

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 ●

Summary of findings

Overall summary

Plaxton Court is an extra care housing service, which also has a domiciliary care service registered with CQC to provide personal care. The service provides domiciliary care to ten older people. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service. The service is part of the Joseph Rowntree Trust, which is a charitable organisation.

At our last inspection in October 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected.

Recruitment checks were robust. They had been carried out to assist the registered manager in making recruitment decisions and to ensure that people were kept as safe as possible. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training had been completed to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

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.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support.

Care plans were in place, which detailed people's individual care and support needs. These included social and spiritual needs through a programme of activities as part of the extra care housing.

There was a complaints procedure in place, which was followed by the service when dealing with issues raised by people.

Audits and checks were carried out to monitor all aspects of the service and action plans were developed to highlight any areas, which required improvement. Staff said they enjoyed working with people at the service. We observed that they applied this positivity in their roles when supporting people.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well Led.	Good ●

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 June 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service for adults who may be out during the day. We needed to be sure that they would be in.

The inspection team was made up of two adult social care inspectors.

Prior to the inspection we looked at all the information we held about the service including notifications. Notifications are a legal requirement and give CQC information about important events that have taken place at the service. We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and what improvements they plan to make. We also contacted the quality monitoring team at North Yorkshire County Council to ask for their feedback.

During the inspection, we spoke with five people who used the service, two relatives, two senior care workers and the registered manager. There was a second registered manager providing support during the inspection who we spoke to in order to request information only.

We visited people in their apartments and inspected records that were kept there with people's permission. We reviewed three people's care plans including risk assessments, medicine administration records (MARs), We looked at three staff recruitment files, supervision and training records. We also looked at records

associated with the running of the service such as care staff observations, meeting minutes, policies and procedures.

Following the inspection we contacted several health and social care professionals for feedback about the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe. Relatives confirmed this. Comments from relatives included, "I feel safe. They are very good staff and are on 24/7"; "I can press my alarm if I need help"; "Staff always attend to everything quickly. Yes, oh yes, I feel safe"; "Very safe. They help me to carry my tray to the dining room." The results of a survey carried out by the provider showed that the majority of people considered they were safe. The remainder had not answered the question.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. One senior care worker told us, "I have completed safeguarding training as an alerter and referrer." They were able to describe different types of abuse and told us they encourage staff to raise any concerns and support them to complete the referral forms so that everyone was aware of the process. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

A senior care worker told us that they were aware of the whistleblowing policy. They felt confident that the registered manager would take any concerns seriously and act on them appropriately whilst maintaining confidentiality.

Risk assessments were in place, which had been identified through the assessment and support planning process. Risk assessments had been completed for a range of areas such as mobility, medicines, falls and pressure area care. The risk management plans meant that risks were minimised and action was taken to help keep people safe. Accidents and incidents were monitored and analysed and action was taken if concerns were identified.

Checks were carried out of the environment where care and support was provided, there were monthly checks of equipment used to ensure staff and people were safe. People had personal emergency evacuation plans which were kept safely ready to use in the event of an emergency.

There were safe systems in place for the management of medicines in people's homes. Medicines administration records were completed accurately. We noted good practice where people were taking medicines which lowered their immunity; this was linked to infection control plans to minimise the risk of infection to these people.

We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. We examined staff recruitment procedures. These were thorough and showed that background checks had been completed to ensure the safety of people.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People and relatives told us that staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing. One person told us, "I think staff have the right skills for the job" and "Staff do things well. They understand me." A relative told us, "The carers are very good."

The 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.

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. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DOLS) and are authorised by the Court of Protection. No DOLS applications had been made for people at this service.

Staff were following the principles of the MCA. Best interests decisions had been made following consultation with the appropriate people. Staff sought people's consent before carrying out any care or support. Because staff were entering people's homes people had also given consent for access as staff held a key. One senior care worker told us, "We would only ever enter without a person's consent if we had genuine concerns."

We read that one person had a problem with their mobility and getting in and out of bed had been problematic. The bed had been changed to a profiling bed, which allowed the person to control the height of the bed therefore giving them more independence.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as first aid, MCA, safeguarding adults and other key topics related to the needs of people who lived at the service, such as dementia care. One staff described the dementia training saying, "It blew me away." Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal.

People were supported to eat and drink. There was a restaurant on site that most people used but staff supported people with snacks and light meals. Comments included, "The meals are tip top," "The food is nice but I'm so picky" and "The meals are fantastic." Where necessary staff provided support to ensure people received sufficient amounts to eat and drink.

People told us and records confirmed that staff supported them to access healthcare services. People were assisted to make sure they attended their appointments as part of their planned care.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be caring.

Feedback from people and relatives was overwhelmingly positive. They told us that staff were caring and kind. Comments included, "Yes, I do think staff care about me. It is that sort of place. It is very friendly and that carried through."; "I don't think they forget about you when they go home, you're not just a number" ; "They are very kind"; "They [staff] are wonderful."

Staff spoke about the importance of ensuring people's needs were at the heart of everything they did. One member of staff said, "Caring looks like the person because that is where it all begins. All our information comes from the person. I want them to see I am confident in caring for them and let them know I am doing the best for them." Staff were knowledgeable about people's needs and could describe these to us. One member of staff said, "I have worked here a long time and know people really well."

Staff displayed warmth when interacting with people. We observed positive interactions, not only between care workers and people, but also other members of the staff team. One relative said, "The staff are all caring from the manager down." This was confirmed by our own observations. There was a lot of laughter between staff and people.

We found the care planning process centred on individuals and their views and preferences. One person's care plan had a section entitled 'Things I would like to achieve'. This highlighted areas of care that were important to the person, and gave detail about how they would achieve those things and gave guidance to staff about how they could assist.

Staff treated people with dignity and respect. They spoke with people in a respectful manner and people told us their privacy was respected. One person said, "I am always left when in the bathroom" and a second person said, "My privacy and dignity is respected."

People and relatives told us that they were involved in decisions about people's care. People had signed their care records, where able to do so, to indicate that they agreed with their plan of care. In addition, they told us that care workers kept them informed of events in the community and also about their care. One person told us, "We discuss our care with the carer. They include [Name of relative] too."

Information was available on noticeboards throughout the service about community organisations and how people could access independent support and guidance. People's records were stored in line with data protection legislation.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People and relatives told us that staff were responsive to people's needs. One person said, "They come at different times which works very well. My [relative] started to need a care call so they just increased the call to support both of us." A second person told us, "I wear this all the time [personal alert device]. When I fell, I pressed it and a carer came straight away. Some kind of cushion was expanded to get me off the floor. The carers did what was necessary."

We read people's care plans and noted these clearly reflected the needs of the individual in a person centred way. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives including their personal care, social needs and physical health. These gave staff specific information about how people's needs were to be met. It was clear that regular discussions and thorough information being available ensured staff were aware of factors, which may affect people's wellbeing resulting in better outcomes for people.

Where people had specific sensory needs they had a communication care plan which outlined those needs and how staff should respond. For example, one person was living with dementia and their care plan referred to the issues they faced and how staff would manage these. Another person had hearing and sight problems and their care plan identified the importance of making sure she wore glasses and hearing aids. However, there was further work to ensure compliance with the Accessible Information Standard. This is a law implemented by the government to ensure people with a sensory disability received information from care services that was accessible to them.

Regular reviews were carried out. There was a system in place to review people's care to ensure that care and treatment continued to meet people's needs. People were involved in these discussions.

People told us that their social needs were met. The service was within the extra care housing development and so people had access to the facilities. There was an onsite gym, hairdressers and access to a variety of groups, which a lot of people we spoke were involved in. A varied activities programme was in place and people received a list of activities for the week so could choose what they attended.

There was a complaints procedure in place. Each person was issued with this when they came to live at Plaxton Court and were supported by staff to follow that procedure if they wished to complain. There was a designated complaints officer within the organisation who would review all complaints and was available to assist the registered manager. None of the people we spoke with had made any complaints. One person told us, "I would speak to the manager or carers. If something was troubling me, I would have to mention it to the manager. It would be taken care of."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be well led.

There was a manager in post who had registered with CQC. People who used the service were extremely complimentary about them and told us, "She has an open door policy and is very much available for anybody"; "I know the manager pretty well. She showed us around when I first came here" and "The manager is pretty much on top of things here."

The manager was supported through registered manager network meetings where managers could share practice and discuss any issues. In the service they were supported by senior care workers, who oversaw people's care provision and led the team of care workers.

Staff told us they were just getting used to a different style of management saying, "The managerial change has had an impact as they are a different type of manager." Their comments included, "[Name of registered manager] is good at retaining facts and figures and completing all the paperwork" and "I would be confident the manager would maintain my confidentiality if I had concerns."

We observed that the registered manager knew everyone by name and was chatting to them throughout the day. They were aware of what was happening throughout the service and was able to answer people's questions and deal with matters that arose throughout the day.

The staff told us, "The organisation is well led" and said, "The culture is inclusive - a community." Another member of staff told us, "The values of the service include care, trust and making a difference."

There was an effective quality monitoring system. Regular audits and checks were carried out monthly to monitor all aspects of the service and these identified areas for improvement. These included equipment, care plans, risk issues, medicines and finances. Care staff were observed regularly to check they were working in line with the organisational values.

Accidents and incidents were monitored for any themes or trends so action could be taken to reduce any recurrence. The registered manager told us, "If they have three or more falls we request an OT [occupational therapist] referral." A sensor mat had been introduced for one person who had fallen on several occasions to make sure staff were immediately alerted.

People, relatives and staff were involved in the running of the service. Regular meetings and surveys were now carried out. A recent survey of people who received personal care showed that everyone agreed or strongly agreed that staff were caring, kind and supportive, that they listen to people and know them as an individual. 88% of people felt that the service was well managed and that the manager was approachable.