

Plum Care Ltd

Plum Care

Inspection report

Compass House, Suite B
36 East Street
Bromley
BR1 1QU

Tel: 02039152448

Website: www.plumcare.co.uk

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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

About the service

Plum Care is a domiciliary care agency. It provides personal care and support to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 18 people using the service.

People's experience of using this service

People and their relatives spoke very positively about the care and support they received. Staff communicated and interacted well with people and had built good relationships with them.

People and their relatives told us they felt safe. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of how to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way. There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet where this was part of the planned care. 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 support this practice.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community service and to participate in activities of their choosing that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. There were systems in place to assess, monitor and improve the quality of the service. The service worked in partnership with health and social care professionals and other organisations to ensure appropriate support was provided to individuals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first time we have inspected the service.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Plum Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Plum Care is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection site visit took place on 21 June 2019 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

What we did

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider had not completed a provider information return (PIR) at the time of the inspection. This was the first inspection of the service and a PIR had yet to be requested. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from local authorities and or professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection visit we met and spoke with the registered manager, two office staff and two care staff. Following our visit, we spoke with four people using the service and or their relatives by telephone to seek their feedback about the service. We reviewed a range of records including four people's care plans and records and four staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first time we have inspected the service and we have rated this key question as 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and staff were kind and caring. One person said, "Yes, I feel very safe, they [staff] are very kind." A relative commented, "We feel very safe. Staff are very caring and professional."
- People were supported and protected from the risk of abuse or harm. Policies and procedures were in place for safeguarding adults and systems were robust for reporting and acting on concerns or allegations.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe. One member of staff commented, "If I had any concerns I would report them immediately. The manager is very approachable and will respond quickly to make sure people are safe."
- Information on safeguarding was available for staff reference within the office location and people using the service were provided with information in a format that met their needs.

Assessing risk, safety monitoring and management

- Risks to people were assessed, reviewed and managed safely by staff to avoid harm. Risk assessments supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected.
- Risk assessments documented identified risk factors and guidance for staff to ensure they supported people appropriately. For example, in relation to mobility, communication, nutrition and hydration and medicines management amongst others.
- There were arrangements in place to deal with foreseeable emergencies and to monitor the safety of individuals home environments. For example, staff checked to ensure people had smoke alarms in place and they were working correctly.
- People were provided with information on how to contact the service out of office hours should they require support. Staff had received training in first aid life support and knew how to respond in the event of an emergency.
- There were systems in place that ensured people received their care on time and that care staff stayed the required amount of time ensuring people's needs were met as planned. There was an electronic call monitoring (ECM) system in place which allowed office staff to monitor care visits. Staff were provided with a phone application that allowed them to electronically sign in once they had arrived for a care visit and to sign out when they left. This enabled the service to respond promptly and safely to any late and or missed calls or emergencies.

Using medicines safely

- Medicines were managed, administered and stored safely.
- There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. The ECM system monitored and documented when people were administered their medicines by staff.
- Safe medicine management practices were followed, and staff received training and had their competency assessed.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

Preventing and controlling infection

- Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with their laundry and domestic tasks.

Staffing and recruitment

- People and their relatives told us there were enough staff to support them and they had regular staff who visited them. One person said, "I have regular carers who visit, and they are always on time."
- There were enough staff to meet people's needs and recruitment systems worked to reduce identified risk.
- Staff were recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that staff had identified concerns, accidents and incidents and had taken appropriate action to address them. Where required, accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were reflected on as a means of learning and improving safety for people. Investigations and actions taken were shared with the staff team at meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first time we have inspected the service and we have rated this key question as 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives told us they were involved in the assessment process and planning for their care. One person commented, "They [staff] visited me to ask what I needed help with. I have a book which they use. They call or visit me regularly to make sure everything's ok. I'm very happy."
- Assessments of people's needs, and preferences were completed before they received services. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessment included areas such as individual's personal history, preferences and consent.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives told us staff sought their consent and respected their decisions and rights. One person commented, "They [staff] are very considerate and always ask me how I like things to be done."
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the principles of MCA.
- People were encouraged and supported to make decisions for themselves and were provided with suitable information in a format that met their needs.
- People's consent was regularly reviewed to ensure arrangements in place were appropriate and meeting their needs.

Staff support: induction, training, skills and experience

- People and their relatives commented positively on the skills of staff. One person said, "They [staff] are very good at what they do. They know just how to help me." A relative said, "They [staff] are all very good. They gave me some really good help and guidance on dementia."
- There were effective processes in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff received regular supervision, support and an appraisal of their practice and development.
- Staff received training in a range of topics such as, manual handling, medicines, dementia and safeguarding amongst many others.
- Staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet to ensure their well-being where this was part of their planned care.
- Staff consulted with people on what types of food they preferred and any cultural requirements they had.
- Care plans documented people's nutritional needs, the level of support required with meal preparation and eating, any known allergies and any nutritional risks such as weight loss or choking.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's well-being at each visit to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, information and guidance provided by community mental health teams were followed by staff.
- A health care professional told us the service was very effective in the support they offered one person who was living with dementia. They said, "They really work well to ensure the person's safety whilst out, without limiting their independence or rights."
- Staff supported people to access healthcare services when required. For example, accompanying them to appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first time we have inspected the service and we have rated this key question as 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives spoke highly of staff and the care and support they offered. They told us they had built trusting respectful relationships with staff. One relative commented, "They [staff] are really caring and take the time to sit and chat with [relative]. I'm thrilled with the service and they totally treat [relative] with dignity and respect, I know [relative] is well looked after."
- Staff had built respectful relationships and valued individuals' independence, needs and wishes and demonstrated an in-depth awareness of people's preferences. For example, when enabling one person living with dementia to retain their independence when venturing out.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were consulted about the care and support provided. One person said, "They [staff] are very good. It's all about me and they do whatever I need them to do." A relative commented, "Communication with the office is very good. They always check to make sure everything is as it should be. We have a copy of [relative's] care plan and information about the service."
- People were provided with information about the service in the form of a service user guide and this was presented in formats that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect, promoted their independence and their privacy and dignity was maintained at all times. One person commented, "They [staff] are very thoughtful and kind. They are always respectful and help me to stay as independent as possible within my home." A relative told us, "The carers are really lovely and [relative] thinks the world of them. They always treat [relative] with respect and maintain [relative's] dignity."
- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive risk taking was safely supported and encouraged by staff with support offered if required. For example, when supporting people to safely use appliances within the home.
- Staff told us they promoted people's dignity when carrying out personal care by seeking consent, ensuring they were covered, and doors and curtains were closed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first time we have inspected the service and we have rated this key question as 'Good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives confirmed they were involved in planning for their care and contributed their views on the service provided. One relative commented, "They [staff] often contact us to make sure all is well, and we are happy with the care and current arrangements. We are very much involved and very satisfied with the service."
- People's care and support needs were assessed, personalised and reviewed to meet individual needs and wishes. Care plans documented information regarding people's physical, emotional and mental health needs, life histories and things that are important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Staff kept daily records of the support offered to people at each visit and care plans were reviewed on a regular basis to reflect changes in people's needs and wishes.
- People told us they were supported by a regular team of staff who knew them well. One person commented, "Continuity is quite important. It's nice to know who is coming and that they know you well. I have lovely carers who visit me, they are very reliable."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the AIS and the importance of effective communication when supporting individuals. People's communication needs were assessed and documented within their plan of care.
- The service had produced information in a format that met people's needs, for example, easy to read versions of the customer information booklet and the services complaints policy and procedure. The service also used an easy to read version of their care planning tool where required, in order to meet individual's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us they were supported to maintain relationships and to access community services where this was part of their plan of care. One relative commented, "They [staff] are very flexible and support [relative] to go to the social club on set days."

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of the complaints procedure and knew how to make a complaint. One person commented, "The service is marvellous, and I have nothing to complain about. I do know that if I did have any problems I could just call the office and they would put it right."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The providers complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Records showed there had been no complaints made since the service registered with the CQC.
- Staff were provided with the opportunity to give feedback on the service and to help drive service improvements by way of a suggestion box that was located within office premises.

End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.
- The registered manager told us they and the staffing team recently completed a charity walk to raise money for and in support of a local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first time we have inspected the service and we have rated this key question as 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about staff and the care and support provided. One person said, "The carers are so good. They come on time and never fail. I am very happy with the service." A relative told us, "The service is very reliable, and the carers are very kind. To say I am very happy with the service would be an understatement."
- There were processes in place to ensure people received the care and support they wanted. Assessment tools were person focused and assisted staff in the promotion of independence and equality.
- Staff demonstrated a strong commitment to provide person centred, caring support to people and their relatives within their homes. One member of staff commented, "The best things about the service is the staff, as everyone is so caring and supportive and the communication we have is fantastic. People are genuinely involved in their care and how the service is tailored to meet their needs. I am very happy in my job and feel valued by management."

How the provider understands and acts on the duty of candour. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team ensuring best practice and good service delivery.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- Staff were positive about how the service was run and the support provided by office staff and the registered manager. One member of staff commented, "The office staff are just brilliant. They are always at the end of the phone whenever I need them. The manager is very supportive and approachable."
- There were management support systems in place for staff during out of office hours should they need it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were regularly asked for their views about the care and support provided to check they remained happy with their service or if changes were required. A relative commented, "Contact with the office is very good. They telephone often to check if everything is working well, I cannot praise them enough."
- There were systems in place that allowed for people and their relatives to provide feedback about the

service on-line. We looked at the on-line reviews that people had feedback, comments included, "Five out of five, they certainly contribute to my [relative's] wellbeing and happiness. I would be pleased to recommend them to others", and, "Plum Care is a fantastic service that has allowed my [relative] to maintain the best possible quality of life and independence."

- There were systems in place to ensure the service sought the views of people through regular reviews either in person or by telephone and annual surveys. The registered manager told us they had recently sent their first annual survey out to people and their relatives and were waiting for their responses. They told us once they had received them they would analyse the results and implement an action plan if required. They told us that a staff survey had also been sent for staff to complete.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.

- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, the ECM system and health and safety. Where required action plans were developed to address any issues or concerns identified.

- Unannounced spot checks were carried out with staff within people's homes to ensure staff supported people on time as planned and staff had completed all tasks as required.

- Staff team meetings were held on a quarterly basis to share information and best practice. We looked at the minutes for the last meeting held and saw areas for discussion included, new staff members, business update, ECM system and the care worker of the month award.

- There were systems in place to recognise and praise staff performance and achievements. The registered manager told us they had a 'care worker of the month' award which celebrated individuals good work for which staff were awarded and their picture was displayed within the office. The provider also had a scheme in place which rewarded staff by way of profit shares. The registered manager told us that all staff had recently received extra money from this scheme.

Working in partnership with others

- Manager's and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, mental health professionals and GPs.

- We saw that the service worked in partnership with local services and organisations to ensure appropriate support and services were made available to individuals if required. The registered manager told us they were in the process of implementing staff leads in areas such as dementia so best practice could be shared. The registered manager told us they supported a local dementia café and offered both physical and financial support.

- We noted that the service had won an award for 'best day care services' provided in the national home care awards.