service caring?

Our findings

The people who lived at the home and their relatives told us they were happy with the care and support provided at the home. Comments included: “I can absolutely vouch for the care; it is phenomenal they are so caring.” “They try very hard to keep people occupied.” “The staff are wonderful, it took a lot of searching but I am extremely happy with the care (my relative) receives here.” “The staff always have a smile even though it must be hard at times. I am very grateful for the care and compassion shown to (my relative).” “They let me know if (my relative) is not well.” “The most important thing is (my relative) is content.” “They listen to what people want.”

The manager showed us memory boxes that had recently been affixed to the walls outside each bedroom. The manager told us she aimed to discuss with people who lived at the home and their relatives which items they would like to put into the boxes.

People told us they were able to decide what time they got up, have breakfast in their rooms or the dining room and what they wanted for breakfast. People told us the staff asked them what they would like to do during the day.

We spent time observing the interactions between staff and the people who lived at the home. We saw staff treated people as individuals; they approached people with respect, patience and compassion. We saw staff spoke with people in a respectful way with soft voices; they did not overload people with information and gave time for people to take in what was being said. The people we spoke with told us: “They are very good they always say what they are doing and explain why.” “They are all very kind; they speak to me like an equal and are never rude.” “They listen to what I say and abide by what I want to do.”

We saw staff respected people’s dignity by knocking on doors before entering rooms and closing doors and curtains when supporting people with their personal care. There were policies and procedures in place to guide staff in respect of maintaining peoples’ human rights to privacy, dignity and respect and staff were able to tell us how they worked to maintain people’s rights. Comments included: “I make sure doors are closed if I am helping someone.” “Offer (people) a towel to cover themselves.” “Encourage (people) to do what they can for themselves.” “Involve people and ask what they want.”

Care plans were securely stored on each floor so people could be sure any personal information was kept confidential.

The manager told us they were liaising with an external provider to introduce the six steps programme for end of life care. All staff would be expected to complete the programme so they would be able to work with the person, their relatives and health care professionals to provide the best quality of care for people at the end of their life.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff spent time with them on admission to discuss their care preferences and wishes. This meant people received care and support in the way they wanted.

The care plans we looked at had been reviewed on a regular basis to include any changes in a persons' health or care needs. The manager told us peoples' needs were under continuous review to make sure people received the appropriate support. We saw documentary evidence to show people had been consulted about their preferences and wishes. We saw where possible consent and agreement to the care plan had been signed by the person or on their behalf by a relative. This showed us people or their relatives had been involved in developing a plan of care.

The people we spoke with told us they were able to maintain contact with their relatives and friends. The relatives we spoke with told us they could visit at any time and were always made to feel welcome at the home.

There were a wide range of activities provided including a sensory room where people could go to spend quite time and use the sensory equipment. The manager told us they used a mobile sensory trolley with the aim of improving physical health, mood, attention and memory and provides relaxation to help de-escalate behaviours that challenge the service. The trolley had fibre optic colour changing lights, bubble tubes, an image projector, tactile items and soft background music. As it was mobile this was a resource that could be used anywhere in the building so people who were cared for in bed were able to enjoy the experience.

Care plans were in place for each person. The plans were detailed and provided guidance to staff on how to care for the person. The plans were divided into sections covering different areas of need. For example; medication, personal care, nutrition, foot care, professional visits, communication, preferences for future care, my life story and a map of life that detailed important people.

During our inspection we joined one person in the sensory room. The person told us they could use the sensory room whenever they liked. A sensory room is a quiet area designed to stimulate senses such as touch, sight and hearing and provide relaxation to people who use it. They told us: "I feel really relaxed when I am in here, it is very soothing." People spoke positively about the activities arranged in the home, and the activity co-ordinator and staff. People told us: "There's always something going on." "They work hard to keep people occupied." "They certainly keep people active."

There was a dedicated activity coordinator employed at the home. We saw there was an activity plan and a wide range of activities were arranged. These included: art and craft, board games and quizzes. The people we spoke with were complimentary about the activity coordinator and the enthusiasm in which they carried out their role. We spent time observing the afternoon art session and saw people were encouraged to join in. There was lots of chatter and laughter and it was obvious people enjoyed the event.

We spoke with twenty people who lived at the home and five people's relatives. People told us they had a choice of activities they could take part in such as; painting and quizzes. On the day of our inspection we spent time observing the art session which took place in the afternoon. People were keen to participate and enjoyed the session which gave rise to conversations about various artists people liked. There was a good deal of laughter during the session and all the staff involved told us they too enjoyed the activity and the banter with the people they cared for.

The relatives we spoke with said: "There is always some activity or another." "They (staff) work hard to keep people's minds occupied." A visiting clergy told us: "It is not just for people who are able, they include everyone." "This is a regular thing we can always find people in here involved in an activity."

We observed call bells being responded to promptly and the people we spoke with told us they never had to wait long for help. Comments included: "They come as soon as they can; I understand they are sometimes with other people when I ring." "They will let me know if they are busy and ask if I can wait a couple of minutes it's never long".

On the day of our inspection we met a member of the clergy who was visiting people in the home. They told us they visited the home regularly, which was confirmed by the people we spoke with. This demonstrated that people's religious and spiritual needs were being met.

People who lived at the home and their relatives told us they knew how to make a complaint. People told us they

Good

Is the service responsive?

did not have any complaints, but if they were unhappy with any aspect of the service they would speak with the manager. People told us they believed the manager would take any action required to address their concerns. Relatives told us: "If I am unhappy with something I speak with the staff and things are dealt with immediately."

The provider sent out an annual quality monitoring survey in the form of a questionnaire to people living at the home and their visitors. The results were analysed and the feedback from the last satisfaction survey in 2013 was displayed on the notice board. Any actions from comments and suggestions were displayed so people could see their comments were listened to and acted upon. In addition there was a comments box in the reception area that was emptied daily where people could submit comments anonymously if they preferred and the provider had a web site where people could post comments.

Regular residents' and relatives meetings meant that people who used the service were able to contribute and comment on the care provided.

Good

Is the service well-led?

Our findings

At the time of this inspection visit the manager in post was not registered with the Care Quality Commission. However evidence was seen that the application for registration had been submitted and processed by CQC. The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

The manager told us that staff were made aware of the home's aims and objectives during their induction period. The staff we spoke with confirmed they had an induction that included reading policies and procedures and shadowing existing staff.

The manager told us they met with department leads at 10am every Monday and that minutes were taken and any actions taken as a result of the meetings were recorded. They monitored accidents and incidents and lessons were learnt to make sure incidents did not happen again. People's views were taken into account and acted upon. Residents meetings took place to discuss various topics such as: activities, menus and changes within the home. The manager also met with the provider to update them on any issues that were raised at these meetings.

There were systems in place to obtain people's views of the service via a comments box situated in the reception, survey questionnaires and meetings. The results of the annual quality monitoring survey were evaluated and displayed on the notice board and included any action taken or planned in response to comments made. This showed the provider took account of what people and their relatives were saying.

Staff told us that the new manager had an open door policy and was approachable. Meetings took place and staff told us they felt able to make comments and raise issues relating to the overall management of the home. People who lived at the home and their relatives spoke positively about the manager. Comments included: "She (the manager) comes every day to see how I am." "I can talk to (the manager) at any time if I want to."

There was a system of audits in place such as; care plans, general home environment, dignity in care, health and safety, medication and kitchen.

The manager told us they visited each floor during the course of the day so they were aware of what was happening in the home. From our observations it was evident that people knew who the manager was and that people were comfortable approaching her. Staff and visitors confirmed this; they told us the manager was supportive and had a visible presence within the home. One relative told us: "The manager is visible and she makes herself available to discuss any concerns I may have about (my relative)."

Staff told us they were well supported by the manager. Comments included: "We have a good team and support each other." "I can speak to the manager she has an open door policy."

We contacted local authority officers and health care professionals who told us: "The manager was well prepared for my recent visit and had everything to hand for me to inspect." "I had no concerns when I visited." "There has been a recent change in management, changes have been implemented and procedures tightened up."