

# Joseph Rowntree Housing Trust Plaxton Court Domiciliary Care Agency

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on the 26 October 2015. It was announced. During our last inspection of the agency in September 2013 the agency was compliant with all of the regulations assessed.

Plaxton Court provides housing for people over the age of 55 in Scarborough. It is a domiciliary care agency which enables people to be cared for in their own property with support from staff where this is required. There are 16 three bedroom cottages and 53, one and two bedroom

self-contained flats. There are communal facilities available which people can access which included a shop, hairdressers, restaurant and gym. All are located in the Woodlands Vale area which is close to the town centre.

The agency has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

People told us they felt safe living at Plaxton Court. Staff had received safeguarding vulnerable adults training, and were clear of the action to take should a safeguarding matter be raised.

People had risk assessments within their care files to minimise risks whilst still enabling people to make choices. The agency submitted information regarding the number of falls to head office. The manager agreed that further analysis on accidents and incidents would enable them to look for trends or patterns.

Health and safety checks were carried out on the communal areas of the environment to maintain safety.

Both staff and people using the service said that staffing numbers were sufficient for the number of people currently being supported. People told us that call times were acceptable for people and were never missed. Staff were flexible in trying to support people. All staff went through a thorough recruitment procedure before they commenced employment.

People were encouraged to manage their own medicines and as they lived in independent accommodation their medicines were stored in their homes. We carried out a sample check of people's medicines and found that they were ordered, stored and administered safely.

People told us that they received care from a regular team of staff who knew and understood their needs.

All staff received induction, training and supervision to support them in their roles. A new e-learning training programme had been introduced which staff were working their way through.

People gave their consent to any care or treatment. They told us that staff did not carry out any tasks without asking them it was okay first.

The staff told us that they did not ever carry out restraint. They told us that the increase of numbers of people living with dementia meant that this was an area that they needed to be knowledgeable about and some people had already attended training in caring for people living with dementia.

As people lived independently in their own accommodation there was a restaurant on site and this was used by many people. Some people required support from staff with their meals. Meals could also be delivered to people in their homes from the restaurant.

People attended their own health appointments but staff told us that they would call the GP if someone was unwell or required attention. People told us that staff responded quickly in an emergency.

People spoke highly of the care delivered by staff. They told us staff were friendly and kind. People told us they were treated with dignity and respect and spoken with in a polite manner.

People told us that the agency was able to respond to any changes in need. They described staff as 'flexible.' Staff told us that they would always try to offer additional support if someone was unwell for instance or if they required additional time.

People told us that they did not have any complaints but would feel confident in raising any issues with the registered manager or with staff. Policies and procedures were displayed in communal areas.

Quality monitoring systems within the organisation had been reviewed and updated. A new quality audit tool had been developed and the registered manager told us that the new audits had commenced. In addition the agency carried out a number of daily checks, held meetings with people and staff and had a number of committees and forums so that people could share their views. This all helped to monitor the quality of care being delivered at the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to report issues of abuse and they had been trained in safeguarding vulnerable adult's procedures. Risks to people were appropriately managed.

Recruitment processes were robust and appropriate checks were completed before people started work. People spoke positively of the staff who provided care.

People told us they received their medication when they should. People were supported to manage their medicines where possible.

Good



### Is the service effective?

The service was effective.

People were assessed before they started using the service to check that care could be provided appropriately.

Staff received induction, training and supervision to support them in carrying out their roles effectively.

People were supported to make choices and decisions and to give their consent to any care being provided.

Good



### Is the service caring?

The service was caring.

People told us that they were treated with kindness and courtesy. They spoke highly of the staff who provided their care.

People told us that staff were respectful and treated people with dignity.

People were involved in making decisions about the care and the support they required.

Good



### Is the service responsive?

The service was responsive.

People's care packages were regularly reviewed and updated where necessary.

People had individual call times allocated on rotas so that they knew the staff who were supporting them.

The agency had a clear policy on complaints and people said they would feel confident in raising issues should they need to.

Good



### Is the service well-led?

The service was well led.

The agency had an experienced registered manager in place who promoted high standards of care and support.

Good



# Summary of findings

The ethos of the agency was positive; there was an open and transparent culture.

The organisation had implemented a new quality assurance system to ensure that people received a good quality service. People's views were sought and responded to.

# Plaxton Court Domiciliary Care Agency

## 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 registered 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.

The inspection took place on the 26 October 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one Inspector.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the registered provider is required to send to us to inform us of significant events. We did not request a provider information return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spent time talking to 10 people using the agency, two visitors/relatives and we spoke with three staff and spent time with the registered manager.

We looked at a range of records which included; two people's care records, medication records, records to review the quality of the service and health and safety checks and meeting minutes.

# Is the service safe?

## Our findings

People told us they felt safe. They gave us examples where staff had responded to them in an emergency. One person told us they had previously fallen. They said staff had responded quickly and stayed with them until an ambulance arrived. Another person said “I could call on them in an emergency definitely.”

Staff received training in safeguarding vulnerable adults. They told us that this was an e-learning course which they accessed online. One staff member said “I did safeguarding training recently and I would definitely whistle blow (tell someone) as my first concern is the people we look after.”

Staff were aware of the safeguarding adults and whistleblowing procedures. They told us they would utilise these policies if they felt it was necessary and could recognise signs of abuse.

There were no restrictions on people's freedom. They were free to come and go as they wished and had choices on how they wanted to spend their day.

The registered manager told us that the agency had signed up to ‘The Herbert Protocol.’ This is a national scheme used by the Police and other agencies which encourages care services to compile useful information which could be used in the event of a vulnerable person going missing.

We saw that people had risk assessments within their care files. These included assessments on specific conditions for example; Parkinson's disease. We also saw risk assessments on people accessing the hairdressers, the gym or using the dining area. The service was a domiciliary agency so people were encouraged to remain independent and to come and go as they pleased. No-one at the agency received 24 hour care; instead they received set calls at times which had been agreed throughout the day. However the registered manager, staff and people using the agency all confirmed that in the event of an emergency, for example someone falling, or becoming ill then staff would provide support.

Checks to ensure that the premises were safe were completed. We were shown copies of safety certificates which included; fire equipment, lift, legionella and gas safety. Portable appliance testing was carried out on any electrical items in communal areas.

During our visit we heard staff ringing through to people in their flats to check that they were okay. Some of the people we visited had emergency call pendants so that they could contact staff quickly if required. A relative said “We have used the alarm, they (the staff) responded quickly.”

We saw that falls were recorded. The registered manager told us that they sent a monthly spreadsheet of any falls to head office so that they could be monitored. We also looked at accident and incident records. However these were not being analysed which meant that the registered manager may not be alerted to any trends or themes at an early opportunity. The registered manager agreed to look at this.

People told us that there were enough staff and that calls were provided on time. Call times were agreed and were provided on a rota. We asked staff if they thought there were enough staff on duty to provide care to people. One staff member said “Yes at the moment for the care needs we support” another said “We never miss calls.” We were told that there were three staff who worked on a morning, two on an afternoon and a sleep in and a waking night staff at night. People told us that care was provided predominantly from the same team of carers which meant that they got to know the staff. One person said “The girls are very good. I get the same ones. I have three or four regulars.”

We asked staff what would happen if someone requested an additional call. They told us that they would always try to be flexible. People using the agency said “My calls are okay. Staff are on time and I am happy with the time they spend” and “The girls are lovely, very very good.” Another person said “I have a buzzer, it's answered very quickly.”

Staff told us that they went through a thorough recruitment process. They told us that recruitment checks were completed before they began work. We looked at the recruitment files for three staff who were on duty on the day of our visit. We saw that application forms had been completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) first checks had been obtained before people started work at the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

## Is the service safe?

We looked at medicines and the way in which they were managed. The registered manager told us that medication systems had been reviewed and updated. People told us they received their medication safely. Comments included “The staff help me out with medicines” and “I look after my own medicines.” Another person said “I had help with my eye drops previously but I don’t need them now.”

We saw that risk assessments were completed for people to see what level of support they required with their medicines. Medication was stored appropriately in people’s accommodation. We looked at medication administration records (MAR), we saw that these were completed appropriately to evidence when medication had been

administered. There was clear guidance for people who were prescribed ‘as and when’ needed medication, for example, paracetamol for pain relief or creams. Medication was ordered either by relatives or by staff.

All staff administering medication received medication training. In addition, medication competency assessments were completed annually. Staff told us that they had recently been asked to read the medication policy as this had been updated and we saw that they had signed to say that they had read this. People were encouraged to self-medicate where possible and the majority of people we spoke with did this.

The environment was clean and smelt pleasant. Domestic staff kept communal areas clean and supported people where necessary to clean their accommodation.

# Is the service effective?

## Our findings

People told us that the agency was effective and that staff had the necessary skills and knowledge to support them. Where possible people had the same team of staff providing care to them. One person said “I have three or four regular staff, they come every day and they are very good.”

We spent time with the co-ordinator who was responsible for working out rotas and matching staff to people who required support. They told us that as far as possible teams of people would be allocated so that people got to know the carers who were supporting them. Any new staff shadowed experienced staff first so that people got to know the staff who were providing care.

Staff told us that they received induction, training and supervision which supported them in their roles. The registered manager told us that all new staff were enrolled on the care certificate. This is an identified set of standards that health and social care workers adhere to in their daily working. One member of staff said “I had an induction when I started; it included all of my training.”

We were shown copies of staff training files and training logs which had been collated. These demonstrated that training was provided in a number of key topics which included; equality and diversity, first aid, fire safety, food safety, infection control, safeguarding vulnerable adults and moving and handling. Client specific training was also provided in topics such as dementia awareness and nutrition and hydration. Comments from staff included “I have done medication training; I had an induction which covered key training such as health and safety and manual handling. I have also done dementia training and I am doing e-learning on first aid.”

We were given copies of staff training logs which recorded the training which had been accessed by staff. These showed the percentage of staff who had completed training. A new e-learning training programme had been introduced and the registered manager told us that there was a drive to enrol staff on courses and the staff we spoke with confirmed this.

The staff we spoke with told us that they received regular supervision and an annual appraisal. They told us that as well as formal supervision taking place, competency supervisions were also being completed which focused on

specific topics. Examples included record keeping, care planning and medication. Staff told us that supervision enabled them to discuss training and development needs as well as any work or personal issues. One staff member said “We are responsible for keeping our training up to date, it is mainly e-learning, the training has just changed to e-learning, before we used to go to a central location. I miss the networking.” Another person said “I have done most of my e-learning. We also get competency assessments. Our co-ordinator stays on top of things.”

We saw from records and were told by people that they were asked to give their consent to any care or treatment. Some people living at Plaxton Court had a dementia type illness. Staff were supporting people to record their life histories and other important information so that as people’s dementia progressed, staff had a tool to enable greater interaction and communication. Staff were clear about the importance of asking people to give their consent and told us that this was always considered.

Staff told us that restraint was not used. The agency provided staff with training in mental health, dementia and learning disability as part of the care certificate. Additional dementia care training was also provided. One member of staff told us that they had completed ‘virtual dementia’ training and a diploma in dementia. They told us how much they had enjoyed this.

Some people required support with cooking or with preparation of their meals. This could be arranged and staff supported them in making food of their choice. Where people required support with their meals this was recorded within their care plan. In addition, there was a restaurant on site which anyone could access. Meals and snacks could also be ordered from the restaurant and delivered to people in their accommodation. One person said “I can have my meals brought to my room if I feel unwell” another said “The food is nice and I always have plenty of drinks available.” We were told that no-one was currently on any specialist diet but that specialist diets could and would be catered for if required.

The agency had been rated as 5 star (the highest rating given) at their environmental health inspection in May 2015 which looked at the communal kitchen area where food for the restaurant was prepared.

The majority of people attended health appointments individually. However, if support was required staff could



## Is the service effective?

support people in making appointments or calling for a GP if someone was unwell. One staff member said “We get call requests if people are unwell, we accommodate these.” A person using the service said “I can see a GP when I need to.” This was reiterated by staff. One staff member said “We can go and see people if they are unwell, offer the doctor if needed.”

We saw that information regarding people’s health needs was recorded in their care plan. This included any input from other health professionals for example the district nurse. People were supported in making relevant referrals to other health professionals where this was required.

# Is the service caring?

## Our findings

People spoke highly of the staff and the care provided to them. Comments included “The staff are lovely and will do anything to help you”, “The care is wonderful” and “Staff do anything that is asked.” A member of staff said “Our first concern is the people we look after. I think the care we provide is good. We do above and beyond where we can. We make sure people are looked after.” Other comments included “The carers help with anything I need” and “I would recommend to others.”

We observed warm, friendly caring interactions throughout our visit. It was clear that staff knew the people they supported well. People told us that calls were nearly always on time. One person said “My calls are okay, I am happy with the time that staff spend.” Other comments included “The girls are polite and friendly. It’s really very nice here. The staff ring every day and I know if I need help they are there. Every day they check what help I need. I know if I needed more I just ask. My husband is very well looked after.”

A staff member told us “We have a good relationship with our residents. I think this is our strongest point.” People told us that staff communicated with them in a meaningful way.

Care plans included guidance for staff regarding the way in which they were to provide care and support to people. They included ‘what is important to me’. One couple said “We feel important, like we matter.” People told us that they were involved in discussions regarding their care and we saw that they signed their agreement to their care records.

Equality and diversity training was included for all staff so that they could support people in respect of age, disability, gender, race, religion or belief.

We saw that information regarding advocacy and housing support was displayed in the entrance foyer of the service. An advocate is someone who can help people to access

information and services, be involved in decisions, explore choices and options, promote rights and speak about issues that matter to them. There was lots of other information including leaflets and booklets to support people with issues regarding their housing or care.

People told us they were involved in decisions regarding the support they may require and the times of calls. They told us that staff listened and communicated effectively. This helped to ensure that the care delivered was what people wanted.

All of the people we spoke with told us that they were treated with dignity. Comments included “Staff are all polite and friendly. I am treated with dignity. They communicate really well working with us to get what is best” and “Staff knock on my door then come in.” We observed this during the course of our visit. Other comments included “They (the staff) respect it is our home” and “They are all polite and friendly and have never been rude.”

People told us that they were encouraged to be as independent as possible. Comments included; “Independence is respected” and “I am independent and get help when needed.” The number of calls allocated was based on people’s individual requirements. The majority of people who had accommodation at Plaxton Court were able to live their lives independently. Staff support was available to those who required help with personal care or domestic tasks.

People told us that confidentiality was maintained. One person said “They never talk about anyone in front of you, it’s good.” Staff we spoke with also re-iterated the importance of confidentiality. People’s individual care files were held in their accommodation so that they were accessible only to those who needed it.

People’s wishes regarding end of life care were sought and recorded as part of the care planning process. People were able to make advance decisions and these were recorded.

# Is the service responsive?

## Our findings

People told us that they received the care they needed and that staff responded quickly. Comments included “I have used my alarm, they respond quickly.” Others confirmed that requests for changes such as an increase in calls or a change to call times were listened to and respected. Staff confirmed that they would always try to accommodate people’s requests.

People told us that they were involved in discussions regarding their care. One person told us “There have been discussions about my care package and I have read and been involved in my care plan.” Another person said “My mobility is difficult at present. Every day they (the staff) check to see what help I need. If I need more help I just ask.” We saw from care records that people signed their agreement to the care which was provided.

Care plans were person centred and reflected the views of the person being supported. They recorded how their care should be delivered. We saw that people signed their agreement to their care plans and people told us that they were involved in discussions regarding their care. We saw that care plans were reviewed regularly so that any changes could be recorded. One person said “I have a care plan; staff discuss it now and again.” Care plans included information regarding people’s health, mobility, communication, nutritional needs and medication.

A number of social activities were provided which people could access if they wanted. This included music and talks each month, quizzes and bingo. The agency had a gym on the premises which people could access. Community events were also hosted. A list of weekly activities was

displayed. We saw that Pilates, knit and natter, senior circuit, bridge, current affairs, scrabble, watercolours, and bible studies were all included on the weekly activity list. In addition there were trips out shopping.

People could also access the gym, the restaurant and other communal areas to meet with others and join in activities of their choice. As people lived independently in their own accommodation their friends and relatives could visit at any time. We saw visitors popping in and out of Plaxton Court throughout our visit.

People were encouraged to feedback their views and opinions of the agency. We saw that a suggestion box was available in the entrance foyer and the registered manager told us that she had an ‘open door’ policy. We saw people popping in and out of the registered manager’s office during our visit. There were also a number of committees and meetings held for people to air their views. We saw that where suggestions had been made these had been actioned. Following any meeting minutes were provided which included action points which had been agreed. This demonstrated that people’s views were considered and responded to.

We looked at the complaints procedure which was displayed in the entrance foyer. This was a booklet which provided people with information about how to complain. It provided people with clear information about the way in which their complaint would be managed. All of the people we spoke with confirmed that they would have no hesitation in raising any concerns with the staff or the registered manager. Comments from people included “I have no complaints” and “I could tell someone if I had any problems.” We saw that one complaint had been received since our last visit. This had been investigated and the complaint had been responded to in writing.

# Is the service well-led?

## Our findings

People spoke positively of the registered manager and senior care staff. Comments included “Management are approachable. They communicate really well.” The agency had a registered manager who had been in post for a number of years.

The organisation had a new interim director who was reviewing systems, looking at the technology available in each of the services and implementing a number of new quality monitoring audits. All managers across the organisation were involved in a leadership and development programme so that they could further develop their skills and knowledge.

Monthly visits were carried out by senior management and the internal audit team also visited the agency each month. We were shown a copy of the new quality audit tool devised by Joseph Rowntree staff. This audit is based on the key lines of enquiry which relate to the five key questions CQC asks of all services. We saw that audits had been completed in August and September 2015. Any identified areas of improvement were recorded in an action plan and had a date of completion. These were then reviewed in the following month. Audits so far included a review of medication, infection control practices and night time routines.

The registered manager said that a number of daily and weekly checks had been implemented to ensure that all required tasks had been completed. We were shown a copy of these. Quarterly management meetings had been set up at the request of people using the agency so that they could raise issues directly with senior management.

The registered manager told us that regular management team meetings were held which all managers across the organisation attended. Resident engagement meetings were held, the last was in August 2015 and the next meeting was scheduled for November 2015. A residents’ committee was also operating and people using the agency attended as representatives at this meeting. Minutes of these meetings were shown to us during our inspection. Where suggestions for improvements had been made we saw that these had been actioned. For example,

the road outside had recently been adopted by the local council and street lighting fitted to make it safer for people. The meetings helped to ensure that people were actively involved in developing the agency.

We saw that staff meetings were held bi-monthly and minutes of these meetings were displayed on the staff noticeboard. One member of staff said “The minutes of the staff meetings are available if you are unable to attend.” Staff told us that management were approachable. One member of staff said “It’s well run.” Another staff member said “We have staff meetings and I can raise issues definitely.”

The agency had a motivated staff team who were respectful towards one another and the people they supported. We found the ethos of the agency was positive and there was an open and transparent culture. Staff confirmed that if they had any concerns they could talk with their manager.

Staff confirmed that they received good support. They told us this included regular supervisions where they could discuss topics such as care practice, policies, training and any personal matters.

In addition we were told that practical observations were also carried out by senior staff on carers every three months. One staff member said “The culture is open; we can go to management at any time.”

Staff told us that morale was good. One staff member said “Staff get on well. Whoever you work with it is friendly and staff are helpful.”

We saw one example of a notification where the registered manager had failed to notify us of an incident involving the Police. However all other notifications had been made. The registered manager told us that this had been an oversight. Notifications are forms which enable the registered manager to tell us about certain events, changes or incidents.

There was lots of information displayed in the foyer of the agency which included information regarding housing, social events which were taking place and information about the organisation as well as other support organisations who could provide help and advice to people.

We asked the registered manager how they made sure that practice was based on up to date guidance and legislation. They told us that the organisation was looking at

## Is the service well-led?

legislation and that anything relevant was shared with managers. They told us that previously the Parkinson's nurse had been in to give a talk to staff. They also told us that they met regularly with the extra care team and other partners so that inter-agency working took place.