Care Quality Commission

Plymouth House

Plymouth House

Inspection report

Alcester Road, Tardebigge, Bromsgrove, B60 1NE
Tel: 01527 873131

Date of inspection visit: 20 November 2014
Date of publication: 10/03/2015

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

This inspection took place on 20 November 2014 and was unannounced.

Plymouth House provides accommodation for people who require nursing care for a maximum of 25 older people some of who have a dementia related illness. There were 23 people living at the home when we visited and there was a registered manager in post.

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.

On the day of the inspection the registered manager was not available. We met with the provider and deputy manager who had responsibility for the day to day running of the home.

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that people received their medicines as prescribed and at the correct time.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed

Summary of findings

decisions on their own about the care or treatment they receive. At the time of our inspection one person had a DoLS in place and two further people had an application in progress.

We found that people's health care needs were assessed, care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were supported to eat and drink enough to keep them healthy. People had access to drinks during the day and had choice of meals. People's likes and dislikes had been considered alongside any specialist dietary needs and these were known by the kitchen staff.

People were relaxed and chatting with staff. The atmosphere was calm and staff responded to people's request. Staff also recognised people's needs by looking at visual clues. Relatives said that they were very happy with the care of their family member. Our observations and the records we looked at supported this view.

Staff had received both internal and external training which they felt reflected the needs of people who lived at the home. People, their relatives and staff told us that they would raise concerns with the nursing staff, the deputy manager or the registered manager and were confident that any concerns were dealt with.

The management team had kept their knowledgeable current and they led by example. The management team were approachable and visible within the home which helped to look at culture of the service. The provider ensured regular checks were completed to monitor the quality of the care that people received and look at where improvements may be needed.

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.

People received care and treatment from staff that knew how to safeguard them from the risks of abuse. The risks to people had been assessed to make sure they received appropriate care. People received their medicines on time and as prescribed.

People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home.

Good

Is the service effective?
The service was effective.

Peoples were supported by trained staff who had up to date information specific to people's needs.

The Mental Capacity Act (2005) code of practice was being met. At the time of the inspection four applications for Deprivation of Liberty Safeguards (DoLS) had been submitted.

People told us that they enjoyed their meals and had a choice about what they ate to meet specific dietary needs. Staff contacted other health professionals when required to meet people's health needs.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected. People and their relatives were positive about the care they received.

Staff showed an interest in people encouraging them to chat about everyday matters in ways that engaged them.

People and their relatives were encouraged to express their views on the care they received and staff were knowledgeable about their needs.

Good

Is the service responsive?
The service was responsive.

People were encouraged to make everyday choices about how they spent their time and were supported to maintain their interests or hobbies?

People or their relatives were enabled to raise any comments or concerns and these were listened to and responded to appropriately.

Good

Is the service well-led?
The service was well-led.

People, their relatives and staff were very complimentary about the registered manager and told us they listened to their views and were approachable.

Good

Summary of findings

The registered manager and provider monitored the quality of care provided. There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Plymouth House

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 inspection took place on 20 November 2014 and was unannounced. The inspection team included 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 also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

During the inspection, we spoke with five people who lived at the home and four relatives. We spoke with five care staff, one nurse, the deputy manager and the provider.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at two records about people's care, medicine records, menus, meeting minutes and quality audits that the registered manager and provider had competed.

Is the service safe?

Our findings

People told us they felt safe and well cared for. One person told us if they have any concerns they would, "Speak to [Deputy Manager] and she would sort it out." One person we spoke with said, "Staff make me feel safe. They're always popping in to see me." Our observations showed that people were able to speak and share their concerns with staff if and when they needed.

The staff we spoke with said that they felt very confident that they could speak to the registered manager or the deputy manager about people's safety. One staff member told us they had received "Loads of training" in protecting people from potential abuse.

Staff told us they were clear about the appropriate action to take should they be concerned about a person's welfare. For example, we saw this when a member of staff reassured a person who began to get upset and agitated. They said, "I know not everyone wants to be here. Everyone wants to be at home but we're going to look after you here." This staff member stayed with the person until they were settled and reassured. Therefore, people were supported to raise things that were important to their wellbeing.

People's risks had been looked at and assessed so staff knew what actions to take to keep people safe. Staff we spoke with were able to tell us about what help and assistance that each person needed to support their safety. For example, where people required help with mobility or had health risks such as skin conditions. We saw that the risk had been reviewed and updated regularly and were detailed in people's care plans. Staff also told us they had access to an overview of people's care requirements that were kept up to date. This showed staff were aware of people's individual risks and how to monitor them.

Staff on duty had been able to meet people's care and support needs in a timely manner. For example, call bells were answered promptly by staff. We saw that staff were able to spend quality time with residents and respond in an appropriate manner to them and this included the deputy manager. For example, people were encouraged to go through their 'Memories Folder' which included photos and personal mementoes that had been put together with the person.

The deputy manager and provider had assessed the needs of people to work out the number of staff required. They also had the flexibility to change the numbers of staff at short notice if required. For example, if there was a need to accompany a person on an appointment.

During our observations people were supported to take their medicines when they needed it. Staff on duty who administered medicines told us how they ensured that people received their medicines when they needed them. For example, at particular times of the day or when required to manage their health needs. People's medicines were stored correctly and had been recorded when they had received them.

Is the service effective?

Our findings

During our observations staff demonstrated that they had been able to understand people's needs and had responded accordingly.

Training was a feature that staff prided themselves on. Staff told us about the courses they had completed and what this meant for people who lived in the home. For example, people were asked permission before staff entered their room and this was a result of the training in dignity and respect.

We spoke with two staff and they told us that they felt supported in their role and had regular meetings with the deputy manager to talk about their role and responsibilities. One said, "We receive excellent training which is updated regularly". One of the staff spoken to said, "I love my job. It's about improving their [people] quality of life."

The deputy manager showed us how they kept their staff knowledge up to date with the training provided. For example, during our inspection a manual handling course was taking place. Staff told us they had access to training when needed. For example, one member of staff told us about the enhanced dementia care course they had attended. They now delivered a workshop to other staff members to share their knowledge. Other members of staff were being supported to enhance their professional development. For example, completing a management qualification so that they could progress within the home.

We looked at how the Mental Capacity Act (2005) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at DoLS which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person's right to choose or refuse care. One staff said, "I would never force someone to do something. I'll offer encouragement though". They told us they would refer any issues about people's choice or restrictions to the registered manager or senior care staff on duty.

The provider had asked local authorities for further advice and at the time of the inspection four applications had been made and one person had a DoLS in place. The deputy manager was aware when this would need to be reviewed. People who lived at the home were supported by staff that knew when an application may need to be made.

All people that we spoke with told us they enjoyed the food and were always offered a choice at meal times. One person said, "Very happy with the food. It was very nice." We saw that people had been supported to choose from a menu that included pictures of the meals for ease of reference.

We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. Where people required a specialist diet or required their fluid intake to be monitored this information was recorded by staff. In addition, we also observed that people had access to additional drinks and snacks. For example, people had their own choice of crisps, soft drinks and sweets available to them.

We looked at three people's care records and saw that dietary needs had been assessed. The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets.

Staff took time to support people with their health needs. People got to see dentists, opticians, social workers and other health professionals in support of the care received at the home. Staff told us that they reported concerns about people's health to the senior or nurse on duty, who then took the appropriate action. Staff were able to tell us about people's individual care needs which were confirmed in the care planning records.

The GP visited the home at least once a week to review all people's health or on request. The provider commented people and staff had been able to develop a positive relationship with the GP that benefited all people at the home.

The deputy manager and one nursing staff told how people were supported with other health conditions and how they were monitored and supported within the home. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions. For example, speech and language and skin ulcer care.

Is the service caring?

Our findings

People told us they were happy living in their home and the staff were caring. One person said, “It was the best decision of my life to come here”. We spoke with three relatives who told us that they had been very pleased with the quality of the care. One relative said, “I have to say the staff are exceptional, if not faultless”. Another relative told us, “The girls (staff) have done a folder of [person] life history. It shows they take the time to care”. “It’s the personal things the staff are so good at here”.

We spent time in the communal lounge and dining areas and saw that staff were caring, respectful and knowledgeable about the people they cared for. We heard staff talking with people about their current interests and aspects of their daily lives. For example, where they had been and which members of their family had visited. Staff were interested in people’s life stories and had produced a document which provided helpful suggestions to the staff team on how to engage with the person. Staff gave people time and worked at the person’s own pace which enabled them to be more independent and make their own choices.

Our observations showed that staff held a genuine interest in how people were feeling and offered encouragement and engagement. For example, one person required a change of top following breakfast. We saw that staff provided the person with the choice to change into, an explanation of the situation and were encouraged by different staff members.

Where people needed support to move from one place to another, staff provided reassurance and maintained people’s dignity. For example, explaining to the person what they were doing and encouraging the person to be independent. In addition, people had their personal belongings close to them in handbags or containers. We could see these were individual to each person and staff were able to tell us about the objects in them and why they had been selected.

All staff we spoke with told us they enjoyed working there and felt they demonstrated a caring approach to their role. One staff member said, “We spend time getting to know the person and their history. We just completed a folder for people about their memories during the second world war”. They told us they spent time getting to know people and this was part of their role as well as providing care. The deputy manager told us they expected staff to spend time chatting and socialising with people. We saw that staff had time for this to be done and people were seen to respond well to staff.

People histories, preferences and routines had been considered when completing and review their care plans. Three relatives that we spoke with told us that they had been involved in the care plans and had been asked for their opinions and ideas. The care plans were detailed and the manager had provided an overall summary of the information for that person. This allowed staff and visiting professionals to get to know a person at a glance and with a person centred approach.

People were supported to remain independent and were provided with a choice of where they spent their time. We saw that staff promoted people’s independence with personal care and in activities with voice prompts and actions. This meant people had been able to retain their independence where possible.

Staff were able to tell us people’s routines and the care they wanted and needed. We also saw from the care plans we looked at people views had been recorded and their preferred routines had been recorded. The deputy manager told us and we saw that staff had also been involved in supporting ideas for people. For example, we saw that staff had been making and recording suggestions for gifts for people to ensure they were appropriate and personal.

Is the service responsive?

Our findings

Our observations showed that staff knew people well and had a good understanding of each person as an individual. Staff told us that people were treated as individuals and that information in people's care plans provided their choices and individual needs.

All relatives we spoke with felt that had been involved in planning the care of their family member and were asked for information. One relative said, "They (staff) notice when people are not well. Not just my [person], but with everyone here".

We saw people involved in things they liked to do during the day. Staff told us about people's individual hobbies and interests. For example, we saw that people were knitting, reading and painting. The registered manager and told us about people's religious preferences and how they had helped to ensure they had the opportunity to continue to practice their beliefs. For example, visit to local places of worship had been arranged.

The home employed an 'activities coordinator' to consider and involve people in group and individual activities. People had choices to go on trips out, watching entertainment within the home and celebrating historic and cultural events. For example, holding a remembrance day service and carol service. We spoke with the activities coordinator who confirmed all people's hobbies and interest had been considered. For example, people who spent time in their bedrooms had regular social visits from staff during the day. We saw that throughout the visit staff regularly went to see people in their rooms.

The manager's office contained a board with people's main care needs and this had been updated as changes happened. Staff told us this was a useful 'at a glance' aide to check people's main care needs. For example, diabetic needs or expected visits from other professionals. People's care needs were continually monitored and changes to care needs had been recorded and followed.

The two care plans we looked at contained information that centred on the person and the care and support required to keep them healthy. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. The care plans had been reviewed and updated regularly or as changes happened to reflect people's current care needs. For example, changes to a person's pain relief plan.

People and relatives we spoke with told they had not had any cause to make a compliant. However, people and relatives were happy to approach the staff to raise issue or concerns. One person said, "I know how to complain if I wasn't happy. I would ask to speak to (deputy manager), who would sort it out". One relative said, "Any small issues are dealt with". Staff told us they were happy to support people and pass changes in people's care needs to nursing staff and felt they were listened to. People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

The provider had used feedback from people and relatives on how to improve their individual care needs. We saw these had been recorded with the outcomes or action taken. For example, the smaller lounge had now been made into a doing room as a result of discussion with people and relatives. The provider had also recently introduced an 'Ideas' card. This allowed people, visitors and staff to leave suggestions, anonymously if they wanted and at any time. A complaints policy was available in the entrance hall of the home and gave details of how to make a complaint.

Is the service well-led?

Our findings

We saw that people were familiar with staff and were comfortable to engage with them. Relatives were very happy to approach staff, the deputy manager and provider. We saw that staff welcomed visitors and made sure they were able to 'feel at home'. For example, spending time having lunch with their relative.

Staff we spoke with told us they enjoyed working at the home and felt valued and part of a team. One staff said, "It's making sure they (people at the home) continue to have a quality of life". They told that whilst they were there to provide care, the expectation and commitment was to ensure people felt it was "Their home". One staff said, "They (people) have interesting backgrounds and I enjoy the stories told". The deputy manager confirmed that staff are expected to value and appreciate people as individuals and had observed staff to ensure this happened. Staff told us they understood the values and beliefs of the provider and deputy and registered manager.

Staff told us that the management team were very knowledgeable and led by example. They said that the service was "well organised" and that the management team were approachable, supportive and very much involved in the daily running of the home. The deputy manager confirmed that being part of the team and visible within the home provided them with the opportunity to assess and monitor the culture of the service. The deputy manager also made time to chat to people when they were working to understand any issues or concerns. We saw during the visit that people knew the deputy manager and provider well.

The provider and deputy manager spoke about how they worked well with the registered manager and supported each other to continually improve the home. They met monthly to discuss all aspects of people's care and the home environment which had been collated by audits carried out. For example, these looked at people's care records, staff training, 'residents and relatives' comments and incidents and accidents. We saw that this had led to an ongoing improvement to care plans and further dementia training which staff told us had a positive impact for people at the home.

The provider and management team ensured they were aware of current best practice guidelines and advice. These included, working towards the nationally recognised Gold Standards Framework in dementia care and end of life care. This had led to improvements in care and the environment for people living with dementia in the home. The provider had also received a grant from the local authority to further develop care in this area.

In order to continue improvements and a proactive culture, the provider had supported staff to study professional development training courses. The deputy manager had undertaken a Dignity Counselling course and was currently undertaking further development training in end of life care, infection control, Dementia care and a National vocational Qualification (NVQ) Level 5 in Leadership. Therefore, people were supported by a management team that continually strived to improve their quality of life.