

@PlymouthCare Ltd

@PlymouthCare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

@Plymouth Care is a domiciliary care agency which was providing personal care to 64 people at the time of the inspection. It was set up to take over from failing services or where providers had taken the decision to close services. As such it has to respond quickly to sudden increases in the number of people being supported and staff numbers, sometimes with little notice or time to plan.

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

At the time of the inspection @PlymouthCare had, within the previous six weeks, taken over two failing providers. This had meant an increase of 31 people using the service within two days. The service had also taken on responsibility for the staff teams. The situation had put the service under pressure which had impacted on the care and support provided.

People did not consistently receive visits in line with plans. Staff, people and their relatives told us visits were often inconsistent. This meant people were not always receiving care that met their needs and preferences.

Systems to ensure people received their medicines as prescribed were not robust. Due to erratic visit times it was not always possible to support people to take medicines which were time specific.

When the service took on new packages of care they were reliant on information provided by the previous provider to develop care plans. This information was not always reliable or available. The registered manager told us they prioritised the development of care plans so people who they considered had the highest needs had their care plans put in place first. We found two people still did not have a care plan in place. Risk assessments were not always up to date. Some people had specific health care needs but no associated care plan in place.

Managers did not have oversight of training for staff who had recently joined the agency. Staff recruited by the service had an induction which included training in areas identified as necessary for the service.

People told us although they felt safe they did not consider the service to be caring. People spoke about a lack of communication and information when visits were rescheduled. One person told us they needed to remind staff what to do and felt they were rushed.

We were not able to view all the records we requested both during the inspection visit and after. As the training records had not been updated to include new staff we asked for the records of two new staff to be collated and sent to us. These were never received. During the inspection we were not able to view any records relating to feedback from people using the service or any staff meeting minutes. A complaint had not been recorded in line with the organisations policy.

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.

Staff had access to 'quick guides' which contained basic information about how care should be provided at each visit. This was available to them to view prior to attending a visit and included information about any communication needs and people's preferences in relation to food.

Staff told us they received regular supervision and spot checks were completed regularly to assess their competency. Most staff told us they felt well-supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 6 August 2021 and this is the first inspection.

Why we inspected

We carried out this inspection in order to provide a rating for the service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, the management of risk and medicine systems, records and failure to notify CQC of significant events.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Requires Improvement 

### Is the service effective?

The service was effective.

Good 

### Is the service caring?

The service was not caring.

Requires Improvement 

### Is the service responsive?

The service was responsive.

Good 

### Is the service well-led?

The service was not well-led

Requires Improvement 

# @PlymouthCare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 October 2022 and ended on 17 October 2022. We visited the location's office on 10 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office where we met with the service manager, care supervisor, the administration officer and two senior care workers. We looked at five care plans, four people's Medicine Administration Records (MAR) and other records relating to the management of the service. We spoke with eight people and one relative, eight members of staff and two external healthcare professionals. We also contacted the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Systems to record people had received their medicine as prescribed were not robust. There was an electronic Medicine Administration Record (MAR) system in place. The service manager told us the telephone signal could be unreliable which meant staff were not always able to record when medicine had been administered.
- Some medicines needed to be taken at specific times. For example, some people had regular pain relief which could not be given until four hours had elapsed since the previous dose. Due to calls being rearranged, when staff were unavailable, it was not always possible for people to be supported to take these medicines as prescribed.
- It appeared one person had not received their medicines as prescribed during the evening, on five occasions in the week preceding the inspection visit. The service manager reviewed these records and told us on four occasions this was due to the visit time being rearranged making it unsafe to give the medicine at that time. On the other occasion the medicine was given but not recorded due to IT issues.
- Some people had medicines available to take 'as required.' There were no protocols in place to guide staff on when these could be administered.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us a paper based MAR system was now being used alongside the electronic MARs to provide a back-up. Staff also confirmed this with us.
- Following the inspection the registered manager shared with us guidance for the use of PRN and templates for recording individual's needs in this area.

### Assessing risk, safety monitoring and management

- Some people had risks associated with their health condition. There were not always risk assessments in place to guide staff on the actions to take to mitigate the risk. For example, one person sometimes behaved in a way which could put themselves and staff at risk. There was no guidance in place to inform staff on likely triggers and the action to take to protect themselves.
- The person's care files contained a proforma risk assessment for behaviours which could put people and others at risk. This stated there were no concerns in this area. The registered manager told us the situation was relatively new. However, it is important care plans and risk assessments are updated quickly to reflect

the situation at the time.

- Two staff members told us they were not confident providing care for this person.
- Environmental risk assessment proformas were in place to alert staff to any potential hazards in people's homes. These were not comprehensive. For example, one person's care files indicated they had a dog, but this was not included in the environmental risk assessment.

The failure to record and protect people and staff from potential risks contributed to the breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us of actions taken to mitigate risk when a person acted in a way which could put them and staff at risk.
- Some people had equipment in place. For example, wheelchairs and slings and hoists. Staff completed a sense check of equipment before they used it. Office staff monitored service records so they would be aware when any equipment was due to be serviced.

#### Staffing and recruitment

- @Plymouthcare was established to take over from failing services or where providers had taken the decision to close services to help ensure people were not left without care at short notice. The service had taken on 31 additional clients in September 2022 when they had taken over two other agencies.
- One of these providers had closed with limited notice, largely due to staffing issues. Although some of their staff transferred to @Plymouth care it was an already depleted staff team and some staff decided not to transfer.
- Visits sometimes had to be rearranged due to low numbers of available staff because of staff shortages or unplanned absences.
- Most of the people we spoke with commented on the unpredictability of visit times. Comments included; "They're not very reliable; their time keeping is poor. We do get sent a weekly roster but I've often had to ring them to find out what was really happening on the day", "They send a weekly rota but it's a bit of a fairy tale and doesn't really mean anything" and; "They never stay the full time. They try to get out as quick as possible."
- Staff confirmed visits were not always carried out in line with the planned visit. No-one reported any missed visits.

The failure to provide care in line with people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment checks were completed before new employees started work. This included obtaining references from previous employers, where applicable and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy available. However, the policy had not been reviewed since 2017.
- Staff told us of occasions when they had raised concerns internally and these had been dealt with. The management team had escalated safeguarding concerns to the local authority appropriately.
- People told us they felt safe. Comments included; "They're OK and I feel safe", "It's safe enough" and "Safe? Absolutely!"

#### Preventing and controlling infection



- The provider kept stock checks of PPE such as aprons, gloves and masks and ensured stocks were replenished regularly.
- Staff confirmed they had no difficulties obtaining PPE.

Learning lessons when things go wrong

- Any accidents were recorded. Untoward events were discussed by the registered manager and office team to identify where changes needed to be made.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

- Systems to enable managers to ensure staff had the appropriate skills and knowledge to support people were not in place. There was no up to date training matrix, or other record, to give an overview of training for staff who had recently transferred to the service. We have commented on this in the well-led section of the report. Following the inspection, the registered manager provided details of training for two of these members of staff. This demonstrated the service had a clear picture of training that these two staff had completed and any further training needs.
- The nominated individual told us that key staff from one of the agencies they had taken over, had not been available to support the transition. Records that would normally be available, such as training records, had either been missing or not up to date.
- At the time of the inspection the administrative manager was collating the training records of new staff to provide an overview of all staff training.
- Individual staff files contained training certificates to evidence when staff had completed necessary training.
- New staff, recruited by the service, completed an induction and a three-month probationary period before their contracts were finalised.
- Staff who had worked with the service for a while had their training recorded and were reminded when this needed to be refreshed.
- Senior staff completed competency checks on staff every six to twelve months. This included checks on their moving and handling practice and medicine administration.
- Staff received one to one supervisions every 12 weeks.

### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person's needs were looked at prior to the agency accepting them. This enabled them to look at people's specific needs and evaluate if they were able to meet them. The care co-ordinator was responsible for this role, along with others, and told us they would turn down a package of care if they did not have staff with the appropriate skills and knowledge.
- Families were encouraged to contribute to pre-admission assessments, particularly if people had any communication difficulties which might impact on their ability to express their needs and preferences.
- Due to the nature of the service the registered manager told us they did not always have all the relevant information available to them. In these cases, they prioritized people according to the level of support they required and assessed people in order of need.

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

- Some people needed support preparing meals and some needed support to eat. This was recorded in care plans with details about people's personal preferences.
- Most of the people we spoke with did not need support in this area. However, one person commented; "The carer makes my lunch and we chat as I eat it."

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

- The registered manager and staff contacted other agencies appropriately. For example, a referral had been made to the local mental health team when staff became increasingly concerned about a person's emotional well-being.

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

- The service worked with local GP's and district nurses to help ensure people's health needs were met. For example, in response to one person's declining health the GP had been asked to review their needs.

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 MCA 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.

- At the time of the inspection there was no-one using the service that lacked capacity to make decisions about their care and support.
- Some staff reported taking photographs of people to record any concerns in relation to any injury. There were no records to evidence people had consented to this. We discussed this with the registered manager who told us they had already identified the issue and were going to discuss with staff at the next staff meeting.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and their families were involved in the development of care plans. One commented; "The care plan has been reviewed a couple of times now. Last time was a couple of months ago. They usually ask what we want changed." However, as reported in the well-led section of this report not everyone who had recently transferred to the service had a care plan in place.
- People had been asked for their views in telephone interviews during January 2022. No records of these conversations could be found at the time of the inspection. The service manager told us they had identified they needed to communicate better with people when visits were running late. However, as reported elsewhere in this report people remained unhappy about visit times and communication.

Respecting and promoting people's privacy, dignity and independence

- Most people expressed concerns about the way in which they were supported. Comments included; "They just about do their job but only if I keep them on track. They could make life easier if they just gave a bit more thought to it; or had some more training", "I've had to make so many complaints about all sorts of things; mostly little things but would make things so much nicer" and "I get so irritated with them, lots of them don't care, [staff] only do what they have to do, no sign of caring about their clients."
- One person told us they preferred to have female staff to support them with personal care, but this was not always provided. They explained that, while the male member of staff had been understanding, the situation had made them uncomfortable.

The failure to provide care in line with people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Two people were complimentary telling us; "It's nice if they finish their tasks early because they sit and chat; that makes me feel good" and; "They are very good to me, couldn't do better."

Ensuring people are well treated and supported; respecting equality and diversity

- People's individual beliefs and faith were known and respected. For example, staff told us it was important to some people that they were able to attend church.
- One member of staff who had been transferred from another agency told us they found they had more time to spend with people. They said; "The values are better; I have more time to spend with people."

- Some of the people who had recently transferred from another agency had previously had visits of 15 minutes in place. These had been extended to 30 minutes to give staff time to provide care at a more relaxed pace. arranged.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- @PlymouthCare had taken over two services during September 2022, this amounted to a total of 31 new clients. When the service took on new packages of care they were reliant on information provided by the previous provider to develop care plans. This information was not always reliable or available. This had put the service under pressure and two people had not had a care plan developed at the time of the inspection. Managers told us it had been 'difficult.' We have commented on this in the well-led section of this report.
- In order to provide staff with relevant information 'quick guides' had been developed for everyone so staff had access to people's needs at each visit. This gave them an overview of people's preferred routines and the support they needed at each visit. Staff told us this was useful, and they were able to access it prior to attending a visit.
- When taking on new clients from previous care providers managers risk assessed people's needs and prioritised the development of care plans for individuals whose needs were the most complex.
- Managers had a comprehensive handover each morning to ensure they were up to date with people's needs. This included details about any issues raised with the member of staff covering on-call.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans and known to staff.
- Staff were knowledgeable about how to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- Complaints were not dealt with in line with the providers policy which stated; "When we receive a written complaint, it is passed to the designated lead manager, who records it in the complaints book." Complaints from one relative had been received by email; these had not been recorded in the complaints book.
- The service manager told us they had communicated with the complainant and offered an apology. They had also arranged a meeting to discuss the concerns. However, the complainant had declined to attend the meeting.

## End of life care and support

- No-one was receiving end of life care at the time of the inspection. The service manager told us they were able to provide this if necessary. Should it be required a small staff team would be put in place to provide consistent care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The agency had been set up specifically to take on failing services, so people would receive continuity of care at times of crisis. This meant they were required to take on staff teams and clients who they had little knowledge of and were dependant on the outgoing provider for information and records. This system meant there were inherent risks associated with a lack of information.
- Records to monitor and assess the service were not all available for inspection. People had been asked for their views of the service in telephone calls during December 2021. No analysis of the responses had been completed. While the service manager was able to provide a verbal overview of the results, they were unable to locate the collected responses.
- Staff files were held with records relating to recruitment. Some elements of the records were not in place. For example, one staff members records indicated ID checks had been completed but there were no records on file. Staff had DBS checks evidenced on file. The organisation asked staff to renew these checks every three years. One staff member was recorded as needing to renew their DBS check on 2 October 2022. This had not been identified.
- Care plans for specific health conditions had not been developed. For example, one person had a catheter fitted. There was no care plan in place to provide in depth information on how to support people with this aspect of their care.
- Training records had not been collated to enable managers to check staff, who had recently transferred from another service, had the necessary skills and knowledge to support people. 22 staff had moved across to @PlymouthCare in the month prior to the inspection. In only one case had their training records been uploaded to a training matrix. The member of staff needed refresher training in hand hygiene, recording information, first aid, safeguarding and face to face moving and handling. These gaps indicated other staff may also not have the skills required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications had not been submitted to CQC as is legally required. This meant we were not informed of events in a timely manner. It is important we receive this information to enable us to monitor services effectively. We discussed this with the registered manager and signposted them to the relevant guidance.



This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009

- The service was registered to provide care and support to people with a learning disability and autistic people. This meant they were required to be familiar with the principles of Right Support Right Care Right Culture. The registered manager told us they had the necessary skills and experience to act as lead in this area if needed. At the time of inspection no-one with a learning disability, and no autistic people, were using the service.

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

- There was a duty of candour policy in place. An external healthcare professional told us of an occasion when a relative had raised concerns. We discussed this with the registered manager who told us they had apologised for the shortfalls.

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

- Staff meetings were held every month via TEAMS to enable all staff to attend. We asked to see the meeting minutes for the last three staff meetings, but these could not be located.
- Staff were largely complimentary about the support they received from managers and office staff.
- Questionnaires had been due to be circulated to people in August to gather their feedback, but this had not yet been completed.
- The registered manager told us how they worked with people and their families to try and collate the necessary information to develop comprehensive care plans as quickly as possible.

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

- Staff told us they were able to raise any concerns they had with managers and office staff and were always listened to.
- Although staff told us they were able to get hold of managers and office staff quickly, people found this more difficult. Comments included; "I have to ring the office once or twice a week; usually over carers arriving late, or too early. They take a message, but I've never had a response, let alone from a manager" and "They never answer the phone, I've sent lots of emails but no response. It's like they don't care."
- We discussed this anomaly with the registered manager who told us staff and people using the service used the same contact details to reach managers and the office. They explained how on-call systems ensured someone was available at all times of day. They assured us they would look into the concerns raised.
- We discussed the problems identified with the registered manager. They explained the nature of the service meant they were required to take on packages of care very quickly with limited information. They created quick guides for staff to help them gain an overview of people's care. To help ensure people's experiences improved they planned to return to each person within six months to review their care and develop more in-depth care plans and risk assessments.

Working in partnership with others

- Managers told us they had established good working relationships with other agencies.
- When management became aware of gaps in information provided they had worked with the local authority to check the information held to provide a more comprehensive picture of people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The responsible persons had failed to notify CQC of all notifiable events.
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not receive care in line with their needs and preferences.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Accurate, complete and contemporaneous records in relation to the management of the service were not kept.