

Altruistic Care Limited

Plane Tree Court

Inspection report

11-13 St Lesmo Road
Edgeley
Stockport
Greater Manchester
SK3 0TX

Tel: 01614806919
Website: www.swanvale.com

Date of inspection visit:
12 July 2017

Date of publication:
11 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected Plane Tree Court on 12 July 2017, which was unannounced. At the last inspection in August 2014, the service was rated Good. At this inspection we found the service needed to make some improvements to the staffing levels, but the overall rating remained as Good.

Plane Tree Court is registered to provide accommodation and nursing care for up to 66 people, which was split across three floors. People who used the service have physical health and/or mental health needs, such as dementia. At the time of the inspection there were 61 people using the service.

There was not a registered manager at the service. 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. There was a manager who had been in post for four months and we were told that they were in the process of applying to become the registered manager.

We found there were some improvements needed to ensure there were enough staff available across the service to provide support to people.

We found that people were consistently protected from the risk of harm and received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service.

People continued to be supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were managed and monitored. Staff received training to enable them to support people effectively. People had access to health care services and advice sought was followed by staff to ensure people's health and wellbeing was maintained.

People were treated with dignity and staff were caring and kind. People's dignity was respected and their right to privacy was upheld. Staff promoted people's choices by ensuring that individual methods of communication were used to gain people's views.

People had the opportunity to be involved in hobbies and interests. People and their relatives were involved in the planning and review of their care. Staff knew people well and people were supported in line with their preferences. People understood how to complain if they needed to and complaints were managed in line with the provider's policy.

Effective systems were in place to assess and monitor the quality of the service people received. People and staff were encouraged to provide feedback about the service and how improvements could be made. The manager was approachable to both people and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

There were some improvements needed to ensure there were enough staff available to consistently meet people's needs.

Staff had a good understanding of the various signs of abuse and knew their responsibilities to report any concerns about the care and treatment of people who used the service.

People's risks were planned and managed to protect them from the risk of harm and medicines were managed safely.

Is the service effective?

Good ●

The service remains effective.

Staff received training to carry out their role effectively.

People were supported to make decisions about their care and staff understood their responsibilities to ensure people who lacked capacity were supported with decisions in their best interests.

People were supported effectively with their nutritional needs and were supported to access health services to maintain their health and wellbeing

Is the service caring?

Good ●

The service remains caring.

People received support from staff in a caring and compassionate way.

People were able to make choices about their care and their privacy and dignity was upheld.

Is the service responsive?

Good ●

The service remains responsive.

People were supported to be involved in hobbies and interests that were important to them.

People received individual care that met their personal preferences and were involved in the planning and review of their care.

The provider had a complaints procedure, which people understood and complaints received were acted on to make improvements.

Is the service well-led?

Good ●

The service remains well led.

People and their relatives were encouraged to give feedback about the quality of the service.

People, relatives and staff were able to approach the manager and felt the manager was supportive and responsive.

The manager monitored the service was in place to ensure that people received care in line with their assessed needs and the provider had a good overview of the service provided.

Plane Tree Court

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 checked whether the provider was 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 was a comprehensive inspection which took place on 12 July 2017, and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the provider completed 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. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns. We also spoke with commissioners and other stakeholders to gain their views of the service provided.

We spoke with ten people who used the service, six relatives and a visiting professional. We also spoke with nine staff, two unit managers, the clinical lead, the home manager and the provider. We observed care and support in communal areas and looked around the service and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We viewed seven records about people's care and medicine administration. We also looked at records that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the manager and provider.

Is the service safe?

Our findings

We received varied responses from people about the amount of staff available to support them. Some people told us that there were not always enough staff to support them in a timely way. These included; "Sometimes there is a bit of a delay when I want the toilet, but they do as well as they can" and, "On this floor (3rd), there are no issues with staffing. When I press my buzzer they are there straight away". One relative said, "Staffing has improved, but was never dangerous, it's certainly improved since I've been coming here". Comments about the staffing levels we received from staff also varied across the units. Staff told us that they were very busy on the first floor unit. They told us that people always had their needs met but staff did not always have time to chat to people and were rushed especially in a morning. During the inspection we saw that staff were busy on the first floor unit and were not always able to spend time with people. We spoke with the manager and provider about the concerns that had been raised and they told us that they were in the process of recruiting more staff as it had been identified that a further member of staff was required on the first floor unit. We saw this had been discussed in meetings and had been included in the provider's improvement plan. The provider told us they would speak with staff to ensure they were aware that there was a plan in place to recruit a further member of staff. This meant that improvements were being made to staffing levels to ensure that there were sufficient staff across the service and we will assess if this has been effective at our next inspection.

We saw that the provider had undertaken checks, which ensured that staff employed at the service were suitable to provide support to vulnerable people. These checks included references from previous employment and criminal record checks. This meant that the provider had safe recruitment practices in place.

People told us they felt when staff supported them. One person said, "I feel safe around staff, but if I didn't I would tell the manager or my relative how I felt. I've never had any reason to feel unsafe". Another person said, "I have no concerns at all, I feel very safe living here". Staff we spoke with understood how to recognise potential abuse and told us they would report any concerns straight away". One staff member said, "If I thought someone was being abused I would report this to my manager or even external agencies like CQC or social services". We saw that the manager had acted on any concerns raised and reported these to the local authority and an investigation had taken place where required. This meant people continued to be protected from potential abuse.

We saw that risks were assessed and managed to keep people safe. A relative we spoke with told us that the staff had managed their relative's risk of pressure areas well. They said, "My relative has had a pressure sore, but this has gone now because the nurses and staff have looked after them well". We saw that this person had risk assessments and care plans in place to ensure that their risk of pressure areas was lowered. Staff explained this person's risks and how they supported them to remain safe from harm. The records we viewed showed that people's individual risks were detailed with guidance for staff to follow to keep people safe. These included people who were at risk of falls and contained details of the equipment needed to support people to move safely. Staff were aware of these management plans in place and we saw staff supporting people in line with their plans of care to lower risks to their health and wellbeing. This meant

people continued to be safe from harm because their risks were managed and mitigated.

People told us staff supported them with their medicines when they needed them. One person said, "If I am in pain, I tell the nurse who gives me something for the pain straight away". We saw that staff administered medicines in a dignified and explained to people what medicines were being administered and why these were needed. We saw that where people required 'as required' medicines these contained detailed guidance for staff to follow. Medicine Administration Records (MARs) we viewed showed the medicines people needed, the frequency and the amount and we saw the MARs had been completed accurately by staff. This meant that medicines continued to be managed safely.

Is the service effective?

Our findings

People told us they felt that staff were trained and knew how to support them effectively. One person said, "Staff seem very knowledgeable and know what they need to do. They seem very well trained". Staff told us they had received an induction when they were first employed at the service. One staff member said, "I completed an induction before I started, it consisted of classroom training and completion of workbooks and then I shadowed another member of staff. I have had refreshers to update my knowledge too". The training records we viewed confirmed staff received training and competency checks to ensure they had the knowledge and skills to carry out their role effectively.

People consented to their care where able and were encouraged to make decisions about their care. One person said, "The staff always ask me what I need. I am quite able so I like to do a lot of things for myself and staff always listen to what I want". Staff had a good understanding of how they needed to support people to make decisions in their care. One member of staff said, "Some people have limited capacity to consent, but I understand people's body language and explain things to people slowly so they understand". 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. We saw that people who were unable to make certain decisions by themselves had capacity assessments in place and they were supported by family and advocates to make decisions that were in their best interests. This meant people continued to be supported to have as much choice and control as they were able to in their daily life.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions had been identified we saw that DoLS had been applied for to ensure any restriction was lawful and in people's best interests. Staff we spoke with explained how they needed to support people in line with their DoLS and in the least restrictive way possible. This meant people continued to be supported in the least restrictive way and in their best interests.

People we spoke with were very happy with the food and there was always a choice of food on offer. One person said, "The food is lovely, it's healthy with plenty of choice". Another person said, "The food is magical and plenty of it". We saw staff sat with people and chatted with them whilst they were eating and gave encouragement where needed. We saw there were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as soft diets. Staff we spoke with understood people's individual nutritional requirements and the support they needed to provide. This meant people continued to be supported with their nutritional needs to keep them healthy.

People were supported to access health professionals when they needed to. One person said, "If I feel unwell, I tell the staff and they arrange for me to see the doctor if needed". Relatives we spoke with told us

they were kept informed if their relative was unwell and if they had been seen by a health professional. We saw records that showed people had been referred to health professionals if their health had deteriorated. For example; one person had suffered periods of agitation and advice had been sought from the doctor. Advice received for this person had been followed and his person's anxiety had reduced. Another person had been referred for a speech and language assessment due to staff raising concerns about their ability to eat certain foods. Tis meant that people continued to be supported to maintain their health.

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. One person said, "Staff are always about for a chat and are really good with me". Another person said, "Staff are very nice and kind. They look after me well". Relatives we spoke with also told us that staff were caring towards their relatives. One relative said, "The staff are definitely very caring towards my relative". Another relative said, "I think it is really good here. The staff are really caring and kind towards my relative". We observed staff interaction with people and found that staff were caring and patient when they provided support. We saw staff asked people throughout the day if they were okay and if they needed anything. This meant people continued to receive support that made them feel cared for.

People told us they were able to choose how and when their care was carried out. One person said, "Staff ask me various things. I can choose when I get up, what I eat, my clothes and if I want to be involved in activities. Staff listen to me and never make me do anything I don't want to". Another person said, "Staff always listen to my wishes and I feel I have a choice in all areas of my care". We saw that people were given choices throughout the day by staff that were patient and listened to what people wanted. We heard staff asked people questions in a way that promoted their communication and understanding to enable people to make informed choices. For example; staff spoke clearly and slowly using short sentences and gave people time to respond. This meant that people were supported to make choices by staff that were patient and understood people's individual ways of communicating their wishes.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff are always very respectful and make me feel comfortable". A relative said, "The staff are very respectful and always knock on my door and have a nice way about them. I can't fault them at all". We saw that staff spoke with people in a way that respected their dignity. For example; staff were discreet when they asked people if they needed support and if people needed their personal care needs met. We saw that people were able to stay in their bedrooms if they liked their own company. One person told us that they preferred to spend time in their room as they enjoyed their own company and were happy to watch television. They told us staff went in to see them to check they were okay and if they needed anything. This meant that people were treated with dignity and their right to privacy was respected by staff.

Is the service responsive?

Our findings

People told us that they participated in activities such as; drawing, painting, various craft making and themed evenings. One person said, "I really enjoy the activities, it keeps me occupied and we have a nice time". A relative said, "My relative enjoys sitting and watching the activities, The activity staff are great and engage people well". People also told us that they were given the choice whether they participated in activities on offer and staff respected their wishes if they chose not to join in. One person said, "I choose to stay in my room watching Sky, but do go down stairs for theme nights". One person's relative told us that they preferred to stay in their room and watch television, but staff would pop in and sit and watch a film with them when they had the time. This meant that people were given opportunities to be involved in activities, hobbies and interests.

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One person said, "I feel involved as staff keep me informed if there are any changes in my health and what they can do to help". One relative said, "I am involved with my relative's care and I am always kept informed if there have been any changes to their condition". We reviews of people's care had been undertaken, which showed that people were involved and contained details of any changes to people's needs. For example; on person's mobility had deteriorated and care plans were updated which showed a change in equipment that this person needed to be used when staff supported them to move. This meant people continued to be involved in their care and changes were made where people's needs had changed.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's current health and emotional needs and what is important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs. This meant that people continued to receive care that met their preferences.

People and their relatives told us they knew how to complain if they needed to and if they had complained the manager had acted upon their concerns to make improvements. One person said, "I'm very happy but if I needed to raise anything I would discuss it with [manager's name], they introduced themselves when I first came here". A relative said, "I do feel listened to. I raised a concern about my relative's care and it was looked into and improvements were made". The provider had a complaints policy in place and we saw that the manager had system in place to log any complaints received. We saw that complaints received at the service had been investigated and responded to by the manager. This meant that complaints continued to be handled appropriately.

Is the service well-led?

Our findings

People and relatives told us the manager was friendly and approachable. One person said, "I speak with the unit manager often, who is very helpful. I also see the manager about who is always very friendly". Another person said, "All the managers are very approachable here. I can talk with them anytime I need to". A relative said, "The manager is very nice, helpful and quick to respond to any issues". We also saw that the manager is available for people and/or their relatives on a weekly basis, which ensured they had time set aside to be available if people wished to discuss and area of their care. Staff told us that the manager was approachable and supported them to carry out their role. One staff member said, "The manager is very approachable and listens to what I have to say. They used to be a nurse on the units so they understand what we do". Another staff member said, "The manager is very good and I definitely feel I can speak my mind and approach them about any issues I have". A visiting professional told us that the manager was knowledgeable about people's needs and responded well to any issues raised. We observed both people who used the service and staff approached the manager during the inspection and they were comfortable asking questions or advice.

People and their relatives were encouraged to give feedback on the way they were supported weekly meetings and an annual questionnaire. One person said, "I like to be involved in the meetings and have my say". We attended a residents/relatives meeting was being held on the day of the inspection. We saw that people and relatives played an active part in the meeting and there were discussions about various topics, such as suggestions for future activities, training for relatives about Alzheimer's and updates about the service. The manager listened to people's suggestions throughout the meeting and noted people's views. This meant that people's feedback was taken account of to make improvements to the way people received their care.

Staff told us that their opinions were sought on a regular basis through staff meetings and supervision. We saw minutes of staff meeting that had been held which contained discussions about the service provided and updates in care practices. Staff told us they received supervision on a regular basis, where they discussed people they supported and any training and development needs. One member of staff said, "Supervision is useful and it helps me to know if I need to make any improvements to the way I support people. The manager listens to what I have to say and make changes where needed". This meant staff feedback was gained to make improvements to the service provided.

We saw the manager had completed audits which showed how they monitored the quality of the service provided to people. The audits we viewed such as medicines, environment, care records and safeguarding contained details of the actions taken where issues had been identified. We also saw records of incidents that had occurred and these included the actions taken to lower the risk of further incidents. The manager had reviewed incidents that had occurred and we saw that the required actions had been taken. The manager told us and we saw that the provider visited the service regularly to ensure that the required checks had been carried out and to ensure that the service was meeting the required standards of care. This meant that there were effective systems in place to monitor and manage the service.

The manager and provider told us and we saw that an improvement plan was in place. The improvement

plan detailed areas within the service that needed improvements made such as the environment and staffing. For example; the manager and provider had identified that the staffing levels on the first floor needed to be assessed. From the feedback received from staff and a re-assessment of the staffing the provider had started to recruit further staff to ensure they met the needs of the people who used the service. The manager told us that the provider listened to their suggestions and they worked on the improvement plan together to bring around improvements where needed. This meant that the provider and manager were committed to making on going improvements to the service.