Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Plasden Court

Verwood Walk, Wythenshawe, Manchester, M23 2QL

Tel: 01619450817

Date of Inspection: 12 October 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Praxis Care
Registered Manager	Mr. Philip David Cartwright
Overview of the service	Plasden Court provides 24 hour care to people with mental health needs. The building is a block of 15 self-contained flats. There are offices and an overnight stay flat for staff. The staff team work in collaboration with multi-disciplinary mental health teams and other statutory services such as probation and substance misuse workers. Plasden Court is run by Praxis Care, a charity which supports people with mental health needs and learning disabilities.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

We visited Plasden Court and during our visit we talked with five people who were using the service. People told us they were happy with the service provided. Comments included: "I'm content. The ecology and environment is very healthy, there's no trouble or tension. It's good in every conceivable way, the standard of care, the staff employed, management; everything is of a good standard."

"I like my flat and I like living here."

And:
"It's good here they don't tolerate verbal aggression or physical violence."

We found that people who used the service gave informed consent to their care and treatment. People who used the service received the health and social care they required. We saw that at Plasden Court medication was safely managed. We found there were sufficient staff to meet the needs of people who used the service and, complaints were dealt with openly and with fairness.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We visited Plasden Court and during our visit we spoke with five people who were using the service. People told us they had given consent to their care and treatment. We were told: "They look after my best interest and ask me what I want to do, I have a choice."

"I've never felt bullied."

"I'm the boss and I tell staff what I want."

And:
"There's no pressure. They give you ideas but they don't get vexed if you say 'no'."

We looked at the consent policy used at Plasden Court and found that the guidelines provided detailed information so that staff understood their responsibility in protecting people's right to make choices. This meant people's human rights would be upheld.

We saw forms which people who used the service were meant to sign to give written consent to the different activities and routines involved in receiving care and living at Plasden Court. This meant people's rights were protected because information was available and systems in place to record they had made an informed choice about the care, treatment and support offered.

We reviewed the care records for three people who used the service. We saw that each person had signed consent forms relating to different aspects of their care. This included consent to receiving support with managing money, medication, and changes to their assessment and plans of care. This meant people were involved in planning and agreeing to their care and support ensuring their rights were maintained.

Records we looked at also included information showing when people had refused to give consent in relation to certain activities. Records showed that staff response was based on

the risk assessments in place relating to the area concerned. We saw that the response was proportionate to the identified risk. For example if someone refused to have their photograph taken staff would use different techniques such as giving the person more time to consider agreeing or providing additional information about why a photograph was important. In contrast if a person refused an activity which put them at risk of physical harm staff ensured the person and the relevant health and social care professionals became involved. This ensured people's rights were protected because action was taken in keeping with the persons care plan and met the requirements of the Mental Capacity Act 2005; Deprivation of Liberty Safeguards (DoLS); Mental Health Act (MHA) 1983; Mental Health Act 2007 and the Mental Health Act Codes of Practice 2008.

These Acts and Codes are the rules that have to be followed by all health care professionals, support workers, managers and anyone who is involved in providing health, personal or social care to people who use services. These rules are intended to make sure people who use services have as much control as possible over their care and treatment. Our findings showed that these rules were being followed at Plasden Court.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We visited Plasden Court and during our visit we spoke with five people who were using the service. People told us they were very happy with the care and support they received. Comments included: "They really can't do much better here. They help you in every way." Another person told us: "They're very kind and helpful. I've always wanted a place of my own and now I've got it."

People who used the service told us they received the support they needed to remain physically well. We were told: "I get support to go to the dentist...I get support for most things because I feel more confident that way."

And:
"I sort all my health things myself. The doctor is just down the road. They came with me at first but now I know what to do and if I'm not sure I ask the doctor or my key worker."

We reviewed three care records. We found that care plans and risk assessments were updated regularly and recorded the involvement of the person who used the service. Records we looked at showed that the service used a recovery model of care and support. This aimed to help people to find their own ways of dealing with their mental health needs, promoting access of the local community and increased independence in relation to day to day living. We found that this model of care and support was successful. This was because care records demonstrated that people who used the service usually became more independent and their mental health remained stable.

People who used the service also felt the type of support provided was effective at helping them to achieve their goals. We were told: "They tend to get you to do as many activities as you can yourself. They get involved with you if you need it. I feel more confident here now and can do things I used to be scared to do…like go to the shops and things like that." And another person said: "The staff showed me at first but now I can do my own thing."

Daily care records, care plan review notes and other records showed that care and support needs were monitored and updated as frequently as necessary. People who used the service signed their assessment, review and care plan documents to show that they

had been involved in developing their plans. Care plans identified signs of relapse and what actions to take to support people effectively. This meant support plans were individualised and person centred.

Records also indicated that the service worked well with other health care professionals involved in people's care, including the community mental health teams, General Practitioner and dentists. This meant people's physical and mental wellbeing was promoted because Plasden Court was effective at making sure these needs were met.

The care records showed that the people who used the service had access to a variety of activities arranged in the communal areas between individual flats and in the local community. We found that people who used the service received the appropriate support to experience activities they enjoyed either as individuals or in groups. People who used the service also told us they received support from project workers who arranged outings and activities. We were told: "There's a walking group and we go out to a club every week, we go to all sorts of places, they give us suggestions and we choose."

And:
"It depends what it is sometimes it's just me and staff, sometimes it's a group of us."

We saw that individual risk assessments were in place for each person in relation to individual mental health emergencies. This meant staff had information about how to keep a person safe in relation to a serious relapse in their mental health.

We saw that for medical emergencies staff were instructed to contact the emergency services. Staff who were on duty said they had completed first aid training which was regularly updated. This meant the provider promoted peoples continued wellbeing because systems were in place to deal with health emergencies concerning people who used the service.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We visited Plasden Court and during our visit we spoke with five people who were using the service about how their medication was dealt with. People felt medication was effectively managed. We were told: "I manage my own medication. Staff just remind me as required."

"Staff come at night and in the morning to help me take it. They prompt me and then write down that I've taken it."

"My medication is delivered and staff check that I've taken it and sign to say that I have. I keep it locked in my room."

And:
"When I first came here staff observed but now I self-medicate and I get a four week supply from someone who brings them."

On the day of our visit we found that the service only held medication for one person and this was because too much had been delivered to be stored in the person's private medication box in their flat. We saw that a record of this medication had been made. The information was not very detailed and so we could not tell from this record when responsibility for medication was being transferred to the person who used the service. However this information was available on the person's individual medication record sheet which was held in their flat. This meant that receipt of medication was safe because it was possible to check that people received the medication they were prescribed.

We saw that a record of medication provided to people was kept in their personal medication files held in their flats. We saw that medication was counted in with people and signed as accurate. This meant the provider had a system in place to safely receive medication. The provider may want to consider having a copy of up to date information about the medication people have in their flats as this would help to keep a check on people's prescribed medication.

We found that every flat at Plasden Court had a lockable cupboard in which people were

expected to lock their medication. People told us they kept their medication locked in their medication cabinets. However we saw that one person did not keep their medication in the cabinet because they had lost their key. The provider may want to ensure that people receive a replacement key to their cabinet when necessary so that medication is stored in keeping with the Plasden Court medication policy. Medication was stored securely however because generally only the person who used the medication or members of staff had access to people's flats.

We saw that care plans and reviews included an assessment of the medication people had been prescribed. We saw that staff had responded to the instructions of the GP in relation to the dosage times of a certain medication but this had not been officially changed on the person's prescription. The provider may want to ensure that securing prescriptions and letters confirming changes in relation to a person's medication are made a priority. This would mean that people who used the service could be confident that verbal instructions given by a GP have been interpreted correctly.

We saw that people were monitored for the effectiveness and side effects of the medication they were prescribed. This meant systems in place ensured medication was prescribed at the most effective therapeutic dose for the individual.

We looked at the medication record sheet for four people who used the service. We were informed that medication which was discontinued was checked out of the service and returned to the pharmacy when new medication was delivered. We saw that staff had signed to confirm they had checked that people had taken their medication as prescribed. We saw no unexplained gaps on these records and so people were receiving appropriate support to take medication which promoted their health and wellbeing.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We visited Plasden Court and during our visit we spoke with five people who were using the service about the staff who worked there. We saw that everyone at Plasden Court was independent in relation to their personal care.

People told us staff were very good and knew how to meet people's needs. Comments included: "The staff couldn't do better, the staff employed and the senior managers have the right mentality and always do the right thing."

"I feel very confident with the staff, they know how to show respect and service users have to show respect as well. The staff are very good."

"Staff work hard. They have a handover and that can take a while. All the staff are great."

And:
"The staff here are brilliant, very approachable and there's always someone around to ask about things."

When asked about the availability of staff people told us that staff were always available. People said they never felt short of staff, we were told if there were not enough regular staff available then agency staff would be used.

We visited Plasden Court on a Saturday to check whether appropriate staff were on duty to meet people's needs over the weekend. On arrival there were two staff on duty. We found that both were regular staff at Plasden Court; one person had worked there for about 18 months and the other for seven years. We found that both were able to assist with all aspects of the inspection. Also both had access to all the systems needed to ensure that the health and wellbeing of people at Plasden Court continued to be protected and promoted. This meant people were protected because the staff on duty had sufficient experience at the service to know the routines and the needs of people who used the service.

We observed the interaction between people who used the service and the staff on duty. We found that staff were very approachable and helpful towards people who used the

service. We noted that staff made arrangements to support people to carry out their plans of care such as shopping, medication or cleaning. We found that people were satisfied with the arrangements made, including the timescales suggested by staff. We found that people who used the service were supported to remain calm and content in relation to their daily activities on the day of the inspection. This meant that sufficient staff were on duty to meet people's needs. This also showed that the staff on duty had the skills to meet people's needs.

We discussed qualifications and training with the two members of staff. One person had completed the National Vocational Qualification (NVQ) level 3 in health and social care; the other person had completed a degree in psychology and was part-way through a vocational health and social care course. Staff told us they had recently completed courses in emergency first aid, equality and diversity, the mental health act, managing medication, and forensic mental health. We reviewed the training records held by the provider and this information confirmed that staff on duty had completed the appropriate qualifications and training to be effective workers at Plasden Court. This meant the staff on duty on the day of the visit had the qualifications and training to effectively respond to people's needs.

On the day of the visit neither staff on duty were members of the management team, however we found that staff could access senior managers if required. This was because on the day of the inspection staff contacted the registered manager for Plasden Court who when informed about the Care Quality Commission inspection made appropriate contact with the inspector.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We visited Plasden Court and during our visit we spoke with five people who used the service. People said they had not had to make any complaints and that any concerns raised had been listened to and responded to appropriately. We were told: "If you have realistic ideas it's difficult to find anything to complain about…they can't make it much better here."

"I have never made a complaint. I've got no worries."

"Yes I've made one or two and oh yes it got sorted out and was dealt with fairly."

And:
"Staff say if I'm ever upset by what anybody does I must tell them." This person described a situation they had reported and they felt the correct action had been taken.

We reviewed the complaints policy and saw that this provided detailed information about how people who used the service could raise complaints or concerns. The policy included the timescales in which concerns would be responded to and who else could be contacted if people felt their concerns had not been properly investigated. We saw that each person had a file in their room and this contained an easy read leaflet which outlined the complaints policy and gave people who used the service promises that their complaints would dealt with carefully to make sure every thing was looked at in full. We noted that this form also provided information about outside organisations people could contact, although the details were not for offices local to Plasden Court. This meant that people were protected because systems were in place for complaints to be made.

The provider may wish to consider providing details of any local advocacy organisations and the contact details of Manchester local authority for people to contact if they are unhappy with the outcome of an investigation conducted by the service.

We looked at the complaints and incidents records kept by the manager of the service. Although complaints and concerns were recorded there was no report to show that these were reviewed to identify any trends and check that they had been dealt with properly. The provider may wish to consider looking at trends and possible learning outcomes in relation

to the type of complaints made by people who used the service.

We saw that all complaints recorded had been dealt with in a timely manner. We saw that for the most part, a full record of the investigation and outcome had been documented. This was on the complaint report form and the information was duplicated in people's care records. We saw that action was taken to solve problems and bring about a satisfactory resolution to concerns raised. This meant peoples on-going comfort and satisfaction was promoted.

These findings meant that complaints made were considered in full and responded to appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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