

Plenus Care Ltd

Lindum Court

Inspection report

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Owston Ferry
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Lindum Court is registered with the Care Quality Commission (CQC) to provide residential care for up to 24 people. The service supports older people, some of whom may be living with dementia. At the time of the inspection, 21 people were using the service, 19 of whom lived there permanently and two people were using the service for respite. The service is centrally located in the village of Owston Ferry and is close to local shops and amenities.

The service is provided over two floors and offers two communal lounge areas, an open plan conservatory /

dining room, a number of toilet and bathroom facilities, a kitchen and a large outdoor garden area with pond. The building is fully accessible with the provision of a passenger lift and there is on the street car parking available directly outside the building.

The service had a registered manager in post. 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.

This unannounced inspection took place on 24 November 2015. At the last inspection on 24 May 2013, we found the registered provider was compliant with the regulations inspected at that time.

We found the service required improvements to three of the five key areas we inspected. We found that some areas of the service were used for storage but these areas were not kept locked so that people who used the service could access them.

The registered manager promoted an open door policy and staff said it was a nice place to work but staff appraisals had not taken place on an annual basis as expected. Audits within the service were not as robust as they could have been but the registered manager had recognised this and systems were in place to improve this.

Staff understood the principles of safeguarding vulnerable people. People said they felt safe living at the service and that staff were kind and caring.

We found that there were sufficient numbers of staff to effectively support people and staff had been recruited in a safe way with appropriate checks carried out to ensure they were suitable to work with vulnerable people.

Staff had good knowledge and an understanding of the needs of the people who used the service. Staff received supervision and said they felt well supported by their colleagues and the registered manager. We observed that staff spoke in a positive way to people and treated them with respect. Staff and the people who used the service interacted in a positive way and observations showed good relationships between them.

People who used the service participated in a range of in house activities and the local community included the service when events were scheduled in the village. The registered manager and staff followed the principles of the Mental Capacity Act 2005 (MCA) and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty.

People's care records contained risk assessments along with information about their life history and medical conditions. Family and friends were welcome to visit the service at any time and people living at the service were encouraged to maintain family contact. The service asked for feedback from people to make improvements to the service.

We made some recommendations to the registered provider to assist with making overall improvements to the practice and processes 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?

Some areas of the service were not safe.

Some areas within the service were being used as storage space but were still accessible to people who used the service presenting a risk to their safety.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff were provided in sufficient numbers to meet people's needs and safe recruitment practices had been followed.

Staff handled people's medicines safely and had received training

Requires improvement



Is the service effective?

The service was not always effective.

People's health care needs were met and they were given choices of food and drink in line with individual dietary needs.

When people were assessed as lacking capacity to make their own decisions, best interest meetings were held with relevant people to discuss options.

Staff had access to training and supervision and felt supported in their role although staff appraisals had not taken place regularly on an annual basis.

Requires improvement



Is the service caring?

The service was caring.

There was a friendly atmosphere within the home and staff assisted people to maintain their privacy.

Interactions between staff and people who used the service were positive. Staff appeared cheerful and had a good understanding of people's individual needs.

People and their relatives were involved in the reviewing of care records.

Good



Is the service responsive?

The service was responsive.

A complaints policy was in place to enable people to raise any concerns they had.

People who used the service had access to a range of meaningful activities.

Care plans were in place which outlined people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences in order to provide a person-centred service.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

Audits within the service were not as robust as they could have been for example annual appraisals for staff and environmental audits were not completed as regular as they should have been.

The service promoted an open door policy and staff said they felt supported and could approach the registered manager to discuss any concerns or issues.

The registered manager was aware of their responsibilities and had made statutory notifications to the Care Quality Commission in a timely manner.

Requires improvement



Lindum Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 24 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we contacted the local authority contract monitoring and safeguarding team to ask them for their views on the service and to check whether they had any ongoing concerns. The safeguarding team told us they had received three referrals regarding the service in 2015 but their investigation outcomes showed no concerns. We also contacted local healthcare professionals to obtain their feedback on the service. We looked at the information

we hold about the registered provider. We reviewed the notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed at the service.

During the inspection we observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times. We spoke with four people who used the service and three relatives during the inspection. We spoke with staff at the service including the registered manager, care staff, an activity co-ordinator and a house keeper. We also spoke with a visiting healthcare professional.

We looked at four care records which belonged to people who used the service. We also looked at other important documentation including five medication administration records (MARs), risk assessments and accident and incident records.

We looked at a range of documents relating to the operation of the service. These included three staff recruitment files, training records, staff rotas, policies and procedures, quality assurance audits, complaints management and maintenance of equipment. We also completed a tour of the building and outdoor premises.

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, “I’m lovely and safe they look after me so well” and “Safe of course I am.”

Relatives of people who used the service told us, “In the time [relative’s name] has been here, the care has been super, I’d recommend the place to anyone” and “Nothing to complain or worry about now [relatives name] is here, it’s wonderful.”

Staff we spoke with could describe different types of abuse and they knew how and where to report any abuse they suspected. One member of staff told us, “I’ve done safeguarding training so I know what to look for. I’d definitely report it, things like that shouldn’t go on.” We looked at the staff training record which confirmed that staff who worked at the service had completed safeguarding of vulnerable adults (SOVA) training. The service had a whistleblowing policy in place and the staff we spoke with were familiar with the policy and said they would use it if they needed to.

We saw the service had systems in place to manage the administration of medicines safely. There was a medication policy in place and the temperature of the cupboard and fridge used to store medicines in was recorded on a daily basis. Medicines were kept in a locked cupboard and were only administered by staff who had received appropriate training. We reviewed a number of medication administration records (MARs) and found that medicines were administered at the advised times, recorded correctly and disposed of in an appropriate way.

During our inspection we saw that staff were employed in sufficient numbers to meet people’s needs efficiently. Staff did not appear rushed and we observed that people who used the service did not have to wait long for support when it was needed. One person told us, “When I call, they are normally here in a flash.” A visitor also told us, “There’s always plenty of staff about when we visit.”

Risks to people’s safety were appropriately assessed and included within their care records. The files we looked at contained risk management plans for nutrition, mobility, medication and behaviour. Personal emergency evacuations plans (PEEPs) were in place for each person who used the service to provide information on what support they would need in an emergency situation. The

service had a business contingency plan in place that advised staff what to do in times of an emergency. The plan outlined the contact numbers of who to call in an emergency and the process the follow for different events that may occur including flood, fire and electrical fault. This helped to ensure people would receive the care and support they required in a crisis.

We saw evidence of a robust recruitment procedure in place. The staff files we looked at contained application forms, photo identification, references, contract of employment, job description and Disclosure and Barring Service (DBS) checks. A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults.

We looked at documents relating to the maintaining of equipment and health and safety checks within the service. The service employed a maintenance person to complete any work necessary. We saw that checks were carried out and documented on a regular basis. The checks covered equipment including wheelchairs and hoists. The environment checks also covered fire doors, emergency lighting, water temperatures, window restrictors and the call bell system.

During our tour of the building, we noted there was a smell of urine within the reception area. A health care professional also told us, “The home itself is always warm and welcoming but does often smell of urine on entering the building.” We saw that a toilet on the first floor was currently not being used. This area was used for storage and contained broken chairs, an old TV, a broken toilet seat and exposed pipework. The room was also unlocked. We saw that a bathroom on the first floor was also currently out of use. This room was also unlocked and was used for storage of broken equipment and furniture. During our inspection we saw that the maintenance person was redecorating the dining room and it was therefore out of use for people who used the service.

We spoke to the registered manager about what we had found. They explained the service was currently going through an ongoing programme of refurbishment. They confirmed they were waiting for a skip to clear out the areas currently used for storage of unused and broken items and told us they would ensure the doors of these areas were kept locked. The registered manager explained that all communal areas were in the process of been re-decorated and re-carpeted but it had to be done in

Is the service safe?

stages to ensure the least possible disruption was caused to the people who used the service. Following the inspection, the registered manager has provided us with a copy of the business and refurbishment plan which outlined what areas were to be refurbished and the timescales they will be completed by.

We recommend that the registered provider follows their action plan and ensure any further refurbishment work carried out at the service is completed as soon as possible with the minimal disruption to people who used the service.

Is the service effective?

Our findings

People who used the service told us they felt supported by staff who understood their needs. Comments included, “They know just how I like things here”, “I’ve been here that long, I think they should understand me by now” and “They’re all good and do their job.”

Relatives of people who used the service also told us, “Staff work hard and have a good understanding of people and their needs”, and “It’s a lovely place, staff certainly know what they are doing although there have been a few new faces recently.”

We saw staff completed an induction when they first started working at the service. This required them to complete essential training, shadow experienced members of staff and understand the needs of the people who used the service before they were left to support them independently. One member of staff told us, “I did some shadowing with other carers and the seniors before I was left on my own.”

Records showed staff received supervision approximately every two months. Staff told us supervision gave them the chance to discuss any concerns or issues and discuss ongoing support for the people they were keyworker for. We noted that staff appraisals had not been completed since 2012. We spoke with the registered manager about this who told us they had fallen behind with appraisals but were planning to schedule them in for the new year.

We recommend that the registered provider schedules the annual appraisals for staff to ensure staff have their practice and ongoing development and career progression discussed and recorded.

During the inspection, we saw that staff gained people’s consent before care and treatment was provided. One person told us, “They always ask if it is ok to do something before they actually do it.” Consent was recorded in people’s care records for areas including staff administering medication and taking photos to be displayed within the service. We saw that best interest meetings had been held for people who didn’t have the capacity to make decisions for themselves.

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 people 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 care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that assessments and decisions had been taken in line with legislation. We saw that people living at the service had DoLS authorisations in place and a number had been applied for but were awaiting a decision from the ‘Supervisory Body.’

Staff had a good understanding of the MCA and records confirmed they had received training to increase their knowledge. One member of staff said, “I’ve had training on it. It’s about whether people have the ability to make informed decisions for themselves about their care.”

We saw the service had a staff training record in place which detailed what training staff had completed and when the training needed to be retaken. The record showed staff had completed training in safeguarding adults from abuse, MCA and DoLS, dementia, end of life care, moving and handling, health and safety, and infection control. Staff told us they found training useful and it assisted them to meet the needs of the people who used the service. One member of staff told us, “The training is good, it’s always on offer and I’ve learnt so much working here.”

People told us they were offered choices of meals on a daily basis. Comments included, “The food here is lovely; I never complain, there’s nothing to complain about”, “They serve just what I like” and “They ask me what I want in a morning but check I still want it when lunch time comes around.” A relative told us, “The food is really good, trust me I’ve had some and it’s nothing to turn your nose up to.” Food had been prepared to accommodate people’s needs and pureed diets were provided where needed. People’s weight was monitored and food and fluid intake was recorded in line with health care professional’s recommendations.

During the inspection, we saw staff made a temporary dining area in one of the lounges due to the current dining room being decorated. We saw the food was

Is the service effective?

well-presented and looked wholesome and nutritious. People chose where they wanted to have their meals; some stayed in their bedrooms whilst others liked to sit and chat round the table. We didn't see any menus on display but staff told us this was due to the decorating and normally tables would be set and a menu would be displayed.

Records showed that referrals were made to healthcare professionals where appropriate. Care records documented any visits from healthcare professionals and

care plans were updated where people's needs had changed. The registered manager and staff team made contact with healthcare professionals for advice and guidance if they were unsure about something. One healthcare professional told us, "The manager and senior members of staff have always been very helpful; they are responsive to patients needs and contact the district nurse team in a timely manner should a visit be required."

Is the service caring?

Our findings

People told us they received good care from friendly staff. Comments included, “The staff are lovely, I think they do care about me, yes”, “Couldn’t ask for a better people to look after me”, “Staff are good and treat me well” and “They come and ask if I’m alright and if I need anything.”

Relatives we spoke to told us, “The care is very good, staff are brilliant and treat people well from what I’ve seen”, “Staff are very kind and good. They’re exceptional and very patient with people” and “I’d happily live here and let them care for me, it’s great.”

We observed positive interactions between staff and the people who used the service. Staff were friendly and cheerful towards the people they supported. Staff addressed people by their first names and everyone appeared relaxed in each other’s company. We observed staff understood people’s needs and knew how best to support them. We saw one person became anxious and wanted to go and see what the decorators were doing. The member of staff let them observe from a distance but explained it wouldn’t be safe to go any nearer. The member of staff spoke in a calm voice and redirected this person without any problems. One member of staff told us, “A lot of people have lived here a number of years so we know them well and recognise how they like to be supported.”

We noted people who used the service were not rushed and staff supported them in a patient way. We saw staff took their time when supporting people and ensured this was provided at the person’s own pace. Staff provided an explanation to people before support was offered so that they knew exactly what was happening. One healthcare professional told us, “There’s always a lot of staff about and they are very friendly toward people.”

The service promoted the use of advocacy for people who didn’t have capacity or family to support them. Details of this were displayed in the entrance area at the service. The care records we looked at were person-centred and contained people’s likes and dislikes, individual pen pictures and previous life histories. These records enabled

staff to fully understand the needs of the people they supported. One relative told us, “Before [relative’s name] came here they wanted to know everything about them to make sure they knew how to care for them in the best possible way.”

We saw evidence in people’s care records that plans for end of life care were in place. These had been sensitively developed with individuals and their relatives. Plans outlined people’s preferred choices of what they wanted to happen during the last days of their life. Staff told us they had received training to help them support people when dealing with this sensitive subject. The training records we looked at confirmed this.

The staff we spoke with demonstrated they understood the importance of treating people equally and fairly whilst respecting their individual needs and preferences. Staff understood the importance of recognising people had different needs, and approaches to supporting people needed to be flexible.

We saw people’s dignity was protected during our inspection. We observed staff knocked on people’s doors before entering and discreetly asked if people required support with personal care. Staff spoke to people in a respectful manner and offered them choices about their daily lives. For example, people were asked if they would like to participate in scheduled activities and if they didn’t want to, this was respected. One relative told us, “Staff are so mindful of the need for privacy. They understand people here so well I would recommend it to anyone.”

The registered manager told us there were no restrictions placed on visiting times. They confirmed the service had an open door policy and friends and family were welcomed into the service at any time. A relative told us, “I visit daily and the staff are always very welcoming and offer me a drink; they even offer me food if I’m here at lunchtime.”

We observed that confidential information was kept secured in a locked cupboard in one of the lounges or in the registered manager’s office and was only accessed when required.

Is the service responsive?

Our findings

People we spoke with told us they felt staff listened to them and responded quickly when needed. Comments included, “I know they are ever so busy but they will always try and make time to have a little chat” and “When I ask for something they bring it pretty quick, it doesn’t feel like I wait a long time anyhow.”

Relatives we spoke to told us they felt staff responded quickly to people’s needs. One relative told us, “Staff are very kind and respectful and when I’m here I never hear buzzers [call bells] going off for very long.”

We looked at the complaints procedure in place at the service. We saw complaints had been documented and responded to within the timeframe set out within the registered provider’s policy. The registered manager told us they had a good relationship with the relatives of people who used the service and most people would approach them to discuss concerns or issues before it got to the formal stage. The staff we spoke to confirmed they understood the complaints policy at the service and would support someone to make a complaint if they were not happy. One member of staff told us, “I’d talk it through with them and report it to the manager if I couldn’t deal with and resolve the issue myself.”

We saw there was a copy of the complaints process on display in the reception area of the service. One relative told us, “I know how to make a complaint yes, I’d go straight to the manager but I’ve never had to.”

The care records we looked at showed people’s needs had been assessed before they moved into the service. This provided assurance that it was the right place for them and people’s needs could be appropriately met. We saw the people who used the service had their care, health and support needs reviewed on a regular basis. Risk

assessments were also reviewed and updated when required. We saw that care records covered all aspects of people’s care and support needs including medication, mobility, nutrition, personal care, tissue viability, communication and behaviours.

We saw the people who used the service were given choices about how they received their care, what they wanted to wear, what food and drink they wanted and what they wanted to do within the service. One person told us, “Staff help me to get dressed, but I choose what I want to wear; I chose this cardigan this morning because it keeps me warm.” A member of staff told us, “People choose what they want to wear, what they want to eat, when they get up and go to bed; why not it is their home after all.”

We saw the service employed an activities co-ordinator who was responsible for organising meaningful activities and events for the people who used the service. On the day of our inspection we saw a number of people were involved with a game of ‘match them up’ in one of the lounge areas. This involved turning over pictures to find a matching pair. We looked at the records for activity participation and saw that a range of activities took place at the service. These included in-house bowling, music and dance, baking, arts and crafts, PAT (Pets as therapy) dog, movie nights and dominos. One person told us, “We had some fireworks the other night, I don’t like them personally but it’s nice for the others.” A relative told us, “There’s always something going on and different activities happening; there’s never a dull moment here.”

Although activities clearly took place, the service did not have a planned activities programme and planned activities were not displayed so that people who used the service knew what was happening. We spoke with the activities co-ordinator and registered manager about this who said they would make these changes as soon as possible.

Is the service well-led?

Our findings

People who used the service and their relatives told us they felt the service was run well by an approachable registered manager. Comments included, “It’s run well and the manager is very good”, “The manager is great, I had issues with other professionals and they supported me to deal with it” and “The home is well-run and you can’t ask for more than that.” A healthcare professional told us, “The manager is very receptive and will ask for advice and take up training immediately if offered.”

The staff we spoke with told us, “Good leadership and we’re well-supported here”, “I think at times two homes is too much to manage efficiently” and “The manager’s not always around but they’re always at the end of the phone or we can speak to a senior if we need them.” We spoke with the registered manager about this who confirmed that they also managed another service in the organisation but there was a deputy and senior in place during the times when they were not available.

A member of staff told us the culture at the service was “Friendly, open and caring.” However, staff also told us, “Sometimes staff issues are openly discussed throughout the service by the manager and staff.” Another said, “The manager gets grumpy if you’re off sick and when they’re in a bad mood, everyone knows about it.” We spoke to the registered manager about this who confirmed they promoted an open-door policy and encouraged staff to come and speak about any issues bothering them. The registered manager said they recognised there were things that needed improving at the service for example improvements in the environmental audits and scheduled staff appraisals. The registered manager stated they were not perfect but they were constantly working to make things better.

People who used the service and visitors were encouraged to feedback comments and suggestions on service improvements. We saw the last quality assurance survey was completed in February 2015 and this assisted the organisation to make improvements and changes to the overall running of the service. The service held regular staff meetings and staff said this gave them the opportunity to discuss rotas, any concerns and ongoing plans for the service.

The service had good links with the local community and when events were organised within the local village the service were always notified and tried to take part when they could. We saw the service was promoting a local carol concert which was organised as part of Christmas celebrations in the village and staff told us they were hoping people who used the service would want to attend.

Staff had clear job descriptions which outlined their roles and responsibilities. Staff told us they felt they worked as a team and all supported each other. A relative told us, “The staff work great together, you can see they’re working for the best for people.”

Services that provide health and social care to people are required to inform the Care Quality Commission of accidents, incidents and other notifiable events that occur within the service. The registered manager understood their responsibilities to report and had appropriately informed the CQC of significant events in a timely way.

We reviewed the audits completed within the service. We saw audits took place for the environment, care planning, equipment, medication, and accident and incidents. Although audits took place, there were gaps in some of the recording and the frequency these audits took place was not clear. We spoke with the registered manager about this who told us their own internal systems had highlighted a more robust system was required to improve things at the organisation and this had resulted in the recruitment of a compliance manager. The registered manager offered reassurance that the storage issues that had been identified would be resolved with immediate effect. They also provided reassurance that staff appraisals would be scheduled to take place in the new year.

The registered manager explained the compliance manager had just commenced the role and had started to review documents and systems in place at the service. The end result would produce an ongoing action plan highlighting the improvements required and timescales for when this would be achieved. Since the inspection, the registered manager has provided us with an action plan of what the service aims to improve and implement in the next 12 months. The action plan highlighted the scheduling of staff appraisals and support to increase staff retention, ongoing refurbishment work and improvements to the environment and improvements to the reviewing and documentation procedure at the service.

Is the service well-led?

We recommend that the service continue to review its systems and make improvements to its internal audit recording processes.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.