

Plenus Care Ltd

Lindum Court

Inspection report

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Owston Ferry
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Tel: 01427728507

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 6 October 2017, and was unannounced. It was undertaken by two adult social care inspectors.

At the last inspection of this service we found there was a breach of Regulation 12, safe care and treatment and regulation 17, good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the management of the service was inadequate and we sent a warning notice to the provider because found issues with cleanliness, infection control, behavioural support records, and health and safety at the service. There was a lack of effective monitoring at the service and issues found were not addressed to make sure people's health and wellbeing was protected. The provider was also undertaking a regulated activity which the service was not registered to provide. These issues had impacted upon the care and support people received. The provider sent us a detailed action plan to tell us how the issues we found were to be addressed. We found during this inspection their action plan had been followed and all issues had been rectified.

At this inspection, we looked to see if improvements had been made. We found all the shortfalls from the last inspection had been addressed and improvements had been made to meet the relevant requirements.

Lindum Court is registered with the Care Quality Commission (CQC) to provide residential care for up to 24 people, some of whom may be living with dementia. Personal care is also provided to one person living in the local community.

The service is centrally located in the village of Owston Ferry and is close to local shops and amenities. There is a ground and first floor, 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 a pond. The building is fully accessible with the provision of a passenger lift and there is on the street parking available directly outside the home. The service is registered to provide personal care to one person living in the local community.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following our last inspection we found improvements had been made in a number of areas; the service was clean and effective infection control measures were now in place. Health and safety issues were addressed; radiators were covered appropriately and trip hazards, new furniture and commodes had been provided for people's bedrooms. Trip hazards in the garden had been removed and the fence had been raised to prevent people from leaving the garden. Care records were detailed and clear about the behavioural support people needed to receive. The quality assurance system and audits had been strengthened to make sure issues were addressed in a timely way.

Since the last inspection the regulated activity of personal care has been added to the providers registration. This was required because one person living in the community was being supported by staff in their own home. This person was receiving appropriate care and support.

Staff knew how to recognise the signs of abuse and knew how to report issues. This helped to protect people from abuse. There were enough staff provided to meet people's needs and recruitment procedures at the service were robust.

Induction training was provided for staff. Supervision's and appraisals were occurring to help to develop the staff's skills and knowledge.

People's nutritional needs were monitored and mealtimes were sociable occasions for everyone living at the service.

People's health was monitored and action was taken to gain help and advice from relevant health care professionals if people's needs changed. Medicine management was generally robust. However, there was an issue found during the inspection which was addressed straight away by the registered manager. People's care records were personalised; information relating to behaviours that may challenge themselves or others were detailed and clear for staff to understand and follow.

People's mental capacity was assessed to ensure they were not being deprived of their liberty unlawfully. Staff gave people choices for their care and support and acted upon what they said. Documentation was in place regarding people's capacity and best interest meetings were held to ensure people's rights were protected when decisions were made on their behalf.

We saw improvements had been made to the environment to help to meet the needs of people living with dementia, further improvements were also planned to take place.

Staff were attentive and kind and supported people in a gentle enabling way which promoted people's independence.

A range of activities were provided and people were invited to take part, if they wished.

A complaint policy was in place. This was made available to people and their relatives. Advocacy information was provided to people and their relatives. People were supported by advocates or family members to help raise their views.

The service was led effectively, audits were undertaken and action was taken to make sure the service remained a pleasant place for people to live. Notifications were made to the CQC to help to keep us informed of events that occurred within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the service. People were protected from abuse and staff recruitment remained robust.

The service was clean, items were stored securely and effective infection control measures were in place.

Effective medicine management systems were in place, medicine issues were acted upon swiftly and thoroughly.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training; supervision and appraisal which helped to develop and maintain their skills.

Improvements had been made to the home's environment. Further improvements were also planned to take place.

Documentation was in place regarding people's capacity and best interest meetings were held to ensure people's rights were protected.

People's health care and nutritional needs were met. Clear documentation was in place and help and advice was sought from relevant health care professionals to help to maintain people's wellbeing.

Is the service caring?

Good ●

The service is caring.

People were treated with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes and preferences. Staff supported people to be as independent as possible which enabled people to live the life they chose.

There was friendly banter between staff and people living at the service. Staff listened to what people said and acted upon it.

Is the service responsive?

The service was responsive.

People had their health monitored by staff. Care records were personalised and detailed and changes in people's needs were reported to relevant health care professionals to help to maintain people's wellbeing.

People could choose to join in with a programme of activities if they wished.

Complaints raised were acted upon to make sure people remained satisfied with the service they received.

Good ●

Is the service well-led?

The service was not always well-led.

We saw improvements had been made in this area, however, we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

The management of the service had been improved and there were more detailed audits and checks in place to ensure the service remained a safe and pleasant place for people to live.

People were asked for their views along with the staff. Feedback received was acted upon. Notifications were sent in to the Care Quality Commission, as required.

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 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 unannounced inspection took place on 6 October 2017 and was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This contained information about the service and how the provider planned to develop it. We reviewed the PIR along with other information we held, including statutory notifications which the provider had submitted. Statutory notifications are pieces of information about important events which take place at the service, for example, safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority for their views about the service.

During our visit we undertook a tour of the building. We used observation to see how people were cared for in the communal areas of the service. We observed lunch being served and watched a member of staff giving out medicines at lunch time.

We looked at a variety of records; this included four people's care records, risk assessments and medicine administration records, (MARs). We looked at records relating to the management of the service such as, policies and procedures, maintenance checks, quality assurance documentation and the complaints information. We looked at the staff rotas and at three staff's training, supervision and appraisal documentation. We looked at evidence and used observation to see if improvements had been made in the areas where we had concerns following our last inspection.

We spoke with the registered manager, three care staff, a domestic and a cook. We spoke with five people who were living at the service, and with three visitors to gain their views.

Some people who used the service were living with dementia and could not tell us about their experiences.

We used a number of different methods to help us understand the experiences of people which included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that staff understood people's individual needs and preferences.

Is the service safe?

Our findings

At the last inspection on 16 and 17 March 2017, we found there were issues with cleanliness, infection control and the environment throughout the service.

During this inspection we looked to see if the necessary improvements had been made to the service. We found electric storage heaters in the corridors and in people's bedrooms were covered, gloves, plastic bags prescribed creams and razors stored securely. People's bedding was clean and commodes had been replaced. Clean towels were appropriately stored, bathroom lino was secured to the floor and a toilet cistern had been replaced so it was easy to clean. The domestic's mop and bucket was clean and the cleaning records were completed. The laundry was clean and hand wash facilities were available for staff. The upstairs fire evacuation equipment was stored appropriately. Cupboards in the lounge were locked and trip hazards in the garden had been removed. The low garden fence had been raised to prevent people from being able to get out of the garden. People's care records regarding behavioural issues were detailed and gave clear guidance to staff.

We found the registered manager had worked closely with infection prevention and the quality assurance team from the local authority to improve the service.

People we spoke with told us they felt safe living at the service. One person said, "I am safer here than at home. Another person said, "I like it here; it is nice. I am safe with the staff." Relatives told us their relations were safe and they had no concerns about safety. One relative said, "They are safe. I go away not worrying." Another said, "[Name] is safe here, for definite."

We found people were protected from potential harm and abuse. There was a safeguarding and whistleblowing policy and procedure in place. This informed the staff about the action they must take if they suspected abuse may be occurring. Staff we spoke with said they would report any concern's straight away. Staff received training in this subject. The registered manager reported any safeguarding concerns to the local authority and to the Care Quality Commission (CQC) so that they could be addressed.

The registered manager monitored the staffing levels at the service. We looked at the staff rotas and spoke with the staff. There were enough staff provided to meet people's needs. Staff covered each other's absence or leave to provide continuity of care to people. Personal care was also provided to one person in the community. The registered manager confirmed when this care was delivered the staffing levels at the service were maintained so people continued to received timely care and support.

We did not review the recruitment procedures in place during this inspection because we found they were robust at our last inspection. The registered manager confirmed the recruitment procedures remained the same and potential staff still provided references, attended an interview and had a disclosure and barring check [police check] undertaken. This helped to ensure people were protected from staff who may not be suitable to work in the care industry.

The registered manager and provider monitored the general maintenance that took place. There were service contracts to maintain equipment, undertake water sampling to test for the presence of legionella and for gas and electrical safety checks. Fire safety checks were also undertaken and there was a business continuity plan to inform staff about the action they must take if an emergency occurred, such as a flood or power cut. We saw people had personal evacuation plans to inform staff and rescue services about the help they would require in the event of an emergency.

We looked at how medicines were ordered, stored, administered, recorded and disposed of. There was a monitored dosage system [a pharmacy pre packed medicine system] which was provided to help assist staff to dispense people's medicines safely. We saw people had individual medicine administration records (MAR) and information regarding any known allergies was recorded. A photograph was included with the MAR to help staff correctly identify people. We checked random controlled medicine [those that required more secure storage] and found the balance was correct.

During our inspection we observed a member of staff administering people's medicines at lunchtime. We saw they had two medicine pots in their hand and we went with the member of staff to two people to see how they administered them. Following administration it was noted an error had occurred. Advice was sought from a GP and the person did not come to any harm. We spoke with the registered manager and an internal investigation was concluded and measures put in place to assess staff competency, ensure lessons were learned and to revisit the providers medicine policy and procedure.

Is the service effective?

Our findings

At the last inspection on 16 and 17 March 2017, we found several concerns relating to the environment and equipment. During this inspection we found wheelchairs were stored appropriately and new furniture had been provided. Activity equipment was stored in boxes to reduce the potential risk of ingestion by people who were living with dementia. There were plans to change the heavily patterned carpets in the communal areas of the service after work had been undertaken on the heating system. The provider acknowledged changing the carpet would promote a better environment for people living with dementia. There were also ideas being looked into to gain additional storage space at the service.

Staff we spoke with told us the environment had really improved since our last inspection. One member of staff said, "In the last six months more maintenance has occurred, redecorating and deep cleaning. We have also undertaken random checks of the environment with the manager."

At the last inspection in March 2017, we had found two people had their meals prior to everyone else because they needed more assistance. We felt this could have been excluding them from participating in a social experience. During this inspection the registered manager told us they had reviewed this practice and addressed this. We observed mealtimes were a social experience for everyone.

People we spoke with told us their needs were met effectively by the staff and said the food was good. We received the following comments; "My needs are met", "The food is good" and, "The food is good, we can choose to eat where we like."

Relatives said the service was effective. One said, "The staff look after [name] really well. They are well looked after and want for nothing." Another said, "[Name] is settled and happy due to the 24/7 care. All she has to do is put her finger up and she gets a cup of tea; she loves the food."

We saw staff training was provided on an on-going basis to help develop or maintain the staff's skills. Training was provided in a variety of subjects such as; safeguarding, mental capacity legislation, infection control, first aid and dementia care. Staff we spoke with told us the training had to be completed and kept up to date. One member of staff said, "I have completed all my training." We saw staff received supervision and had yearly appraisal, any training needs or performance issues were discussed and addressed.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and applying for the DoLS appropriately. At the time of our inspection, two DoLS applications had been granted for people at the service and ten applications were with the local authority for their consideration. Staff we spoke with confirmed they had undertaken training in this area.

During the inspection, we observed staff gained people's consent to support them and they demonstrated they understood the principles of the MCA. We saw staff giving people choices, for example; about what they wanted to eat, what they wished to do and how to spend their time. People's care records contained clear information about their mental capacity. If people lacked capacity, best interest meetings were held with people's relatives and health care professionals. Best interest decisions were recorded to help inform the staff and to have an audit of how people's rights were protected when decisions were made on their behalf.

We found people's nutritional needs were assessed when they were admitted to the service and their dietary needs were kept under review. Staff, including the cook understood people's needs and preferences. We observed lunch; the food served looked appetising and nutritious. Staff assisted people to eat and drink with patience and gave further choices of food if people did not want to eat what they had initially requested. If people were losing weight, health care professionals were involved to help maintain their wellbeing.

We saw people's changing needs were recorded in their care records. Help and advice was gained from relevant health care professionals to help to maintain people's health. The registered manager and staff told us they worked closely with people's health care professionals. We saw people received support from; GP's, opticians, speech and language therapists, dieticians, dentists, chiropodists and district nurses.

We saw people were assessed for special equipment, for example hospital beds with pressure relieving mattresses or hoists for transferring people. We found the equipment required was provided.

There was signage in the service to help people find their way around. Some people who were living with dementia had pictures on their doors to help them find their room. A new laundry room had been created since our last inspection. This was completed apart from adding some ventilation to the room.

Is the service caring?

Our findings

We found the service was caring. People and their relatives said the staff were caring and kind. We received the following comments; "The staff are pleasant, caring and attentive", "The staff are lovely" and, "Staff are attentive, kind and professional." We observed staff treated people with dignity and respect. A relative we spoke with said, "The staff are very attentive." We saw people were treated with respect and kindness.

People were provided with information about what the service could offer them. We saw information such as, Care Quality Commission inspection reports, local advocacy services leaflets and pending social events.

We observed staff were attentive to people and offered help and support in a timely way. If people were unsettled or looked anxious, staff attended to them promptly to assist them and reassure them. We found people who stayed in their room were checked regularly by staff to make sure they were alright. We observed staff used gentle and appropriate touch to reassure people and they gained good eye contact to aid communication. Staff re-phrased questions and gave people time to respond before they acted upon what was said. This helped people to feel cared for.

We saw friendly banter took place between people living at the service and the staff. People we spoke with told us this was enjoyable because the staff knew them so well.

We found staff respected people's privacy and dignity. For example, we saw people were addressed by their preferred names and staff knocked on bedroom doors before entering. Personal care was provided in people's bedrooms or in bathrooms behind closed doors to maintain people's privacy.

Staff were knowledgeable about people's needs, likes, dislikes and preferences. Staff supported people to be as independent as possible which enabled people to live the life they chose. Staff we spoke with told us they loved working at the service and enjoyed caring for people living there. One member of staff said, "I enjoy caring for the people here."

We saw staff gained people's consent to provide them with care and support and people looked happy in the company of staff. Continuity of care was provided to people because staff covered each other's holidays and absences.

People received care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against.

We found people's confidential information was stored securely. Staff understood the importance of this. We saw information about local advocacy services was provided to people so they could gain support to raise their views, if required.

End of life care was provided at the service. Compliments had been received from people's relatives about this care and support.

Is the service responsive?

Our findings

At this inspection we saw the staff were responsive to people's needs. People we spoke with confirmed this. One person we spoke with said, "The staff help me and care for me. I get the help I need." Another person said, "The staff know what they are doing. They [staff] know how to look after me. Activities are provided. We have music, I prefer classical music and the staff ensure we all get a bit of what we like."

Relatives we spoke with told us the staff were responsive and kept them well informed. One relative said, "If [name] is unwell, the staff let us know. The staff know them well. She is so happy they cannot do enough for her and she is very well looked after." Another relative said, "I am kept well informed and [name] wants for nothing."

We saw people had their needs assessed before they were admitted to the service. Staff used the information gained to create people's detailed and individualised care plans. People's likes, dislikes and preferences for their care and support were recorded and staff were aware of this information, which ensured personalised care was provided.

We saw that staff assisted people with personal care in their bedrooms and communal bathrooms. Staff we spoke with told us they knew people's needs, likes, dislikes and preferences for their care.

The staff monitored people's wellbeing in the communal areas of the service and they responded to people in a timely way. There was a handover of information provided for staff between shifts. At this handover, information about people's physical, psychological and emotional needs was passed on as well as any new information received from health care professionals who had visited, so staff could meet people's current needs.

People who were at risk from weight loss had their weight monitored regularly. Referrals were made to the person's general practitioner if staff were concerned about a person's nutritional intake and the dietician was involved. Food and fluid charts were used to monitor people's dietary intake to help maintain their wellbeing.

Activities were provided at the service. Music was playing in the communal lounge or televisions were on to help keep people engaged. Staff sang and danced with people and spent time reminiscing with them. There was a programme of activities in place which included, bingo, board games and arts and crafts. We saw people's birthdays were celebrated with a card, flowers and a cake. A hairdresser visited the service so that people could have their hair done without having to go out. A church service was provided to make sure people's spiritual needs were met. Staff undertook activities to help to raise money which was used at the service to enhance the activities provided.

We saw there was a complaints procedure in place. People we spoke with told us they would complain, but had nothing to complain about. One person said, "I would say if I had a complaint." A relative told us, "I have never complained, but I would if I needed to." The registered manager informed us complaints were

investigated and corrective action was taken to make sure people remained satisfied with the service they received.

Is the service well-led?

Our findings

At the last inspection on 16 and 17 March 2017, we found there were ineffective auditing systems in place. For example; the checks and audits regarding the environment were not undertaken in enough detail. When the registered manager found concerns corrective action was not taken. During this inspection we found environmental and infection control checks were robust. Staff attended external infection control meetings and implemented learning gained from these meetings. The registered manager was supported by the provider and both effectively monitor the quality of the service provided.

Following our last inspection we had issued a warning notice to the provider because there was a breach of regulation 17, good governance and the service was inadequately managed. During this inspection we found the provider had addressed all our concerns and the service was now well-managed. We found audits in place for the environment and for infection control were robust and any issues found were acted upon straight away. We saw audits were in place to review medicines, care records, activities, health and safety and infection control at the service.

Staff we spoke with told us a lot of work had been done to make sure audits were in place and to deal with issues found. For example, they confirmed medicine audits, care records and environmental audits were undertaken regularly and the outcome of these were discussed with them.

In March 2017, we had found the regulated activity of personal care was being provided to one person who was receiving care in the community. The provider was not registered for this regulated activity. This has now been added to the providers registration to ensure they are acting within the law. An updated statement of purpose was in place to reflect this change the provider's registration. The registered manager and staff reviewed the person's needs and relevant care plans and risk assessments were in place to help to maintain this person's wellbeing.

People we spoke with and their relatives told us the service was well-led and satisfactory improvements had been made. We received the following comments; "The service is managed well", "The home is nicer now, clean and tidy", "Everything is fine. You cannot fault it now, the environment or infection control. The manager is good and on the ball" and, "The service is decorated better and is cleaner now."

A health care professional we spoke with said, "Speaking with different staff the overwhelming impression I get is of a desire to make residents happy, to ensure they are cared for and have their needs met. It is a really lovely place to visit. Accidents and incidents are analysed by the manager, falls are reviewed and a falls diary is completed for each individual so any trends can be identified quickly and referrals made to the falls team."

The service had an experienced registered manager in place who was aware of their responsibilities to report accidents, incidents and other notifiable events to the Care Quality Commission. The registered manager was open and transparent and worked well with us during the inspection.

The provider had a range of policies and procedures in place to inform the staff about what was expected from them and how the service was to be run. These were reviewed by the management team to make sure they were kept up to date.

We saw staff meetings took place and staff told us they could raise any issues with the registered manager at any time because they had an open-door policy for staff, relatives and visitors. Minutes of staff meetings were produced, which were made available for staff who could not attend.

Resident and family meetings took place. We saw at the beginning of the meeting people were asked if they would like to add anything to the agenda or reflect on what had been achieved at the service during the year. People said they felt able to raise their views. For example, people had wanted to create their own planters in the garden and have their names put on them. We saw this had occurred.

The service had launched a newsletter to help inform people and their family about events and improvements being made to the service. This was appreciated by everyone we spoke with. Staff undertook charity events to raise money and promote the service in their local community. The registered manager and staff monitored and implemented best practice guidance to enhance the care provided to people at the service.