

Castlehaven Care Limited

# The Pines Residential Home

## Inspection report

The Pines  
Colebatch  
Bishops Castle  
Shropshire  
SY9 5JY

Tel: 01588638687

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Pines Residential Home is a care home providing personal care to up to 13 people who have a learning disability. At the time of the inspection 12 people were using the service. The Pines Residential Home is made up of three separate units; The Pines can accommodate seven people; The Unit supports up to four people and there are two individual flats known as The Cones.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from the risk of abuse because the provider's systems ensured staff were suitable to work with people. People told us they felt safe and risks to people's safety and well-being were assessed and monitored. There were sufficient numbers of staff to meet people's needs in a safe way.

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. Staff always asked for people's consent before helping them.

People had their needs assessed and were supported by staff who had the skills and experience to meet their needs. Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. People's nutritional needs were assessed, and they received food and drink which met their needs and preferences.

People were supported by kind and caring staff who ensured they were involved in decisions about their care. People were treated with respect and their right to privacy was understood and respected by staff. People were supported to remain as independent as possible.

People received a service which met their needs and preferences. There were opportunities for social stimulation and people could see their friends and family whenever they wanted. People were treated as individuals and chose how they spent their time. People and their relatives felt confident and comfortable to discuss any concerns with staff.

The home was well-led and there were effective systems in place to monitor and improve the quality of the service people received. Staff were well supported and motivated. This led to a happy and inclusive environment for people to live in. The service worked in partnership with other professionals to achieve

good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement. (Report published 21 March 2019) and there were two breaches of our regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of our regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring

### Is the service responsive?

Good ●

The service was responsive

### Is the service well-led?

Good ●

The service was well-led

# The Pines Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Pines Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people who used the service about their experience of the care provided. We met with two healthcare professionals, the registered manager and six further members of staff. These included the home manager and five care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records which included four people's care records and multiple medication records. A variety of records relating to the management of the service, health and safety and quality monitoring were also reviewed.

After the inspection

We contacted four relatives and a healthcare professional to seek their views about the quality of the service provided. This was to help to validate the evidence found during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we found staffing levels were not always sufficient to meet the needs, including social needs, of people who required one or two staff to support them. This was a breach of our regulations.
- At this inspection, improvements were found. Staff told us, and duty rotas showed there were sufficient numbers of skilled and experienced staff to meet people's needs.
- A member of staff said, "Things have really improved, and we one hundred percent have enough staff now."
- People were protected by the provider's recruitment procedures. Staff told us they did not commence employment until all required checks had been made to ensure they were suitable to work with people.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "I like it here. I like all the staff. I am safe here."
- People were reminded about how to stay safe in the home and when in the community during regular house meetings.
- Staff had been trained to recognise and report any concerns. One member of staff said, "We are their [people who used the service] voice. I would report anything I saw straight away."

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were considered and there were plans in place to manage and mitigate risks.
- Equipment used by people was regularly checked and serviced to ensure it remained safe and well maintained.
- Regular health and safety checks were carried out on the environment, such as fire detection systems, hot water and legionella safety.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved with minimal risks to themselves or others.

### Using medicines safely

- People received their medicines when they needed them from staff who were trained and competent.
- People's medicines were regularly reviewed by their GP to ensure they remained effective and appropriate.
- Medicines were securely stored and there was a clear audit trail of all medicines held at the home.

- There were records to show when medicines had been administered or refused. These records helped to make sure the effectiveness of prescribed medicines could be monitored.
- There were clear protocols in place for the use of medicines prescribed on an 'as required' basis.

#### Preventing and controlling infection

- People lived in a home which was clean and fresh smelling.
- Staff followed good infection control practices which helped to minimise risks to people.
- Staff used personal protective equipment such as disposable gloves and aprons when assisting people.

#### Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and regularly reviewed. This helped to identify any trends.
- There was a culture of learning from accidents and incidents which was shared with staff.
- Where things went wrong, reasons were explored, and action was taken to reduce the risk of it happening again. For example, additional staff training, and supervision was provided when a medicine error occurred.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and skills to meet their needs. A member of staff said, "The training is really good. You don't support someone until you have had the right training."
- There were systems in place to ensure staffs' training and skills were up to date. This was monitored through regular supervisions, observations of their practice and refresher training.
- Staff who were new to the service completed an induction which gave them the skills required to meet the needs of the people who used the service. A member of staff told us, "Even though I had worked here a few years ago, I had a very thorough induction when I came back. It was really good."

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs, such as religious preferences were discussed prior to using the service.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.
- A relative told us, "[Name of person's] demeanour and health vary, and these are dealt with competence, care and support to them and us."

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

- People were provided with food and drink which met their needs and preferences as detailed in their plan of care. One person said, "I like the food, it's very nice."
- Where people required a specific diet, such as a soft consistency or thickened fluids, this was provided.
- Staff monitored people's food and fluid intake where concerns were identified.

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

- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs.
- A healthcare professional told us, "We are really impressed. The communication is excellent and they [staff] deal with any recommendations we make straight away."
- Care plans showed people saw health and social care professionals when they needed.

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

- People lived in a comfortable, well-maintained and homely environment.
- Each person had their own bedroom which was very personal to them. People had chosen colour schemes, furnishings and murals.
- Where required, grab rails had been fitted to help people to maintain a level of independence and mobilise safely. A stair lift and lift provided access to the first floor for people who had difficulty with stairs.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments were completed where there were concerns about a person's capacity to consent to their care and treatment. Best interest meetings had been held to discuss and record decisions which were made on behalf of people.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were respected.
- The provider had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff sought people's consent before assisting them with a task.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 looked comfortable in their surroundings and with the staff who supported them. One person told us, "They [staff] are lovely to me. They are very kind. I am happy."
- We observed genuine acts of kindness by staff towards people. For example, offering reassurance and comfort when a person became distressed.
- People actively sought staff attention and staff were attentive and responsive. A relative told us, "This is undoubtedly the best placement our [relative] has had. We are absolutely delighted with the level of care, consideration and respect shown by management and staff, and we hope that our [relative] will be able to remain at the home for many years to come."
- Throughout our visit the atmosphere in the home was relaxed and people enjoyed friendly banter with staff. Staff spoke with great compassion when they told us about the people they supported. One member of staff said, "They [people] are wonderful. They are like family."
- A healthcare professional told us, "They [staff] care so much and they want to do their very best for people. Their ethos is that they [people] are family. They are a very good staff team."

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

- Throughout our visit we heard staff asking people what they wanted to do. We observed people moving freely around their home, choosing what they wanted to do and where they wanted to spend their time.
- One person said, "I am happy here. I can do what I like."
- Staff supported people to make decisions in a way they understood. For example, by showing pictures, objects of reference and sign language.
- Regular meetings were held for people where a range of topics were discussed. These included menus, activities, holidays and trips out.
- People were treated with respect and they could spend private time in their bedroom whenever they wanted.
- Care plans provided information for staff about how to support people to maintain a level of independence.
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- A relative told us, "We are confident that our [relative] is always treated as an individual, and that their needs and interests are paramount in the types of activity they follow. For example, swimming, gym, walking, pottery, trips to the cinema, youth club, and trips to the seaside. They visit us for the weekend once a month, but they are always happy to return to the home and this speaks volumes for their sense of well-being."
- Care plans detailed information which was important to the person such as daily routines and family members.
- We observed staff chatting with people about family members and topics which interested them. People responded positively and engaged conversations with staff.

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

- People had opportunities to take part in a range of activities in the home and local community.
- One person said, "I like doing word searches and puzzles. I normally go out a lot, but the weather has been too bad lately." Another person told us, "I am happy. I go out in the car and I go to [a local club]. I like going there."
- One person was keen to show us photographs and awards they had won at a local horse-riding centre. Another person showed us model cars they had made during woodwork classes.
- People were supported to go on annual holidays. A member of staff told us, "[Name of person] has recently informed me that they have chosen me to take them on holiday this year."
- People were supported to maintain contact with people who were important to them. A relative said, "[Name of staff member] writes to [name of person's other relative] informing her of [name of person's] wellbeing and any trips they may have been on. They really enjoy these letters and it helps to keep up links with their family. I live nearby and am able to pop in to see [name of person] easily."
- Another relative told us, "On visiting, we are always welcomed by the staff and the residents we see always look happy which is a good reflection of the care they are receiving."

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, regularly reviewed and understood by staff. For example, we observed a member of staff signing to a person who had a hearing and speech impairment and the person responded by signing.
- We heard about one person whose failing sight meant they found it difficult to read. The person told us, "I have talking books now. I like listening to them."
- Information had been produced in an appropriate format for people where required. For example, symbols, pictures and large print.

Improving care quality in response to complaints or concerns

- People and their relatives did not have any complaints about the service they received, however all were confident that any concerns would be addressed.
- One person said, "No worries. I am happy. I can talk to the staff." A relative told us, "If [person] has any problems the current management take them seriously and will do their best to sort things out. I feel that I can bring up any concerns I may have too."
- There had not been any complaints in the last twelve months however, records showed previous complaints had been fully investigated in line with the provider's complaints procedure.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care

- At our last inspection we found the provider had not always informed us about safeguarding incidents which had occurred in the home. This was a breach of our regulations. At this inspection improvements were found, and the provider was no longer in breach of our regulations.
- There was a registered manager in post who had appointed a manager and deputy manager to manage the home on a day to day basis.
- There was a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Staff considered that the team work in the home was good. A member of staff said, "It's a great place to work. I am proud of the team work and everything runs really well."
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- There were effective systems to monitor staff skills, knowledge and competence. Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- There were effective audits and checks to monitor and improve the quality and safety of the service provided. The registered manager met with the manager and deputy manager each week to discuss all aspects of the running of the home and the well-being of the people who lived there.

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

- Staff morale was good which created a happy atmosphere for people to live in. A member of staff said, "This is the most enjoyable and rewarding place I've ever worked. The residents have such a happy and fulfilling life."
- A relative told us, "I am very pleased with the service that [name of person] receives I think they [staff] go above and beyond to care for their residents. The whole unit works as a family and the residents feel very secure in their environment. They are particularly attentive with their one to one care, giving each resident the individual attention they need."
- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- A relative said, "Whenever there is a query to do with [name of person's] health, [name of manager] always lets me know. So, I feel involved in decisions regarding their care."

- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were discussed with appropriate authorities and healthcare professionals.

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

- The provider demonstrated a commitment to providing good quality care by engaging with people using the service and their representatives.
- The provider ensured people and their relatives were supported to provide feedback through informal discussions and meetings.
- People accessed the local community and visited day centres, pubs and cafes.
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included GP's, district nurses, intensive support teams and speech and language therapists.
- A healthcare professional told us, "This is the only service I would recommend. The communication is excellent and they [staff] just want to do it right for the residents. They act straight away on any recommendations we make."