

New Boundaries Community Services Limited

Pinetops

Inspection report

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Date of inspection visit:
14 March 2019

Date of publication:
30 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Pinetops is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Pinetops provides accommodation, care and support for up to six people with a learning disability.

People's experience of using this service:

- People's relatives were positive about Pinetops. Comments included, "I am very impressed. [Person] is getting good care and is very happy," and, "I am quite happy with the care that [person] receives."
- People were protected from avoidable harm and abuse.
- Risk assessments were in place to ensure people and the environment they lived in was safe.
- People received their medicines when they needed them.
- Staff were recruited safely and staffing levels were sufficient to meet people's needs.
- Staff were knowledgeable and were kind, caring and patient.
- The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.
- People's health was well managed and there were links with other services to ensure that their individual health needs were met.
- People were treated with dignity and respect.
- Staff knew people well and had developed meaningful relationships with them. Support was provided in a person-centred way based on people's preferences.
- People were supported to have choice in their daily lives, however people were not always supported in the least restrictive way.
- People could take part in a range of activities which promoted their wellbeing.
- Quality assurance processes were in place and actions were taken to address any issues identified.
- The service was run well by a registered manager who was held in high regard by people, their relatives and staff.
- The registered manager had good oversight of the service.

Rating at last inspection: Good (report published 19 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

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

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

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Pinetops

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type: Pinetops provides care for six people with learning disabilities who live in a bungalow in the village of Felthorpe. There were five people living at the service on the day of inspection. 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.

There is another service next door called Greenacres. This is owned by the same provider and has the same registered manager. As a result, there are similarities between the homes in terms of management. We inspected these services on the same day.

Notice of inspection:

We telephoned the service the day before the inspection to check that people would be at home before we visited. The inspection took place on 14 March 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the 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 used all this information to plan our inspection.

During the inspection, we spoke with one person using the service and three members of care staff. We also spoke with the registered manager. We observed the support provided to those who were not able to talk to

us. We looked at records in relation to people who used the service including two support plans, risk assessments and two medication records. We looked at records relating to training and systems for monitoring quality. After the inspection, we spoke with two relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff were trained in safeguarding procedures and knew how to recognise and protect people from the risk of abuse. There was information displayed about how to act upon or escalate any concerns about potential abuse.
- Detailed risk assessments were in place which were reviewed regularly and updated as people's needs changed. Assessments covered areas such as accessing the community and personal care and ensured people were kept safe.
- Where people could become upset, anxious or distressed, staff knew how to respond to reduce the distress or the risk of injury to the person and others.
- Where people had specific health conditions, there was guidance in place for staff to follow to reduce the risk of avoidable harm.
- Environmental risks were identified, assessed and managed.
- Equipment such as the fire alarm system was checked to ensure it was fit for purpose.

Staffing and recruitment

- Recruitment systems continued to be effective and prevented unsuitable people from working with vulnerable adults.
- Staffing levels were managed safely and there was enough staff to meet people's needs.
- There had been a high use of agency staff at the service. The organisation used its own bank of agency staff to ensure consistency and agency staff spoken with knew the people they supported well.
- Staff we spoke with confirmed the staffing numbers were sufficient. One staff member said, "Staffing levels are fine and they are good reliable staff. We are using agency at the moment but normally it would be a regular staff. Staff know the guys really well."

Using medicines safely

- There were systems for ordering and administering medicines. Medicines were kept securely and records were completed correctly.
- Protocols were in place for people who received 'as required' medication to provide guidance for staff on administration. Where we found that one protocol was not in place, this was actioned immediately.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.

Preventing and controlling infection

- The service was clean and fresh.

- Personal protective equipment was available for staff use to reduce the risk of cross infection.

Learning lessons when things go wrong

- Incident and accident records were detailed and included any action taken to prevent any re-occurrence.
- Where necessary, the registered manager liaised with other professionals and sourced equipment for people as a way of keeping them safe. For example, one person had a door alarm to alert staff if they required support at night.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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).

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 were not always supported in the least restrictive way. One person had a risk assessment restricting their access to the kitchen through the use of a gate. The assessment covered night-time, however the gate was being used during the day of the inspection. The registered manager told us this was for safety reasons. There was no formal capacity assessment or best interests decision recorded and the registered manager acknowledged that there could be other alternatives to manage the risk that were less restrictive.
- One person was not able to consent to receiving their medication and a staff member had signed to give consent on their behalf when they did not have the legal authority to do so. The person's capacity regarding taking their medication had not been formally assessed or a decision recorded in the person's best interest.
- Although decision specific mental capacity assessments were not always completed, where people did not have capacity to make a decision, the registered manager said the decision was made in their best interests.
- People were actively encouraged to make day to day decisions. Staff checked that people gave consent before they provided any support.
- Staff were trained in the MCA and had a good understanding of the principles of the MCA. One staff member said, "I have had training, you must assume that someone has capacity unless told otherwise and support people to make their own informed decisions and provide information to help them do so. You make the decision in the best interests of the individual."
- One person had recently had a DoLS authorised and the conditions of this were being followed.

After the inspection, the registered manager told us that action had been taken to address the issues regarding the implementation of the MCA. Additional training had been sourced and capacity assessments were being completed.

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

- People's needs were assessed, regularly reviewed and included goals people hoped to achieve. In the provider information return, the registered manager said, 'We have very person-centred plans and positive behaviour support plans in place to achieve the best outcomes and manage people's needs effectively to achieve the best quality of life possible.'
- Support plans contained information about people's individual needs and included their preferences in relation to their diet, cultural and spiritual beliefs.
- The registered manager supported staff to provide care in line with best practice guidance.
- The service had been developed in line with the principles and values that underpin Registering the Right Support. This ensured that people who use the service live as full a life as possible and achieve the best possible outcomes.

Staff support: induction, training, skills and experience

- Staff received a combination of online and face to face training that enabled them to support people safely and effectively. New staff were provided with a comprehensive induction which provided them with the knowledge and skills needed to support people. One staff member said, "The first week I read care plans and got to know people. I was supernumerary and watching the staff so I knew what to do."
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- People were supported by skilled and knowledgeable staff who knew how to provide effective, person centred support to maximise people's wellbeing.
- Staff felt well supported and were given opportunities to review their individual development needs through regular supervision and informal contact with the registered manager.

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

- Staff had a good awareness of people's dietary needs and preferences.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals.
- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate.
- The mealtime experience was relaxed and people were supported to eat at their own pace and in a way which suited their individual needs.

Staff working with other agencies to provide consistent, effective, timely care

- Where additional input was required to promote people's wellbeing, referrals were made to appropriate professionals and recommendations were acted on.
- People had detailed hospital passports which provided an overview to other professionals of their individual health needs and past medical history.

Adapting service, design, decoration to meet people's needs

- The service was on one level, spacious and bright.
- People's bedrooms were personalised and reflected their personal interests and preferences.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare as required and annual health checks where needed.
- Care records documented when people had attended medical 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

Good: 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 were treated kindly by compassionate staff. One relative said, "They are always polite and nice." Another relative said, "They all all very good. I have nothing to be concerned about." One staff member said, "The staff go above and beyond and there is genuine affection and care here which you don't always see and everyone is very dedicated to their job."
- Staff had developed positive, meaningful relationships with people and had a good rapport. We observed staff sitting with people and engaging with them. Staff gave people time to respond to any questions and people responded with conversation, smiles and laughter.
- Staff used appropriate touch and body language with people who could not verbally communicate and people responded positively.
- Staff received training in equality and diversity and people were treated equally and without discrimination. One of the objectives on the provider's website was to create an atmosphere of equality in each service.
- People received planned and co-ordinated person-centred support which was appropriate and inclusive for them.
- People's protected characteristics were considered under the Equality Act 2010. These included religion and sexual orientation and people were supported to have their diverse needs met.

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

- Staff knew people well, knew how they were feeling and responded in a sensitive way.
- Staff used pictorial aids to communicate with people who could not communicate verbally. This ensured people were involved in making every day decisions about their care.
- People could make every day decisions about what they wanted to do and when.
- Where appropriate, people had access to advocacy services to ensure they were central to any decisions made regarding their care and support. An advocate is someone who is independent and supports the person to express their views.
- People could voice how they felt and could express their views.

Respecting and promoting people's privacy, dignity and independence

- The aims of the service which were detailed on the provider's website focused on ensuring that people's independence was developed and on helping and encouraging each person to develop to their maximum potential.
- People could be independent and develop life skills. One person helped to bring people's meals to the

table and was encouraged to get their own cutlery. A staff member said, "We are chuffed when [person] wants to be involved in mopping their floor and taking a genuine interest in helping around the home like washing up."

- Staff treated people with privacy, dignity and respect and provided support in an individualised way.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were recorded in person centred support plans which reflected their physical, mental and emotional needs.
- Support plans provided guidance to staff on the best way to support people to ensure the most positive outcomes.
- People had keyworkers. A keyworker is a named staff member who is responsible for keeping people's plans up to date and ensuring their views are heard.
- The registered manager was aware of the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were identified and recorded in their support plans.
- People accessed the community regularly and could partake in their own individual interests. One person went out on the bus on the day of inspection. One staff member said, "People do access the community and do activities. I have taken people to Banham Zoo. They all love going out. There is usually an outing each day, sometimes two people go out."
- People's care was reviewed, where appropriate, with their relatives and with the local authority.
- People were encouraged to maintain relationships with their family and friends.

Improving care quality in response to complaints or concerns

- Information about how to complain was displayed in an easy read format to aid people's understanding.
- The service had not received any complaints recently. A policy was in place for the investigation and management of complaints.

End of life care and support

- One staff member spoke passionately about how they had supported one person with end of life care. They said, "As a team we supported [person] very well. We over and above cared for [person] because [person] was so special and we came in even when we were not on shift."
- There was no one receiving end of life care at the time of our inspection. However, people were asked about their end of life wishes and these were recorded.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was dedicated to providing a high-quality service for people, had an open door policy and created an inclusive culture within the service.
- The provider had a clear set of values which were displayed within the service and reflected the principles of high quality person-centred care which the staff team were aware of.
- Audits were completed to monitor the quality of the service provided. This included checks of the environment, daily records and support plans. Actions were taken to address any issues found.
- The provider arranged for senior manager visits to the home and there were systems in place to review audits that were carried out by the registered manager.
- A whistleblowing policy was in place and the registered manager knew how to support any staff who raised concerns.

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

- There were policies and procedures, which provided guidance to the staff team on their roles and set out what was expected of them when caring for people. Staff had access to these and were knowledgeable about key policies.
- The registered manager reported to CQC appropriately and submitted any statutory notifications that were needed.
- The latest CQC inspection report was on display at the service. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

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

- Staff told us the service was well-led. One staff member said, "[Registered manager] is at the service a lot. If they don't know an answer they find out. [Registered manager] is the most stable manager we have had in seven years and I definitely feel supported."
- Team meetings were held and issues such as people's holidays and medicines were discussed.
- Staff were motivated and felt valued. One staff member said, "I can always share my knowledge which is valued and [registered manager] takes on board what I say which is really important."

- Annual questionnaires were sent out to relatives to seek feedback on any areas for improvement, however responses had not been received.

Continuous learning and improving care

- The registered manager had an open and positive approach to feedback and to ideas contributed by the staff team on service improvement.
- The registered manager attended meetings with other managers within the organisation. This provided the registered manager with additional support and allowed for the sharing of resources and good practice.

Working in partnership with others

- The registered manager and staff team shared information and worked with other professionals such as the community learning disability team and the Clinical Commissioning Group (CCG) to ensure positive outcomes for people.