

Joseph Rowntree Housing Trust

Plaxton Court Domiciliary Care Agency

Inspection report

Woodlands Drive
Scarborough
North Yorkshire
YO12 6QT

Tel: 01723340290
Website: www.jrht.org.uk/community/plaxton-court

Date of inspection visit:
30 March 2022

Date of publication:
10 May 2022

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

Plaxton Court Domiciliary Care Agency is a domiciliary and extra care housing service providing personal care to older people living in their own homes in a community setting on the outskirts of Scarborough in North Yorkshire. At the time of our inspection there were twenty people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People spoke positively about the service they received and the staff who supported them. They confirmed they were involved in their care planning and the service was person centred. Care records included monthly evaluations to ensure staff had access to information to provide safe person-centred care and support. Staff spoke positively about their roles and the people they supported. It was evident from discussions staff had a very clear understanding of people's needs. Staff told us there was enough staff on duty and as a small team they worked well together to meet people's needs all the time.

People received their medicines as prescribed from staff who followed best practice guidance. Staff received appropriate training and support to carry out their roles.

A policy was in place to ensure staff received regular supervision and appraisal. Staff fed back they valued supervision for them to provide a confidential personal reflection of their role, expectations and discuss any concerns.

Staff meetings fostered the team approach to working with people and along with resident meetings encouraged feedback to further enhance the service provided.

Staff always received appropriate induction, training, professional development, supervision and appraisal as necessary to enable and support them to carry out the duties they were employed to perform.

Management completed a range of audits and checks to maintain standards of service. People and staff provided feedback that management were always approachable, and communication was positive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people. The service was

proactively supporting people to re-engage with their loved ones, the community, activities and areas of interest following the restrictions in place during the pandemic.

The provider worked closely with other health professionals to support people's wellbeing.

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

Rating at last inspection and update

This service was registered with us on 17 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

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 ●

Plaxton Court Domiciliary Care Agency

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is an extra care housing and domiciliary care agency. It provides personal care to people living in their own homes. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 March 2022 and ended on 11 April 2022. We visited the location's office on 30 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, service manager and a senior care worker. We reviewed three care plans, medication records and three staff files. We spoke with four people receiving a service and four relatives. We reviewed records associated with the management and compliance of the service which included policies, procedures, audits, and checks. We looked at staff recruitment details, training, supervisions, appraisals and checks to determine staff were competent in their roles.

After the inspection

We spoke with three care staff. We reviewed further records including details of staff training and recruitment checks.

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 inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse. One person said, "The staff are all very good and I feel very safe. They come four times a day but will come any time that I call."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with systems to record outcomes and actions to help improve the service and prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Care plans included initial assessments of people's needs. Known risks were recorded with information for staff to follow to provide safe care. A relative told us, "[Relative] is much safer now, they had a period of falling so they now have a call button. The carers even come in the middle of the night to check on them and to see if they are alright."
- Staff told us they knew how to manage risks when visiting people in their home.
- Checks were completed to ensure staff had the required information to safely access people's homes and navigate their environments. One staff member said, "There has been a lot of work with care planning which has resulted in good up to date information. We are aware of any known risks about people and their homes and what to do to keep safe."

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received their care and support from regular staff who they knew, and that staff turned up on time and stayed for the right duration. One person said, "I'm getting more care now as I have just come out of hospital. I have regular staff who are all very nice."
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs. Staff told us they benefitted from a small, committed team who worked closely together with senior carers and management support to ensure people's needs were met.

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely.

- Where people were prescribed 'when required' (PRN) medicines, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.
- Staff received appropriate ongoing medicines training. Recorded observations were used to ensure staff followed best practice using the required skills and knowledge to manage and administer people's medicines safely as prescribed.

Preventing and controlling infection

- People told us staff followed relevant infection prevention and control guidance.
- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements.
- We were assured that the provider's infection prevention and control policy was up to date.

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 inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People using the service told us they felt staff had the relevant skills and were competent in their role.
- Staff received appropriate supervision, support and appraisal in line with policy. Staff fed back they welcomed the structured supervisions for them to provide a confidential personal reflection of their role, expectations and discuss any concerns. One staff member said, "We are all very well supported with regular reviews of our practice but also on a day to day basis. The manager is always accessible and supportive when we need to chat."
- A list of staff training was provided. Staff confirmed they received an initial induction to the service and training for their role and to meet people's individual needs.
- Robust systems were in place which were used to check and support staff to remain competent in their roles. Staff confirmed outcomes were used to provide them with important feedback and assurances of their competency in carrying out their role.
- Staff had routine access to important company policy and procedures which provided important guidance when completing certain tasks. For example, to reference best practice guidance for the safe administration and management of people's medicines.

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

- The provider completed assessments prior to agreeing a new package of care in order to ensure they were able to meet the person's care needs.
- People confirmed they were involved in all aspects of their care and support. A relative told us, "We completed all the documentation; wishes about DNR (do not resuscitate) and how they would like to be treated."

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

- Assessment of people's dietary needs was recorded, and staff confirmed they worked with other health professionals for example, dieticians where this was required.
- Care plans included provision to record any allergies and staff confirmed they would have access to information to support people with any dietary requirements where required.
- People told us they were supported to maintain a balanced diet. One person said, "The food is very good. I am a diabetic, they know and give me a choice."

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

- People confirmed they had good support to access other health professionals where required.

- Staff clearly understood the required processes to ensure people received timely access to health professionals.
- Staff ensured that any health advice for people was recorded. People and staff told us they made time to encourage and support people with ongoing reablement. For example, one staff member told us they had worked hard to ensure a person had the correct equipment to support them to mobilise outside; to enjoy their daily interest.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection there was no one receiving a service who was under a Court of Protection.
- People told us they were asked for their consent prior to being supported.
- Staff understood the importance of offering people choice and to promote their independence. A relative said, "Carers only assist if they are required to do so, which helps to keep them independent."

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 inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity

- People and their relatives told us staff were kind and caring. One relative said, "I think the staff are compassionate. They look after [relative] and always talk to them."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs.
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any choices and preferences.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were actively involved in the planning of their care and were supported to express their views.
- People and their relatives told us they were treated with respect and dignity by staff.
- People told us staff encouraged and supported them to be as independent as possible. One relative said, "Carers encourage [relative] to wash what they can if [relative] wants to, they pull the blinds down and keep them on track."
- People received consistent care from regular staff who they knew. Staff told us this helped to develop trust and personal awareness. One staff member said, "We are a small, dedicated team which means we can support people with consistent, person centred care and support."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans we reviewed were personalised with a social history and information about how best to support the individual. Care plans included information on people's interests, likes, dislikes and healthcare needs.
- Care staff told us care plans were regularly updated. Staff recorded any immediate changes in people's needs which were then updated into the main care plan for others to utilise.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in care plans for staff to follow. One staff member said, "We use a variety of methods to communicate with people. Wearing masks can restrict what people hear so we take our time to ensure people have understood. We have access to clear masks so people can lip read when we are distant from them and will use the other masks for close personal care."
- People told us staff were patient and checked to ensure they understood and were happy with the service.

Improving care quality in response to complaints or concerns

- People had clear expectations on the quality of the service they received and understood how to share any concerns.
- Guidance on raising concerns and complaints was available in a variety of accessible formats for people to understand.
- Processes were in place to investigate and respond to any complaints or concerns. People told us concerns were routinely dealt with and that they felt confident complaints would be addressed appropriately. One person said, "I don't have any complaints. I discuss any concerns with the manager and it usually gets sorted."

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 inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Governance and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.

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

- People told us the service was managed well with caring staff. One relative said, "They [care staff] genuinely care; they are respectful and attentive. Even the reception people give me updates so the communication with the family is good."
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.
- Regular staff and resident meetings provided individuals with the opportunity to contribute their views to help the service improve. One staff member said, "The residents get together with the manager and discuss areas for improvement. Following the last meeting we are actively implementing measures to improve activities and re-introduce clubs for people to enjoy, which were put on hold during the COVID-19 pandemic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given the opportunity to feed back on the service they received and told us the senior staff and the manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "It's a great place to work with a great team supporting people together."
- Thorough pre-assessments of people's needs ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People told us they felt confident that the service would act if they suggested an area for improving care. A relative said, "The new manager is very approachable. The staff like her. [Relative] has filled in a questionnaire about the food and future renovation."
- A healthcare professional told us the service worked well with the local authority. They told us, "We completed an assessment and although some recommendations were made there was no compliance breach. I have not been made aware of any concerns."
- The manager was passionate about enabling people to live their best lives. They spoke with enthusiasm about the service model, supporting people holistically with social care and where required personal cares, in a communal environment with a dedicated staff team.