

Plymouth Court Limited

Plymouth Court Limited

Inspection report

Plymouth Close
Headless Cross
Redditch
Worcestershire
B97 4NR

Tel: 01527404446

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22 February 2019

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Plymouth Court provides care and support to people living in specialist 'extra care' housing. The setting comprises of 52 purpose-built bungalows in a shared site. The accommodation is bought 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. At the time of the inspection three people were using the service.

We last inspected this service in April 2016 and found the provider was meeting all legal requirements and rated the service as 'Good'. At this inspection we found the service was not always clear about some aspects of medicine management. Staff supervision discussions were not formally recorded. Quality assurance systems had not identified these shortfalls.

At this inspection we rated the service as 'Requires Improvement'.

We have made a recommendation about the management of medicines and quality assurance systems.

The service had a registered manager. 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.

People received their medicines at the correct time. Medicine administration records were signed. Medicines were stored securely. Records were not accurate on how people were to be supported with their medicines. Written guidance for staff on where to apply prescribed creams was not in place.

The provider did have a policy and procedure in place for safe recruitment. No new staff had been employed since the last inspection.

Staff felt supported and had discussions with the registered manager in terms of practice and support but these were not formally recorded. The registered manager's supervision sessions were not always recorded.

The provider ensured staffing levels met the needs of the people using the service. Staff were aware of safeguarding and knew how to raise concerns if they felt people were at risk of abuse or poor practice. Accidents and incidents were recorded and reviewed by the registered manager.

Staff received an annual appraisal. Staff received training appropriate to the needs of the service.

People were supported with their health needs and had access to healthcare professionals when necessary. Staff supported people with some meal preparation.

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 and relatives felt the service was caring. Staff provided support in a respectful manner ensuring people's privacy and dignity was promoted. Where possible people were supported to be as independent as possible.

The provider had a complaints process in place which was accessible to people and relatives.

People, relatives and staff felt the registered manager was approachable. We observed the registered manager was visible in the service and found people interacted with them in an open and friendly manner. The provider worked closely with outside agencies and other stakeholders such as health care professionals.

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 always safe.

Staff were administering medicines when people's records stated they required prompting to take their medicines.

People and relatives told us they felt the care and support they received was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The quality assurance system had not identified the concerns regarding medicine management and associated records. Staff supervisions were not formally recorded.

People, relatives and staff felt the registered manager was open and approachable.

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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.

Inspection activity commenced 20 to 22 February 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information, we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

During our inspection we spoke with three people who received care from in Plymouth Court Limited. We spoke with the registered manager, housekeeper, three care workers and the cook. We also spoke with two relatives of people who used the service.

We viewed a range of records about people's care and how the service was managed. These included the care records of three people, medicine administration records of two people, training records and records in relation to the management of the service.

Is the service safe?

Our findings

At the last inspection we rated this key question as 'Good'. At this inspection we found this key question had deteriorated to 'Requires Improvement'.

Two people required support with their medicine needs. Care plans directed staff to 'prompt medicines'. Staff we spoke to told us they were administering medicines to people, applying topical medicines and instilling eye drops. This meant staff were not clear about their responsibilities in terms of people's medicine needs. Although people could direct staff on where to apply creams and ointments no topical medicine application records (TMAR) were in place for their support and guidance.

We discussed our findings with the registered manager, who advised they would review people's medicine needs to ensure care plans were accurate. The registered manager told us they would also speak with staff regarding their responsibilities. Documents would be put in place to give guidance for staff when supporting people with topical medicines.

Following the inspection, we received confirmation from the registered manager that the issues we had found had been addressed in terms of updating records. Staff had been spoken with to ensure they understood their responsibilities in terms of levels of medicine support.

The provider had a policy and procedure in place for medicine management.

We made a recommendation that the service considers current guidance in relation to medicine management and take action to update their practice accordingly.

Medicine administration records for tablets were completed correctly. However, topical medicine records were not.

People and relatives told us they felt safe. People's comments included, "I could not be anywhere better, safe and secure here" and "They remind me to lock the door." A relative said, "They are my eyes and ears, so [name] is very safe."

Risks to people and the environment were assessed and control measures were in place for staff's support and guidance. For example, mobility assessments.

The provider had a recruitment policy and procedure in place which stated relevant checks were to be completed when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS) and two references. No new staff had been recruited since our last inspection.

Safeguarding and whistleblowing policies and procedures were available to staff. Staff had received training in safeguarding and understood what constituted abuse, and what action to take if they found or suspected

someone was at risk. No safeguarding concerns had been raised since the last inspection.

Staffing levels were appropriate to people's needs. People felt the staffing levels were safe to meet their needs. People had access to call bells to summon help if needed. During our visit we saw that call bells were answered in a timely manner.

People receiving the service did not require the use of any equipment to enable staff to support with personal care. The registered manager advised if this was the case then appropriate checks would be made.

Is the service effective?

Our findings

The registered manager told us people's needs were fully assessed based on legislation and best practice when they started using the service. No new referrals had been made since our last inspection.

People and relatives, we spoke with felt they or their family members were receiving the support they needed. Comments included, "They are absolutely fantastic, very supportive", "They are appropriately trained for what they need to do" and "I do what I can, they don't take over".

Staff told us they completed a range of training to cover the needs of the people using the service. We saw certificates to demonstrate this.

Staff told us they were well supported by their manager. One staff member told us, "The registered manager regularly speaks about training we can do." The housekeeper told us, "They [staff] come in several times a day, we have a book to record any issues or concerns". Records relating to discussions were not kept. The provider carried out annual appraisals. The registered manager stated they would start to keep a record of discussions with individual staff members to demonstrate the support they provided.

Staff told us they felt supported. Comments included, "Training is good, I have my NVQ, we have regular training which is good", "Brilliant support, [registered manager] is always there to speak with" and "Definitely, absolutely nothing is a problem to [registered manger or housekeeper]"

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".

Staff understood the MCA. We observed staff asking for people's consent before they delivered any care. People told us staff gave them choices and offered support when making day to day decisions. One person told us, "[Staff member] always asks me what I want her to do and explains all the time she is helping."

No one receiving support had specific dietary needs. Where required staff prepared meals, snacks and drinks. People could access a hot meal in the communal dining area, or have it delivered to their bungalow. The registered manager told us, "If anyone was not eating and drinking as much, we would speak with them first. The family could arrange the doctor or we can do that."

People were supported to access external health care professionals to maintain and promote their health. Comments from relatives and people included, "They pick up on things and let us know, the doctor is called if needed", "When a visit to hospital was needed, they [registered manager] did everything" and "The district nurse came to look after my leg."

Is the service caring?

Our findings

People and their relatives told us how caring staff were. Comments included, "I could not be anywhere better, they do their very best", "They are perfectly good to me, so kind", "I know them all so very well I am well looked after" and "[Name] gets on so well with [staff member, they are caring".

We observed many kind and respectful interactions between staff and the people. We saw people were well cared for, happy and had all their needs effectively met by staff. Whilst visiting one person we saw the staff member gently remind the person to keep their feet up as requested by the district nurse. Another staff member made a coffee and sat with the person for a chat. Relatives told us staff were welcoming when they visited.

We observed staff knocked on people's front doors and waited to be invited in. Staff spoke with people in a respectful manner, we observed staff and people enjoyed a laugh and a joke together. People were treated with dignity and as individuals.

It was clear from discussion that staff knew people well, including their likes, dislikes and preferences. Staff told us they enjoyed their jobs and that had kept them working at Plymouth Court. Most of the staff had been at the service for many years. Comments included, "I have worked here for so long, I wouldn't want to be anywhere else. They [people] are like family" and "I love it, I just love caring for people it feels like a reward to be able to help."

People said they were assisted with the daily living tasks they needed but their continuing independence was also respected. One person told us, "You have to do a little bit for yourself and they always let me do what I can."

People were issued with an information booklet about the service provided at Plymouth Court. A copy of their care plans and agreements were kept in a file in their own homes so they had access to these at any time.

No one using the service required the support of an advocate. The registered manager advised they would contact social services if advocacy was required. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

People told us the care staff were familiar with their needs when providing personalised support. People received care from a small team of consistent staff. Comments included, "They know how I like things doing" and "We talked about what help I needed, my [relative] was there and is happy as well as me".

Care plans were in place which set out the support the person needed, these were reviewed on a regular basis. The people who used the service required minimal support with personal care.

Although no one was receiving end of life care at the time of the inspection. The registered manager advised that they have had links with MacMillan Cancer Support nurses in the past when end of life care was required.

Staff supported people to ensure people maintained relationships, and made calls to relatives if there were any concerns regarding their family member's health or wellbeing.

People's care packages were determined by their needs, no one required support with their social needs.

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. People, we spoke with knew how to make a complaint. Everyone we spoke with told us they had nothing to complain about. No complaints had been made to the service since the last inspection.

The registered manager told us they gathered people's views on the service regularly during weekly visits to their homes. People had been asked to complete an annual survey so they could give their views and opinions. One person told us, "I see them every week, so always know what is going on." The registered manager advised as there were only three people using the service they were visited on a weekly basis. This gave the opportunity to disseminate any news or important information.

The provider used an annual survey so people, relatives, other stakeholders and staff could give their views and opinions. No concerns were raised at the last survey.

Is the service well-led?

Our findings

At the last inspection we rated this key question as 'Good'. At this inspection we found this key question had deteriorated to 'Requires Improvement'.

The service had a registered manager. 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.

The provider had a quality assurance system place however the issues we found in relation to medicine management, staff's responsibilities and lack of supervision records had not been captured by the audit process.

We discussed our findings with the registered manager who acknowledged the system required review and advised they would discuss this with their area support manager. Following the inspection, the registered manager confirmed the provider was looking to procure a consultant to support the governance of the service.

We recommend that the service seek advice and guidance from a reputable source regarding systems and processes to assess, monitor and improve the quality of the service.

We discussed what systems were in place to support the registered manager. The registered manager told us, "I am not very good at delegating work. I do have contact with [service manager] if there are any problems I need to discuss." There were no records available to demonstrate any formal supervisions or meetings with the service manager.

The registered manager forwarded a copy of a supervision meeting held with the service manager a few days after the inspection. We could see the registered manager had discussed the inspection and had gained support from their line manager in moving forward with improvements.

The registered manager or housekeeper visited each person who received support on a weekly basis. We found records to demonstrate these visits covered a review of the care plan and medicines.

The provider had a range of policies and procedures in place. We found these had been reviewed in 2018. Staff had access to policies and procedures for support and guidance.

Accidents and incidents were recorded. These were infrequent; however, any accident or incident was reviewed by the registered manager. No patterns of themes were identified.

People and relatives felt the management in the service was open and approachable. Comments included, "They [registered manager] is good to me", "[Registered manager] is very, very good, I see her often" and "We

go through things and [Registered manager] has made suggestions as well, she is so helpful

The team supporting the three people who received a service from Plymouth Court consisted of five staff. We found that formal team meetings were not held regularly. However, staff told us they were kept up to date with what was happening in the service and always felt supported by the registered manager. Comments included, "The office is always open to us, if we have a problem. [Registered manager] is lovely", "We are all a team" and "I have never had a boss like [registered manager] she is great".

The service worked in partnership to forge working relationships with many agencies, including community nurses and doctors. None of the people requiring support had any involvement with the local authority. The registered manager advised if there were any issues or concerns which required the involvement of social services then contact would be made.