

Plymouth Care Services Limited

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Inspection report

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Date of inspection visit:

11 October 2016

13 October 2016

Date of publication:

11 November 2016

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

Plymouth Care Services Limited provides personal care to people who live in their own homes. At the time of our inspection the service was providing personal care to eight predominantly elderly people. The service normally provides visits to support people to get up in the morning, to go to bed in the evening and to prepare meals during the day. The service was registered in 2014 and has not previously been inspected.

There was a registered manager in post at the time of this inspection. 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.

Everyone we spoke with told us they were safe and well cared for. People said, "I am definitely safe", "The staff are very polite, friendly and helpful", "Plymouth Care Services are a very good, small company" and "I would recommend them to anyone."

Staff and the registered manager knew people well and had a detailed understanding of each person's individual care needs. People told us, "I do have a regular group of staff", "The staff are very good, very kind and caring" and "I get on very well with them, we have a laugh and they are very kind." Visit schedules showed people normally received support from staff they knew well and staff told us, "I see the same people every day."

Staff visits schedules included appropriate travel time. Daily care records showed that people's care visits were normally provided on time and for the correct visit length. People said they did not feel rushed during their care visit and told us, "I have a list every week of who is coming", "They are always on time" and "I always get the full time." Staff told us, "I do have enough time during the visit and you get about 15 minutes between visits for travel time" and "We do not shorten visits, If I am running late I ring the office and they will phone and let people know I will be late."

People told us they had not experienced missed care visit and we found no evidence of care visits having been missed during our inspection. Each day either the registered manager or senior carer was on call and responsible for providing staff with support outside of office hours and ensuring all planned care visit were provided. Staff told us this system worked well and commented, "On call is always easy to get hold of."

The service's recruitment practices were safe and staff received regular training to ensure they were sufficiently skilled to meet people's care needs. This training was provided face to face by suitably qualified external trainers. Staff told us, "I have done loads of training" and "The training is very good." In addition, staff new to the care sector had been supported to complete the care certificate during their probationary period.

People's care plans were sufficiently detailed to enable staff to meet their specific needs. These documents

had been developed by the senior carer from information gathered during assessments visits to the person's own home and from staff experiences during initial care visits. Care plans provided staff with step by step guidance on how to meet people's needs during each planned care visit. Staff told us, "The care plans are good, they tell you what you have to do" and "They are really thorough care plans, with risk assessments and body maps and lots of detail."

The registered manager provided effective leadership to the well-motivated staff team. Staff told us, "The registered manager is really good" and "It's a brilliant place to work" and "[The registered manager] is very good, she has high standards and is very focused on the service users, She wants people to see the same staff and to have continuity of care."

The service's records were well organised and there were appropriate systems in place to monitor the quality of care the service provided. Spot checks of staff performance during care visits were completed regularly and the registered manger routinely visited people at home to discuss people's experiences of the care provided.

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. There were sufficient staff available to provide people's planned care visits.

Recruitment procedures were safe and staff understood local procedures for the reporting of suspected abuse.

Risks were managed effectively and incidents had been appropriately documented and investigated.

Is the service effective?

Good ●

The service was effective. All new staff completed the care certificate and staff training was regularly refreshed to help ensure staff were sufficiently skilled to meet people's needs.

The registered manager understood the requirements of the Mental Capacity Act and staff respected people choices.

The service's visit schedules were well organised and included appropriate amounts of travel time between care visits.

Is the service caring?

Good ●

The service was caring. Staff knew people well and provided kind and compassionate care.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and provided staff with sufficient guidance to help ensure people's care needs were met.

Complaints and concerns had been investigated and resolved to people's satisfaction.

Is the service well-led?

Good ●

The service was well led. The registered manager had provided staff with appropriate leadership and support.

Staff were well motivated and demonstrated a commitment to delivering quality care.

Quality assurance systems were appropriate and the service's records were well organised.

Plymouth Care Services 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 the 11 and 13 October 2016 and was announced in accordance with the commission's current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector.

The service was registered in 2014 and has not previously been inspected. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the four people who used the service, two people's relatives, four members of the care staff and the registered manager. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving care and support. People's comments included, "I am definitely safe" and "Yes, I feel safe."

Staff understood their role in protecting people from abuse and avoidable harm. Staff regularly received training on the safeguarding of vulnerable adults and were able to explain how they would respond if they became concerned about someone's safety. Staff told us they would report any concerns to the registered manager who they were confident would act to ensure people's safety. The registered manager had completed additional training with the local authority on safeguarding procedures and records showed the service had previously reported concerns appropriately.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care planning process and included a variety of risks including environmental risks and risks associated with the person's current care needs. For each risk, staff were provided with guidance on the actions they must take to protect both the person and themselves from the identified risk. These assessments had been regularly reviewed and updated to reflect any changes to identified risks.

The service had appropriate systems in place for the documentation and investigation of any accidents or incidents that may occur. Records showed all incidents had been fully investigated by the registered manager and where necessary, procedures and risk assessments were updated to reduce the likelihood of a similar incident reoccurring.

People said they had not experienced missed care visits and the registered manager told us, "We do not miss visits." Staff said they had no knowledge of visits being missed and told us, "[The registered manager] or senior care cover where necessary." During our review of daily care records we found no evidence that indicated planned care visits had been missed.

We compared the service's visit schedules with the number of staff available each day and found there were sufficient numbers of staff to provide all of the planned care visits.

The service's recruitment practices were safe. All necessary pre-employment checks including Disclosure and Barring Service (DBS) checks and employment histories had been completed. This meant the service had ensured prospective staff were suitable for work in the care sector before they were permitted to visit people's homes.

The service generally supported people with medicines by reminding people to take their medicines and helping with the application of creams. Systems were in place to record details of how staff had supported people with their medicines. Each person's care plan included a detailed body map of the areas where creams were to be applied. Daily care records included details of the support staff had provided each person with their medicines.

The service had appropriate infection control procedures in place. All necessary personal protective equipment was readily available from the service's office.

Is the service effective?

Our findings

There were systems in place to provide new members of staff with the necessary training to enable them to meet people's needs. New staff initially completed office based induction training before observing experienced staff providing care and support. One recently recruited staff member told us, "I did a three hour induction and then two days of shadowing." Managers told us new staff were always required to observe a person's care visit before being permitted to provide their care independently. Staff confirmed this and commented, "I have another shadow shift tomorrow" and "I went to people I had already met."

Staff were required to complete the care certificate training during their probationary period and a recently appointed staff member told us, "I have started doing the care certificate." This national recognised training is designed to provide staff, new to the care sector, with a wide theoretical knowledge of good working practices. Records showed new staff received formal detailed assessments of their performance at the end of their probationary period. As part of this assessment process managers sought feedback on the new staff member's performance from the people they regularly supported.

Staff training records were well organised and demonstrated that all staff had regularly received training identified as necessary to enable them to meet people's needs. All training was provided in a face to face format by appropriately qualified external trainers. Staff told us, "I have done loads of training", "I did an all day moving and handling course" and "The training is very good." Records showed staff regularly received training in topics including; safeguarding adults, moving and handling, food hygiene, first aid, medication, dementia awareness, dignity and respect, end of life care and pressure area care.

All staff had regular supervision and the registered manager was in the process of reintroducing annual staff performance appraisals. In addition, senior staff routinely completed spot checks, to assess the quality of care provided by each member of staff. These checks were unannounced and staff were provided with detailed feedback on their observed performance.

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. The registered manager understood the requirements of the Act and told us, "All staff have just done MCA training." Staff recognised the importance of respecting choices and people's care plans clearly instructed staff to respect people's decisions. For example, one person's care plan stated, "[Persons name is a very independent man and at times is reluctant to have things done for or to him. If he states that he does not wish to do something even after gentle encouragement, accept this and record it with in the [daily care record]]."

People's care records demonstrated that where necessary the service had liaised effectively with health professionals including GPs and district nurses to help ensure people's care needs were met.

People told us they normally received their care visits on time and that staff did not rush while providing care and support. People's comments included, "They are always on time", "I always get the full time" and "They are usually here within a few minutes, if they are more than 20 minutes late they will ring me and let me know." Staff visit schedules were well organised and included 15 minutes of travel time between all consecutive care visits to help ensure staff had sufficient time to travel between people's homes. Staff told us, "I do have enough time during the visit and you get about 15 minutes between visits for travel time", "We do have enough time to drive between visits" and "We do not shorten visits, If I am running late I ring the office and they will phone and let people know I will be late."

People told us, "I have a list every week of who is coming" and we found the service's visit schedules were well organised. Staff received visit schedules one week in advance that included details of all their planned care visits as well as training events they were due to attend. Staff told us, "I do get a rota every week, It does not change much", "training is on the rota" and "We get the rota on Thursday for the whole week."

Is the service caring?

Our findings

Everyone consistently praised their care staff for the kind and compassionate care the service provided. People's comments included, "They look after me pretty well", "I think they are very good" and "The staff are very polite, friendly and helpful." People's relatives said, "They are small and reliable, you know exactly who is coming."

Staff told us they enjoyed their role and spoke warmly of the people they supported. Staff comments included, "All the clients are really nice" and, "It is very nice and very rewarding working with the clients." The registered manager explained that the service did not normally provide care visits of less than 30 minutes. They considered this was the minimum time required to allow staff to meet people's care needs at a relaxed pace while providing social interaction. People told us, "I do not feel that staff are rushing", "Yes they have enough time" and "If I need a bit more help they just stay a bit longer."

Throughout our inspection the registered manager and senior carer demonstrated a detailed understanding of people's individual needs and preferences. We heard staff discussing with managers the best techniques to use to encourage one person to accept planned levels of support. Manager's spoke knowledgeably of this person's preferences and congratulated the staff member who had found that singing with the person had enabled them to provide support that was frequently declined. This showed staff were creative when working with people to help ensure they met their individual needs and preferences.

We reviewed the service's visit schedules and found that people normally received support from a small number of staff who they knew well. People told us, "I do have a regular group of staff", "The staff are very good, very kind and caring", "I get on very well with them, we have a laugh and they are very kind" and "They go beyond their duties sometimes, they are excellent." A relative commented, "My relative knows the staff very well and gets on with them" while staff said, "I see the same people every day." The registered manager said, "Everybody has a standard rota" and "People have a team of four staff they see regularly."

The registered manager was proud of the relationships they had developed with people and told us they knew everyone well. People were encouraged to contact the office with any concerns or queries they had.

People told us their privacy and dignity was always respected and described the staff provided by Plymouth Care Services as, "friendly", "courteous" and "willing." People said they felt in control during their care visits and that staff respected their decisions and choices. People's comments included, "I tell them what I want", "They all do what I want them to do", "They ask me what I want them to do each visit" and "After they have done what is in the care plan they ask what I would like them to do for the rest of the visit." Relatives commented, "They talk to [my relative] and tell him what they are doing." Staff told us they always listened to people and did what they were asked.

People told us the service they received was flexible and able to respond to their requests for visit times to be varied to enable people to attend medical appointments or other events. One person said, "They will come earlier if I phone them."

Is the service responsive?

Our findings

The service operated a two stage referral and needs assessment process. After a person requested support from the agency the registered manager visited them at home. During this visit they discussed people's specific needs and established if the service was able to meet those needs. If this was possible the service's senior carer then again visited the person at home to complete a detailed assessment of the person's needs and specific risk assessments. An initial care plan was then developed from this information and agreed with the individual during the first care visit which was normally provided by the senior carer. Care staff were then introduced to the person and shadowed the senior carer before providing the person's care independently.

People's care plans included sufficient information to direct and inform care staff of each person's individual care needs. These documents provided staff with step by step guidance on how to provide each planned care visit. This included details of the support required and explanation as to why the person needed this level of support. Everyone had a copy of their care plan in their home. One person told us, "They are very good they do exactly what they say they will." Staff comments in relation to people's care plans included, "The care plans are good, they tell you what you have to do", "They are really thorough care plans, with risk assessments and body maps and lots of detail" and "I am quite surprised how good and thorough they are." Records showed care plans had been regularly reviewed and updated to help ensure they accurately reflected each person's current care and support needs.

Care plans included useful and informative information about people's medical history and how this affected their current care and support needs. However, care plans did not include information for staff on people's life history, background and interests. This type of information can help staff, during initial care visits, to quickly identify topics of conversation the person is likely to enjoy.

At the end of each care visit staff completed detailed daily care records. Staff arrival and departure times were recorded along with details of the care provided and information about any observed changes to their needs or mood. These records were signed by staff and people told us, "I have a blue book that they write in each time."

The service had appropriate procedures in place for the management and investigation of complaints and minor concerns. The service had not received any formal complaints but records showed a number of minor issues had been raised with the registered manager. These had been fully investigated and the service staff disciplinary process had been used appropriately to address and resolve these issues. One person told us, "I raised a complaint about [detail of complaint] and they addressed and resolved it." Others said, "I have no problems at all" and "I can't fault them at all." In addition, the service regularly received compliments and thank you letters from people and their relatives for the high quality of care the service provided. One recently received compliment said, "You have been so very helpful, professional and accommodating. I would not hesitate in recommending your service."

Is the service well-led?

Our findings

People and their relatives consistently told us how happy they were with the care and support provided by Plymouth Care Services. Comments received included, "Plymouth Care Services are a very good, small company", "I think they are very good" and "I would recommend them to anyone."

We found the small staff team were well motivated and clearly focused on ensuring people's care and support needs were met. Staff told us, "It's a good company to work for", "It's a brilliant place to work" and "[The registered manager] is very good, she has high standards and is very focused on the service users, She wants people to see the same staff and to have continuity of care." The senior carer said, "We have a very good sickness level because the girls are happy." The registered manager told us, "I try to be approachable" and "I do not stand for any nonsense."

Staff told us, "We go into the office every Friday to collect the rota and drop off the time sheets." Senior staff explained that staff were expected to visit the service's office at least once per week to ensure effective communication and provide an opportunity for any observed changes to people's care needs to be discussed.

Staff said they were well supported by the service's manager and commented, "The registered manager is really good", "I really like her, she seems quite fair" and "They are pretty good." The registered manager recognised the importance to staff of having time off on a Friday evening to enable them to enjoy time with their friends and family. The rota was organised to ensure staff took turns to cover the Friday night visits.

People were also complimentary of the service's registered manager who they said was, "Always available on the end of the phone" and "Always responds to any issues." The service had appropriate systems in place to provide people and staff with support outside of office hours.

Each day, either the registered manager or senior carer, was designated as being on call. While on duty senior staff carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. Staff told us, "On call is always easy to get hold of." Each morning in the office there was a handover of information from the on call manager to ensure office staff were aware of any issues that had occurred overnight.

The service's management structure was clear and well understood by all staff. The registered manager was based in the service's office but regularly provided a small number of care visits each week. The registered manager was supported by a part time finance administrator, a volunteer who ensured that the service records were well organised and a senior carer. The senior carer's time was split evenly between office duties which included care planning and staff supervision and providing care and support visits.

The registered manager had recently completed a level five diploma to care management. She was aware of recent developments within the care sector and management practices. In addition the service routinely accessed information provided by a variety of local peer support groups to ensure they were aware of

changes to current best practice.

The registered manager intended to slowly expand the service and was at the time of our inspection in the process of recruiting additional members of staff. They explained they intended to recruit staff before agreeing to provide additional care visits to ensure that the service always had sufficient staff available to provide all planned care visits.

The service's records were well organised and the registered manager was consistently able to locate information requested during the inspection process. There were effective systems in place to monitor the quality of care the service provided. The registered manager visited each person regularly to provide their care visits and discuss any changes the service could make to improve the person's experience of care. People told us, "[The registered manager] comes herself once every week so she knows all that is going on" and "[The registered manager] comes and does care visits regularly."