

Plymouth Care Services Limited

Plymouth Care Services Limited

Inspection report

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15 April 2019

16 April 2019

18 April 2019

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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 Care Services Limited provides personal care in people's homes to adults within Plymouth and surrounding rural areas.

People's experience of using this service: People told us they received a well organised service and were supported by kind and caring staff. People were treated with respect and had their human rights protected.

People's needs were fully recorded and known by staff, so their care was consistently delivered. Risks associated with people's care needs were well managed.

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively and followed best practice.

People's views were valued and used to make changes to the ongoing development of the service.

The service was well managed, by a manager who was visible and 'hands on'. Governance systems to check the quality and safety of the service were informal, therefore we recommended that the provider considers a governance framework which involves the auditing of standards against regulation and best practice.

More information is in Detailed Findings below.

Rating at last inspection: Good (Report published 12 November 2016).

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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?

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 Care Services 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. 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.

Inspection team: The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

Service and service type: Plymouth Care Services limited is a domiciliary care agency. It provides personal care to people living in their own homes. The agency currently supports 17 people with personal care.

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. The registered manager was also the registered provider.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

What we did: Prior to the inspection, the provider sent us a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications they had made to us about important events. In addition, we reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

Inspection site visit activity started on 15 April 2019 and ended on 18 April 2019.

During the inspection we contacted and spoke to:

- 14 people and/or their relatives
- The registered manager
- Three members of support staff
- Plymouth City Council commissioning team
- Healthwatch Plymouth

We looked at:

- Policy and procedures
- Three people's care records
- Records of complaints
- Training records for all staff
- Three personnel records

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 and their families told us they felt safe when staff entered their homes; commenting, "They're very pleasant and respectful. He feels safe and I have no reason to feel that he isn't safe" and "We all live together in one house and we are more than happy for them to come in and give her care."
- Staff received safeguarding training and knew what action to take if they were concerned someone was being abused, mistreated or neglected. The registered manager had a good understanding of safeguarding procedures and undertook safeguarding management training with the local authority.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place relating to their health and social care.
- The registered manager had recently researched a new risk assessment tool and changed their documentation as they felt they did not contain enough detail for staff, to help protect people and mitigate risks. Staff were complimentary of the changes made.
- One out of the three care plans we looked at, did not have a choking risk assessment in place, for a person who was deemed to be at risk. However, despite this, the persons needs were being managed safely. But the registered manager took immediate action to rectify this.
- Staff were protected by the lone working policy, and were issued with panic alarms, mobile phones and torches.
- The registered manager was working in partnership with the local fire authority to offer home safety visits to help minimise fire risks to people in the community.

Staffing and recruitment

- People told us there were enough staff to meet their needs; and that staff arrived promptly, stayed for the correct length of time and that they were informed of any staffing delays.
- People knew who would be arriving to support them because they received a rota.
- People received a small number of care staff to help ensure continuity of their care. Staff told us, "We are a really good team."
- Rotas were geographically arranged to help reduce traveling time for staff.
- People were protected by staff who had been recruited safely.

Using medicines safely

- People's medicines were managed safely.
- Staff received medicines training and had their ongoing competence assessed.
- People had care plans in place to help provide guidance to staff about what support the person needed. One relative told us, "They always give it when it's due."

- People who needed help with the application of topical medicines (creams), had these applied and had body charts were in place, so staff knew exactly what part of the body to apply them to.

Preventing and controlling infection

- Staff followed infection control practices, which were in line with best practice guidelines. One person told us, "They wear gloves and they change them when they're dealing with food."
- Staff told us there was always a supply of personal protective equipment (PPE).

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. There were ongoing systems to monitor and learn from incidents.
- Records kept were of good quality and overseen by the registered manager who monitored them for any themes or patterns to take preventative actions.

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

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support, was regularly reviewed. People and their relatives told us, "We had a long talk. I told them what I wanted them to do and set the agenda" and "We had quite a long discussion with one of the care managers about all my mother's needs."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, a recent continence training session had led to changes in the management and support of some people's personal care and hydration. A recent virtual dementia training course had also resulted in a change to staff's practice. For example, making sure people had different colour crockery to eat from had resulted an improvement to some people's appetites.

Staff support: induction, training, skills and experience

- People told us they felt staff had the training and skills to meet their needs; commenting, "They take their time. They understand her. Her attitudes change from day to day and they will judge that each day they come in" and "If a new one [member of staff] arrives she's usually accompanied by an experienced carer, so they always know what they're doing."
- New staff undertook a comprehensive induction (in line with national standards) when they joined the service, providing them with the provider's mandatory training courses, and introducing them to essential policies and procedures. Staff told us, "Everyone was very supportive" and "The shadowing was so good, I felt very comfortable."
- Staff training was updated in line with the provider's own policy.
- Staff received ongoing assessment of the quality of their work and of their ongoing competence.

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

- Where required, people's care plans were detailed to ensure they received consistent support with their nutrition. People told us, "I have a special drink in the morning which they give me, and they prepare something simple for my tea" and "I have loads to drink. They leave bottles of water for me to reach."
- People's like and dislikes were known and recorded in their care plans.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required. People and their relatives told us, "They have phoned an ambulance on a number of occasions" and "They [the care staff] contact me if there's any problem, to suggest maybe seeing a GP."
- People's care plans detailed the external professionals involved in people's health and social care.
- To improve a person's wellbeing, the registered manager had worked closely with an occupational

therapist to identify an appropriate style of chair, which meant the person did not spend all their days in bed.

Adapting service, design, decoration to meet people's needs

- The provider's office had disability access.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to live healthy lifestyles.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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.
- Staff had a good understanding of the MCA.
- Care plans were developed with people and their families to ensure they were supported to make decisions about their care.

Is the service caring?

Our findings

aring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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 and relatives told us staff treated them with kindness; commenting, "They [the staff] talk to me in a friendly and caring way", "They are very kind to her", and "They're always very chatty and friendly and he does feel very comfortable with them."
- Staff were considerate and wanted to do the very best for people. People and relatives told us, "Yesterday they brought Easter cards for me", and "One of the carers went to get her some fish and chips because Mum fancied them at the time. Another time, the carer went out to get her a loaf of bread because she noticed she had run out."
- The registered manager recruited staff who displayed a strong value base of kindness, compassion and empathy. Telling us, "If you are not a caring and compassionate person, you can't train a person to be."
- People were supported by a small group of staff to help create positive relationships. The registered manager told us, "I really do believe in the continuity of care, to help promote personal relationships. We get the best out of people and carers when we send the same people."
- Staff did not discriminate against people, treated everyone fairly and showed respect, with one member of staff telling us, "Everyone is treated fairly and equally."

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

- The registered manager told us, "People are at the heart of what we are doing. We spend a lot of time creating person centred care plans...You can't give a good level of care, if you don't know what people want."
- Staff always put people first in their care. One member of staff told us, "I always ask them what they would like, and provide them with person centred-care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with the upmost respect; commenting, "They make sure the curtains are drawn across and I'm not overlooked in any way" and, "Never ever have they made me feel humiliated."
- Staff respected people's cultural and religious wishes in respect of their privacy and dignity.
- People and their relatives told us their independence was promoted, telling us, "They don't boss me around. I'm fighting to be as independent as I can and they're happy to work with that", "Encouraging her to be involved in her own washing" and, "Treating me as though I haven't any dementia."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. A relative told us, "He certainly receives personalised service and if we make any decisions, they certainly follow that." One member of staff told us, "I am really surprised how everyone is so proactive to share changes regarding people's care packages."
- Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. One person had written to thank the staff for their discretion following a very personal operation, commenting "I'm honestly shocked how easy it was to have [staff members] help last night. Having someone help with my care was something I've been very apprehensive about...So thrilled we chose your company."
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.
- Each person's care plan included a section about their individual communication needs. Staff were knowledgeable about the different methods some people used to communicate. For example, one person's first language was not English, therefore effective care and support was delivered by the use of clear body language and staff being observant of the person's facial expressions.
- The provider's initial needs assessments ensured people were asked if they needed documents in a different format, such as large print or pictorial format.

Improving care quality in response to complaints or concerns

- There was a formal process for people to raise complaints, and people told us they felt confident to raise concerns.
- The complaints policy could be produced in a variety of formats, to meet people's individual communication needs.
- The provider's governance system ensured any themes and trends were monitored to help reduce reoccurrence, facilitate learning and improve the ongoing safety and quality of the service. For example, rotas were now sent out first class due to people's feedback about them arriving too late for the week ahead.

End of life care and support

- End of life care planning was sensitively discussed with people when necessary, with person-centred care plans being devised accordingly.
- Staff received training in end of life support as needed.
- One family had taken the time to write to thank the staff for their kindness. The letter detailed, "I wish to express our extreme gratitude for the help we received from your team during the last few days of [person's name] life. I felt surrounded by a real sense of care and commitment...this allowed my daughter to be with

[person's name] 24 hours a day."

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.

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

- Relatives told us the service was well managed, commenting, "The lady I saw was lovely. I've found it quite stressful trying to find a service, but my initial contact with them was very good. They put me at ease", and "The manager was brilliant."
- There were no specific organisational values detailed with the providers service users guide, but the registered manager told us the service was based on a strong person-centred culture. Of which, we found was underpinned in people's feedback and staff's practice.
- The provider was open, honest and transparent when things had gone wrong, which demonstrated the requirements of the Duty of Candour (DoC). One person told us, "They are open and transparent about any mistakes."

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

- The registered manager was a strong and positive role model for the staff team, telling us, "Good leadership comes from the top." Staff told us the service was well managed, commenting, "She's approachable" and "It is the best company ever. She is incredible."
- The registered manager was focused and involved with all aspects of the service. Visible and 'hands on' daily, so did not feel that formal governance systems such as care plan or risk assessment audits were necessarily needed, given the size of the service. However, despite this we found a risk assessment was not in place.

We recommend the provider considers a governance framework to help capture where improvements maybe needed, involving the auditing of standards against regulation and best practice.

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

- Engagement with people was at the heart of the service and important to the registered manager.
- Surveys and care reviews gave people the opportunity to express their views openly. People told us, "There is a two-way communication", and "If I needed to voice anything, I would just have a personal conversation."
- As a result of people's feedback, the design of staff uniforms had been changed so staff could be better identified.
- Staff told us there was an open-door policy to see the registered manager, they felt listened to and could share their ideas for change and improvement.

Continuous learning and improving care

- The registered manager was passionate about learning and improving the service.
- The registered manager told us, "We should always be reviewing, how can we make things better."
- The registered manager was in the process of reviewing the staff supervision process, in line with best practice set out by Skills for Care.
- The registered manager kept their own ongoing professional competence updated by attending relevant training courses. They were also in the process of completing an NVQ assessors' course which would help to formally assess the quality of staffing standards.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development.
- The local authority commissioning team told us they worked well together and that the provider tried to attend local authority learning and development workshops.