

Mears Homecare Limited

Pineapple Place

Inspection report

51 Hambury Drive
Kings Heath
Birmingham
West Midlands
B14 7NG

Tel: 01214440881
Website: www.mearsgroup.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 1 August 2017 and was announced. Pineapple Place was first registered as a supported living service with CQC in August 2016. This was its first comprehensive inspection. Pineapple Place is registered to deliver personal care to people who live in their own apartments. This service provides care and support to people living in 'supported living' setting[s], so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 13 people were receiving personal care from the service.

Pineapple Place has not had a registered manager in post since June 2017. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run. At the time of our inspection the acting manager was applying to CQC to become the registered manager. Since that time the acting manager has left the employment of the provider and another manager is in the process of applying to become registered with CQC as the Registered Manager.

People told us that they felt safe with the staff who supported them. Staff were aware of the need to keep people safe and understood their responsibilities to report allegations or suspicions of poor practice. Assessments had been undertaken to identify any potential risks to people and guidance was available for staff to follow to minimise those risks. Safe recruitment practices were in place. Medicines had not always been given as prescribed and there were unclear instructions for staff who supported people to use medicated skin creams. The systems in place to ensure medicines were managed safely were not effective.

Staff were provided with training to keep their knowledge and skills current. Staff told us that they had received a planned induction when they commenced working. All the staff demonstrated the need to gain people's consent to care and support before providing assistance. People were provided with a good choice of food and the majority of people were supported to access relevant healthcare professionals when needed.

People were cared for by staff who knew them well and who they described as kind and compassionate. People expressed how they wanted their care to be delivered. People's decisions and choices were respected by staff. People told us that they were treated with dignity and had their privacy respected.

People had been involved in the development of their care plans.. People told us they felt their views were taken into consideration and their choices accommodated where possible. People told us that they felt enabled to raise concerns and complaints and were confident that these would be investigated and acted upon.

People described the service as well-led and felt confident with the support they received. However staff did

not feel that leadership was clear and did not feel as supported as they would like. Our inspection identified that the leadership was not effective. The systems in place to monitor and improve the quality and safety of the service had not identified issues affecting people's safety or the impact on the quality of the service. Subsequently they had not driven forward improvements or ensured that risks were mitigated appropriately.

We found that the assessment and the monitoring of the service did not meet the required standards and so the provider is in breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People could not be sure they received all their medicines as directed by their prescriber.

People were supported by sufficient numbers of staff.

People were kept safe by staff who understood their responsibilities in relation to safeguarding and protecting people from abuse.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff did not receive appropriate support and supervision.

People did not all access health professionals as needed, and action had not been taken when changes in health needs arose.

People's rights were upheld in relation to the Mental Capacity Act, and consent was sought by staff before they delivered care.

People had a range of nutritious and pleasant food.

People were supported by staff who had the knowledge and skills they needed.

Is the service caring?

Good ●

The service was caring.

People said that all the staff were kind and caring.

People were encouraged to be involved in their care and support and told us they felt listened to.

People said staff treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People said that staff knew their needs well and respected their choices.

People had access to a complaints process that they felt responded to their needs.

Is the service well-led?

The service was not consistently well led.

The monitoring and quality assurance process in place were not being used effectively to ensure the safety and on going improvement of the service.

Leadership of the service was not clear and staff did not feel sufficiently well supported.

Requires Improvement ●

Pineapple Place

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 checked whether the nominated individual 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 inspection took place on 1 August 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to meet with us. Unfortunately the manager was not available and we spoke with the senior staff member in their absence. The inspection team consisted of one inspector.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of 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.

We examined the information we hold in relation to the provider and the service, and in particular we looked at areas that had been raised with us as safeguarding concerns. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke to four people who lived at the home. We spoke with the Nominated Individual on the telephone and the senior staff member. We talked with three members of the staff team. During the inspection we spoke with one health professional. We sampled various records, including people's care records, staffing records, complaints, medication and quality monitoring. After the inspection

visit the manager sent us information that we had requested which we reviewed in order to help us reach our judgements.

Is the service safe?

Our findings

Not everyone who lived at Pineapple Place needed support by staff to have their medicines. The people who received support told us the staff who supported them did so as they wished. We noted that medicines were kept in safe storage compartments in each person's flat and people were supported to take their medication in the privacy of their own home.

We did not find that medicines were consistently given to people in a manner that kept them safe. Where people had been prescribed skin creams we could not be certain these had been applied as directed. When we spoke with staff they gave us varying accounts of when and where one person should have their skin cream applied. We also saw inconsistencies in the instructions given to staff about the application of skin creams. In one instance the instructions on the cream said 'twice daily', but the medication recording sheet stated 'as required'. In another instance staff told us that one person had cream applied to their legs only, but the medication recording sheet instructed that cream should only applied to the person's feet. People did not receive their medicines consistently which could impact on the effectiveness of the treatment. .

We sampled the Medication Administration Records (MARs) and found that they had not all been correctly completed. We saw that there were some gaps in the recording of some medicines and some medication errors had occurred. We saw that the provider had a system to record medication errors, but this had not been completed in relation to the errors we noted. The senior staff member could not tell us what action was taken when these errors had occurred to keep people safe. We did not find that anyone had been harmed by this, but it was clear that there were potential risks posed to people by this unsafe system.

Staff told us they had to complete training before they could support people with their medicine and staff also told us that spot checks on their competency to administer medication had been carried out to ensure medicines were administered safely. However these had not been entirely effective as we found recording issues and administration concerns as mentioned above.

People and their relatives told us they felt safe with the support they had from the staff. One person said, "It's very safe here, I feel very safe and comfortable." Relatives who returned questionnaires to us about the service all said that they felt people were safe at Pineapple Place. Staff told us they had received training in how to protect people from abuse and were able to describe to us how they would recognise any signs of abuse and what they would do to protect them. One member of staff said, "I've had my training I know what I would do to protect people." All the staff we spoke with told us that they had received training in how to keep people safe. A health care professional said, "People are very safe and secure, it's a lovely environment."

We saw that plans were in place to manage emergency situations. In the event of a fire emergency evacuation plans were in place for each person which detailed whether people needed equipment to mobilise. Staff we spoke with were consistent in their response to what action to take in the event of a fire or an emergency situation.

People told us they felt risks to their health and safety were managed well by the staff that supported them. Another person said, "It's very safe here, they know what they are doing, they hoist and transfer me well." We found that staff had the knowledge and skills to manage people's assessed risks. Staff we spoke with said that they felt people were supported safely, one staff member said, "We always have enough protective gloves and aprons here, people are safe." Records we looked at showed the provider had considered risks to people's health and safety. We saw that there were some inconsistencies with the detail in the risk assessments and how much information they gave staff to care for people safely, some were very detailed and others had only basic information. Risk assessments were in place and had recently been reviewed, which ensured they reflected people's current needs and risks.

People told us they had the same staff to support them and staff stayed the correct amount of time to ensure the care they received was completed safely. One person said, "They keep to the times." One member of staff commented, "We have enough time with people, we do the hours and we have the time to chat to people and keep them company." People confirmed they had not had any missed calls, and if one member of staff was not available another staff member would support them. People were supported by sufficient staff to meet their needs.

Staff told us the provider had a robust recruitment process in place, and we discussed how they were asked to provide references along with other documentation. We saw that the provider had a system for ensuring that all staff had Disclosure and Barring checks in place. These enable employers to make safe recruitment decisions. This meant the provider had a safe recruitment system in place to ensure the staff were suitable to work with the people using the service.

Is the service effective?

Our findings

We did not find that the service proactively supported people to maintain their health and wellbeing. People told us they were supported by family to attend medical appointments, but felt that if they asked for support the service would provide it. Staff we spoke to told us they would call the office to alert senior staff to check with relatives if anyone's health needs had changed. We found that staff were aware of their responsibilities to alert their managers to changing health needs of people but we could not be sure that the managers then proactively supported people to maintain their health. Most of the people who lived at Pineapple place experienced good health, but two people had seen deterioration in their health which had been noted by staff. Staff told us that they had told management of their concerns but we found that no action had been taken to involve health professionals or take other appropriate action. For example staff told us one person had lost a considerable amount of weight. The person did not have family members who could support with this concern, and we found that no actions had been taken by the service to support the person appropriately. We brought this to the attention of the senior staff during the inspection who told us that they would make sure the person saw their doctor as soon as possible. We found that once a person became unwell, the service responded to their needs appropriately. However the service did not proactively intervene to help prevent a person's health from deteriorating.

Staff told us they felt supported, but not consistently. One member of staff told us, "Our senior is very caring, he is very supportive of us as staff." Another staff member said, "We support each other, we are left to our own devices and just get on with it." We saw records that indicated that staff supervision was not held regularly. Staff we spoke with confirmed this, one staff member said, "We have supervision, but I haven't had any supervision for over six months." Another staff member commented, "We have had supervision but I don't feel listened to, they are useless really." We did not find that the provider had an effective system in place to make sure that supervisions took place in line with their own policy.

One staff member told us of their opinion about communication between the team members. They said, "The communication is quite good, we do have a sort of handover, but some staff are late or miss it...we write things in the communication book." We found that while staff felt communication could be improved it was effective to support people as needed.

All the people we spoke with felt that staff had the skills and knowledge to support them well. One person said, "The staff are all very good." Another person told us, "That member of staff really goes the extra mile." One person said, "It's a blessing to live here, the staff create a beautiful atmosphere."

People were supported by staff who had been inducted and trained effectively. Staff who started work at Pineapple Place had received an induction and were supported in their role by shadowing [working alongside a more experienced member of staff] until they felt ready to begin to work alone. Staff training was in place and staff we spoke with told us they felt the training was sufficient for them to be effective carers. A staff member told us, "We've had all our training and hoist training. The training is very good and it's kept up to date." People received support from staff who had been trained to support people with effective care to meet their needs.

People told us staff always asked before they provided any care. Staff understood they needed to gain consent from people before they provided care. Staff consistently told us all the people they supported were able to make their own decisions about their care and were able to give consent where it was required. We found however that some people's medicines were kept in a locked cupboard in the kitchen, the keys to which were not accessible to people whose medicine it was. When we spoke to the senior staff, they told us that they knew this was happening and that people's consent to keep their medication in the kitchen had not been sought. Senior staff could not explain why this was the case and told us that in the future they would ensure people had access to their own medicines where appropriate. We found that while staff understood the need for consent from people in relation to their care, the management had not recognised that they had not obtained consent from people to keep their medicines in the communal kitchen.

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.

Staff told us they had received training with regards to the MCA, and they explained to us how they supported people to make their own choices about their care. The senior staff member told us that at the time of our inspection only one person they supported did not have capacity to make their own decisions about their care. We saw that the person had a mental capacity assessment and meetings had been held in their best interests to protect the person's rights.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in respect of people in their own homes applications should be made to the Court Of Protection. The senior staff member told us at the time of our inspection they were not supporting anyone who had been deprived of their liberty.

Everyone we spoke with said that their food was good and they enjoyed it. People said they happy with the support they received and told us they were happy with the choices they were offered. One person said, "The food is very lovely, and my relatives can book a meal if they want one. The staff help you with your food if you need it." Another person said, "The food is excellent." One person chose to tell us about their health needs and said, "I'm diabetic and the care staff know about my sugar, they are very good about that and they make sure I have the correct food." Many people chose to eat their meals in their own apartments but there was a café style dining room people could buy food from if they wished. We saw at lunch time that some people chose to eat in the communal dining room and were supported to do so with respect and care. People had a choice of food and for those who needed it larger handled cutlery and plate slip mats were used to support people's independence.

Is the service caring?

Our findings

People told us they had developed kind and caring relationships with the staff who supported them. One person said, "They are very kind and attentive." Another person said, "[The staff] will do anything for you." Professionals also felt that staff were caring and kind. A member of staff told us, "We really do care about the people, they trust us...the staff really do care." A health care professional told us, "Staff are very caring, they know what they are doing." We found that people received care that was consistently considered to be kind and caring.

People were supported to express their views and opinions about their care as they were involved in the writing and reviewing of their care plans. We saw records that showed this. Most of the people we spoke with could tell us about how they were involved and included in the care and support they received, and that they were happy with their plans of care and the care and support provided.

People told us staff respected and encouraged their independence. One person said, "They leave us to our own devices and we just call them if we want them." Another person told us, "I do all I can for myself, the staff let me do what I need to." Staff we spoke with understood the need to promote people's independence and offer support when needed.

Throughout our inspection we saw that people were treated with dignity and respect at all times. One person said, "[The staff] always ring the bell and knock and call out when they visit me." Another person said, "The staff always knock before they come in, and I have my key." A different person told us, "They do treat me with dignity and respect my privacy." Staff had a good understanding of maintaining confidentiality and we found that families and friends were welcomed into the communal areas of the service as well as having the ability to spend time their relatives in their own apartments.

Is the service responsive?

Our findings

People told us they received support from consistent staff which meant staff knew them well and how they preferred to have their care needs to be met. One person said, "[The staff] know us really well, they always use our first names which we like." Another person told us how staff had made changes when they asked for them. They said, "All the staff are OK, I spoke with one and they offered to make the changes I wanted."

Staff told us they knew people well and we saw and heard that when staff spoke with people they knew them well and had a friendly and appropriate relationship with them. A staff member told us, "It's nice to work here, you build up relationships with people, and it's like a family type environment." Another member of staff said, "People just choose themselves, we all know people really well."

Staff gave us examples of how they supported people to have care which reflected their own choices. For example, staff told us how people liked to have their food served to them and details about how people liked their morning and evening routines. People were happy with the care they received and felt involved in their care. People told us that staff stayed the correct amount of time and delivered care which met their own individual needs.

We looked at some records and care plans for people and saw that they were detailed and had recently been reviewed. The records contained information for staff about people's choices and preferences and how they liked their care to be delivered. We saw that people had signed these records which indicated that they had been involved in producing them. We noted that people's interests and hobbies were recorded and as well as their religious preferences and details of relationships that were important to them. This helped to ensure that people received care that was centred on them and their needs.

People told us they were happy to raise concerns with the management of the service. We spoke at length to one person who had raised concerns and they said that the issues had been dealt with to their satisfaction. They said, "I made a complaint to the social worker and to CQC, and when I spoke with the manager they sorted it all out." Another person told us, "They would listen to complaints I'm sure, they really would." A health care professional we spoke with said, "They are quite good at dealing with issues and complaints."

We looked at the system the provider had in place when people did raise complaints. We saw when people had raised concerns they had been investigated and then responded to well. We saw the provider had a system which documented outcomes and which noted if any patterns had developed so that any changes needed could be implemented.

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection, a manager had been in post and was in the process of applying to become registered with CQC. During this inspection we were not able to spend time with the manager of the service, as they were not at work at that time. The provider made senior staff available to us during the inspection, but they were not consistently available to assist us in the inspection process. We spoke with the Nominated Individual during the inspection on the telephone. They were aware of the lack of active management at the service.

We found that the management of the service was not clear; it was further complicated by the involvement of a buildings manager who was not employed by the provider. Their role was to maintain the building, but we found that some staff at Pineapple place had been taking some direction from the building manager. This had led to confusion within the staff team. Staff told us, "There's a really good staff group but the management support is not strong." Another staff member said, "The building manager is asking us to do things and it's not our job." Another member of staff said in relation to who gave them instructions, "We don't know what to do now." A senior member of staff we spoke with about this, was aware of these concerns but they were unable to tell us what actions would be taken in relation to these concerns. All the staff we spoke with felt that they were competent and skilled to run the service on a day to day basis, but did not have the management support they felt they needed. We found that leadership was not clear, and that responsibility and accountability of managers was not consistent.

We saw the provider had a system in place which looked at the quality of the care people received. We saw that monitoring of Pineapple Place and the drive to improve it was part of the provider's larger oversight of all its services. Although we spoke at length to the senior staff who were available to us, we could not be sure that the auditing and monitoring system that the provider had in place was being effectively used within the service. We noted that the monitoring of some areas of the service was not effective, for example some staff had not received regular supervisions and this had not been identified and corrected. We also looked at audits of the communication logs and found that these were poorly organised with no actions identified from the auditing process, for example peoples deteriorating health had not resulted in action being taken by staff to support them. The auditing process in place was not being used effectively.

The provider had a system of auditing the medication recording, but this was not effective. We saw that there were gaps in the medication records which are used to monitor when people had their medicine. These gaps had not been highlighted by the auditing process and when gaps or errors occurred there was no evidence of how the provider had responded to them to ensure people got their medication as it had been prescribed. We could not be sure that people consistently got all their medicine when they needed it.

We were told that there was an electronic system for recording accidents and incidents at Pineapple Place. However on the day of our inspection staff were not available to access this information. We asked that an analysis of accidents at Pineapple Place was sent to us after the inspection, but this did not happen. We could not be sure that accidents and incidents were managed safely or that people were protected from harm as measures may not have been put in place to reduce the likelihood of them reoccurring.

The provider had involved people in the running of the service by asking people to complete questionnaires. This had happened some months prior to our inspection. The manager had not yet collated the information, or made any improvements as a result of them. When we looked at the returned questionnaires however we saw that the majority of the replies were positive.

Staff told us that they attended team meetings but we were not able to see any records of those meetings or know of any actions that had been taken as a result of them. One staff member said, "We have staff meetings every few months but they are not very good, they just give us information." We found that staff meetings and communication between managers and staff was very inconsistent.

We found that while there were clear structures and processes in place to monitor and audit Pineapple Place to drive improvement and mitigate against risks, these were not being consistently applied. Records were not completely robust and data management systems that were available were not being used effectively.

The assessment and monitoring of the service to mitigate against risk and drive improvement was not being used effectively. This is in the breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with felt that the service was well run, one person said, "The staff and managers are all very good, I've no complaints."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The provider had ensured that a notification system was in place, but it was unclear from the staff we spoke with as to how they would notify CQC when required. Staff we spoke with did not have a clear understanding of what needed to be done or who would do it. We saw from our records that at the time of our inspection, no notifications had been sent to us since the service became registered

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Pineapple place did not use available systems to monitor and audit the service in a way that ensured on going improvements and mitigated against risks. The provider had failed to ensure that the systems and processes that were available were being used effectively.</p>