

Pineview Care Homes Limited

Pine View Care Home

Inspection report

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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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 20 November 2014 and was unannounced.

Pine View Care Home provides care and support for up to 15 people who require personal care. Some people using the service are older people, some have some degree of dementia and some have other types of mental health needs. At the time of our inspection there were 13 people using the service. The service is located in a residential area within Leicester city and accommodation is provided to people over two floors.

At our last inspection on 09 April 2014 we asked the provider to take action to make improvements. These

were needed to ensure people were protected from the risk of infection, ensure the premises were adequately maintained to keep people safe, ensure medication was managed safely and so that systems were in place to monitor and assess the quality of care being delivered. We found that some of the required improvements had been made since our last inspection. However, we found that some further work was required in relation to the premises and the systems in place to monitor and assess the quality of the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

Summary of findings

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 2008 and associated Regulations about how the service is run. At this service the registered manager was also the provider.

We found that the premises were not being adequately maintained and that the grounds of the home posed a risk to the safety of people using the service.

We found that the provider was not following current legislation in relation to people's mental capacity. Although mental capacity assessments had been carried out where needed, no best interest meetings and decisions had been documented. People's care plans did not document their consent or the agreement of their representative on an on-going basis.

There were systems in place to monitor the quality of the service being delivered. However, these were not being carried out effectively as the registered manager was unaware of the safety issues we identified with the premises.

We found that people were protected from the risk of infection at the service and that their medication was being managed safely. People felt safe and staff understood how and when to report any safeguarding concerns. Risks to people had been assessed and documented in their care plans and guidance was in place for staff to help them minimise those risks to people.

All of the people we spoke with were positive about the staff who cared for them. However, some people felt that staff lacked the time to spend with them and that there

was little for them to do. People were encouraged to maintain their independence, however, we observed people who were less able were sitting for long periods of time with little or nothing to do.

Staff working at the home were positive about their role and the service. They had been appropriately recruited, trained and supported. Staff placed emphasis on people's choice wherever possible. Many of the staff we spoke with felt that people's care needs were met at the service but told us that they lacked quality time to spend with people. The provider used a dependency tool to measure staffing levels based on people's care needs.

There was a management structure in place and staff were clear on their roles and responsibilities. Staff had received training to effectively deliver safe care to people. Staff told us that they felt supported and that they could approach the manager should they need to. However, staff supervisions and appraisals were not being held regularly at the service.

We found that Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately at the service and that the registered manager had a good understanding of when these should be considered to protect people using the service from being unlawfully deprived of their liberty.

People were given sufficient food and drink to meet their needs and had a choice of what food they were given.

Staff treated people with compassion and respected their privacy and dignity. We saw that staff understood people's individual needs. However, people were not involved in the planning of their care. There was a lack of activities for people at the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The premises were not being adequately maintained to ensure people's safety.

There were sufficient numbers of staff available to be able to meet the needs of people who used the service. However, staff lacked the time to spend talking and interacting with people. Staff had been appropriately recruited to ensure they were suitable to work with the people who used the service.

Risks to people's health and well-being had been identified, assessed and managed in an appropriate way and people's medicines were managed safely.

People were protected from the risk of infection at the service.

Requires Improvement



Is the service effective?

The service was not effective.

The provider was not meeting the requirements of the Mental Capacity Act 2005 to ensure that decisions about people's care and support were made in their best interests.

Staff were trained to deliver safe and effective care at the service. However, staff were not receiving regular supervisions and appraisals.

People were given enough to eat and drink to meet their dietary need and had a choice about what they were given.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People who were able to maintain their independence were encouraged to do so.

Staff understood people's care needs, however we found little evidence of people being involved in decisions about their care.

We saw staff were kind and compassionate and treated people who used the service with respect and dignity. Staff showed consideration for people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Requires Improvement



Is the service responsive?

The service was not responsive.

Although the service responded to changes in people's care needs, we did not see evidence of people's involvement in the planning and delivery of their care. People were not being encouraged to express their views.

Requires Improvement



Summary of findings

People who were less able at the service were not supported to pursue their hobbies and interests.

Is the service well-led?

The service was not well-led.

Staff supervisions and appraisals were not being carried out regularly and the premises was not being monitored to ensure people's safety.

Management checks were not being carried out effectively.

Requires Improvement



Pine View Care Home

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 inspection was unannounced and took place on 20 November 2014. The inspection team consisted of an inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we reviewed the provider's 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. We also reviewed information we held about the

service. This was in relation to previous inspections we had carried out at the service. We also looked at the statutory notifications we had received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and any incidents that affect the health, safety and welfare of people who live at the home. We spoke with the local authority to seek their views on the quality of service provided.

During our inspection we met with nine people who used the service and observed the care and support being delivered. We spoke with the relative of someone using the service. We also spoke with four staff members and the registered manager.

We reviewed five people's care records including care plans and risk assessments. We looked at staff training, supervision and appraisal records and staff recruitment records. We also looked at records in relation to the management of the service.

Is the service safe?

Our findings

At our inspection on 09 April 2014 we found that improvements were needed in relation to cleanliness and infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that the required improvements had been made. Antibacterial gel was available throughout the home and liquid soap and paper towels were available in all of the toilets and bathrooms. This ensured that people and staff were able to wash their hands effectively to reduce the risk and spread of infection at the service. Since our last inspection the laundry room floor had been replaced and laundry was now being dealt with safely.

We found the home to be clean and hygienic during our inspection. There were cleaning schedules in place for staff which detailed how and when each area of the home should be cleaned. We observed staff to be following these schedules and found the home to be clean. We found that regular infection control audits were carried out by the provider. We reviewed these audits and saw that issues were identified and addressed as required. Systems were in place to ensure that people were protected from the risk of infection.

We spoke with people living at the home about the cleanliness of both the communal areas and their individual rooms. Nobody expressed any concerns about the levels of cleanliness at the service. We did observe care staff undertaking cleaning tasks during their shifts and were told that staff were expected to clean the home during their shifts. Staff told us that they could benefit from more assistance maintaining the cleanliness of the home. One staff member said, "There are not enough cleaning staff." We observed staff undertaking cleaning duties during our inspection and observed that this impacted on the amount of time they were able to dedicate to caring duties. We raised this with the provider during our inspection who told us they would look into this.

There were policies and procedures in place in relation to infection control and staff had attended regular training in

this area. There was a staff member appointed as an infection control lead to ensure that current guidance was followed and that people were protected from the risk of infection where possible.

At our inspection on 09 April 2014 we found that improvements were needed in relation to the safety and suitability of the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw that doors were no longer being wedged open as magnetic devices had been fitted to ensure they were safe. We looked at the provider's premises audits. We were told that these were carried out every two months. We saw the audit carried out in August 2014, however, there was not one for October 2014. The provider informed us that they were not up-to-date with these checks and they were not able to show us evidence of any premises checks since August 2014.

We found that the grounds of the home were unsafe for people to use. These were accessible to people using the service via a door at the back of the property. The fence at the back of the garden had fallen down meaning that the premises were not safe and secure. At the back of the garden there was a railway track. We found that disused furniture and equipment had been thrown into the garden and that this was piling up in several areas of the garden. We found an old shed in poor repair and a greenhouse with glass panes missing. We found panes of glass on the floor of the garden. We showed the provider the concerns we had about the grounds of the service and they told us that they had been unaware of these issues. Following our inspection the provider sent in evidence that they had mended the broken fence. The premises were not being adequately maintained at the time of our inspection to ensure the safety of people using the service.

This posed a risk to people using the service and demonstrated a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

At our inspection on 09 April 2014 we found that improvements were needed in relation to the storage and management of people's medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that the required improvements had been made. We looked at how medicines were being managed at the service to ensure that people were receiving their medication safely.

Medication was being stored safely in a separate medicines refrigerator and the temperatures were being recorded regularly to ensure the safe storage of this medication. We also looked at the management of controlled drugs. These are medicines that are required to be stored and administered under special conditions. We found a controlled drugs book was now in place in order to record the amount of these drugs within the home and administered at any time. We looked at the records for controlled drugs and checked stock levels. We found that these drugs were being handled and administered safely by staff who had been trained to manage medicines. We found medication records to be completed accurately and we saw that medication was checked by senior staff on a regular basis.

People told us that they felt safe at the home. One person said, "I feel really safe in here. The staff all seem to know what they are doing."

Staff had attended safeguarding training and when we spoke with them they were able to name different types of abuse and clearly tell us what they would do if abuse was suspected. Staff knew how to report safeguarding incidents both internally to the management team and to the appropriate external agencies should they need to. There were policies and procedures in place in relation to safeguarding people from abuse and on whistle-blowing. Staff were clear about these and told us that they would not hesitate in taking action should they need to. The provider had taken steps to ensure staff knew how to recognise and respond to any allegations or concerns about abuse. This meant that people were being protected from the risk of abuse at the service.

We found that incident and accidents were recorded and acted upon. However, there was no audit in place to ensure

that any trends or patterns were identified. We raised this with the provider during our inspection who told us they would consider implementing an audit of incidents and accidents to monitor for any safety issues at the service.

Individual risk assessments based on people's specific needs were undertaken. We looked at care records for people who were using the service and found they included risk assessments which identified potential risks to people's health or welfare. These risk assessments were different for each person as they reflected their specific risks and detailed the action that should be taken to minimise the risk.

We spoke with staff working at the home during our inspection and asked them whether they felt there were enough staff working at the service. They all commented that, at times they were very busy and could benefit from an extra member of staff. One staff member said, "We could do with an extra. Sometimes it can get busy." Staff spoke about ensuring people had choices and told us they tried their best to deliver quality care to people. All of the staff we spoke with described this being difficult at times due to staffing numbers and the number of additional duties they were expected to carry out during their shifts. One staff member said, "It's a bit hard at times but we manage. We could do with an extra one."

We observed care staff to be very busy during our inspection and observed them to undertake additional tasks in the kitchen and in cleaning the home. We asked people using the service whether their care needs were met and people told us that they were. We asked one person whether their call bell was responded to promptly. They responded, "Always! Always! Always!" They went on to tell us, "Although I am reclusive, I am not neglected. The staff here are wonderful."

Although we observed staff to be very busy during their shifts we saw that people's needs were being met. We found that the provider used a dependency tool to measure staffing levels. We did observe that staff lacked the time to spend talking to people as they were often carrying out care tasks or involved in the cleaning at the home. We raised this with the provider during our inspection who told us that they would review this.

We looked at staff files and found that staff were recruited safely with all required checks being carried out prior to them starting their employment at the service.

Is the service effective?

Our findings

We spoke with the registered manager of the service, who was also the provider, about whether people using the service had the mental capacity to make decisions about their care and support. We were told that there were people using the service who had been assessed as lacking the capacity to make decisions in relation to their care. We looked at some of these people's care plans. We found that although people's capacity had been assessed at the service no further action had been taken beyond that point. We did not see evidence of any best interests meetings held for people involving professionals involved in their care or their representative. For example, one person's care plan contained a signature from their next of kin in July 2011. This person had been assessed as lacking the capacity to consent to their care and treatment. It was not clear what decisions had been made in this person's best interests by the service in relation to their care. There was no evidence that any reviews and updates since 2011 had been agreed by someone representing their best interests. The service was not acting in accordance with the requirements of the Mental Capacity Act 2005 in relation to obtaining agreement to people's plan of care when they lacked the mental capacity to consent to them themselves. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were two people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. The registered manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the processes involved. They demonstrated to us that they understood how to safeguard people in line with this legislation and talked to us about people they had made applications to the DoLS team for. We looked at the DoLS in place at the service and found that staff were supporting people in line with these.

We reviewed staff training at the service and found that staff had been trained to provide safe and effective care to people using the service. Staff had received training in dementia awareness. There was little evidence of staff training in relation to other mental health conditions. However, we did not find that this impacted on people using the service at the time of our inspection.

Staff told us that they felt supported and that they could approach the manager of the service should they need to. Although staff supervisions hadn't been carried out as regularly as they should have, staff did feel supported. There was a staff meeting taking place at the service during our inspection and staff told us that could take any concerns or issues to the manager should they need to.

We looked at nutrition during our inspection in order to ensure people were receiving sufficient quantities of food and drink to meet their dietary needs and that they were given a choice in what they had to eat and drink. When we arrived people were having their breakfast in the communal areas and we found that people were given a choice of what they wanted to eat. In relation to food provided one person told us, "They are very accommodating here. They'll do anything for you." We found that people were given a choice in what they ate and that this was supplied in sufficient quantities for people.

We found there to be fresh fruit and vegetables on offer at the service when we visited. We reviewed the menus and found that there was a choice of meals each day. People told us they could have whatever they wanted if they didn't like what was on the menu. We spoke with the member of care staff who was preparing the lunch-time meal that day. They told us that they knew the preferences of people and that they sought to meet these wherever possible.

We observed lunch time at the home to see whether people were given adequate support to eat and drink. We found that people were encouraged to eat at the table independently. Three people were assisted to eat in the lounge area of the home and we were told that this was their choice. Staff assisted people in a kind and sensitive manner and at a pace that people were comfortable with.

Drinks, both hot and cold, were offered throughout the day. People could have a drink whenever they wanted and a drinks trolley went round at regular intervals. We found that people's nutritional likes and dislikes were recorded in their care plans and that people who may have been at nutritional risk were being monitored by the service. For example, one person had not been eating well over recent days. This person had been referred to the dietician who was due to visit the person in the near future.

Records showed that staff monitored and responded to people's changing health needs when required. For example, when appropriate we found that referrals had

Is the service effective?

been made to the relevant health professionals; records were kept of their advice and incorporated into people's care plans. We spoke with the relative of one person who was at nutritional risk and they told us that they were very concerned about their relative. We raised this with a member of staff who told us that the person had been

referred to dietician due to a significant reduction in their weight. The dietician was due to visit this person and this information had been relayed to their relative. This demonstrated that the service supported people to maintain their health and well-being.

Is the service caring?

Our findings

All of the people we spoke with were very positive about the care workers employed by the service. One person told us, “You know, there is not a bad one amongst them.” Another person said, “Staff are great here. Lovely girls. They’ll do anything for you.” Another person commented, “If I were to say anything at all, it would be to say that the girls here are fantastic. They have to put up with a lot but they always do their job efficiently and with a smile.” We saw some very positive interactions from staff with people using the service.

We spoke with staff about the care and support they delivered to people at the service. Staff were knowledgeable about people’s care needs and understood the approach to take with people. We observed staff caring for people in a kind and sensitive manner although staff often lacked the time to spend talking to people. Staff were familiar with people’s preferences and understood how to treat them with respect and to ensure their dignity was maintained.

Our observations showed that staff treated people with dignity and respect and the atmosphere in the home was

calm and relaxed. Interactions between people and the staff team were positive. We saw staff responded to people in a way that provided reassurance, support and kindness. Staff were aware of what people’s needs were and responded to them in a caring and compassionate manner.

There was, however, little evidence that people had been involved in the planning of their care and treatment from looking at their care plans. People we spoke with were not always clear on what their care plan contained and nobody told us that they had been involved in this process. The care plans we reviewed were task focussed and lacked evidence of people, or their representatives, being involved in changes to their plan of care. People lacked the opportunity to express their views about how their care was being planned and delivered.

We found that where people were able to they had consented to their initial plan of care, however, there was no evidence of their involvement following that initial agreement. Reviews of care plans did not contain any evidence that people or their families were involved in this process.

Is the service responsive?

Our findings

We spoke with people about activities at the service. People who were independent and able to go out by themselves were happy and were being supported to remain independent. One person told us, “I enjoy going out with my binoculars, bird-watching and that. There are no limits when I go out. I just go out on my own when I want to.” People who were less mobile told us that they did not have very much to occupy their time. One person told us, “I’m a bit lonely sometimes. I feel they could do with more entertainment and organised outside trips.”

We observed people sitting for long periods of time with little or nothing to occupy their time. We asked if there were activity programmes in place for people and were told that there were not. We asked if there was a staff member who co-ordinated activities for people. We were told that the care staff did this as and when they could. We observed staff to be busy attending to people’s care needs and they told us that because of this it was not always possible for them to run any activities for people using the service. Activity logs were kept for people and we reviewed these during our inspection. These contained entries such as, “Resting in lounge” and “Sleeping.” These records did not provide evidence that the service was supporting people to follow their interests and take part in social activities. This was breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not being given the opportunity, encourage of support to promote

We found that care plans contained inconsistent information about people and that some contained more information about people’s social histories, backgrounds and preferences than others. We were told that this was dependent on what people were willing to share as part of the care planning process. We found that people’s care needs were clearly documented and that changes in people’s needs were reviewed and responded to. However, we did not see evidence of how people were involved in this process initially or on an on-going basis.

There was an emphasis at the service about people having choice and maintaining their independence wherever possible. We found that one person using the service regularly accessed the local community independently and that this was facilitated and encouraged by staff at the home. This activity had been risk assessed and the person

was being encouraged to maintain their independence and autonomy. There were policies in place about choice and independence and we saw that these were implemented by the actions and behaviours of staff at the service in relation to people making their own choices. Although this was the case for people who were able to be active and maintain their independence we found that people who were more dependent on staff due to their conditions lacked social stimulation or activities.

Staff we spoke with told us about ensuring that people had choices about when they got up, where they spent their time and what they had to eat and drink. Despite some of the information being included in people’s care plans, staff understood the needs and preferences of people they were caring for. Staff were able to deliver kind and compassionate care which also supported and encouraged people’s independence where this was possible. For people who were less independent we observed that people sat for long periods of time with little or nothing to occupy them. People told us that there were very few activities at the home and that they were “bored”. Although staff were kind and respectful with people, they lacked the time to be able to engage people in any activities they may have enjoyed.

their independence, autonomy or community involvement.

Care workers were required to undertake the cleaning at the home and we found that this had a negative impact of the levels of care being delivered to people. We observed staff to be very busy during the day and to be task focussed in their work. Staff were unable to spend time with people or to enable people to engage in activities as they were attending to people’s care needs. Staff we spoke with told us that this was the case. One staff member said, “I think we could do with a cleaner seven days a week.”

We looked at how complaints and concerns were handled at the service to ensure that these were investigated and responded to appropriately. We found there was a complaints policy in place and people were given information about how to make a complaint should they wish to. We asked to see a record of all complaints received over the last 12 months and were told that no written complaints had been received. We were told that this was because any issues were dealt with as they arose. We saw that a verbal complaint had been recorded in September

Is the service responsive?

2014 and that this had been responded to appropriately. People we spoke with told us that they knew how to make a complaint and said they would be comfortable approaching staff at the service should they need to.

Is the service well-led?

Our findings

At our inspection on 09 April 2014 we found that improvements were needed in relation to the assessing and monitoring the quality of service provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection although we found that there were processes in place to monitor and assess the quality of the service being delivered, we found that these were not being carried out effectively or as often as was scheduled. The registered manager was not up to date with staff supervisions and appraisals which would have provided an opportunity to monitor staff performance. We found that the premises were unsafe and that these issues had not been picked up in the premises checks being carried out. The registered manager was unaware of the risks posed by the premises when we pointed this out to them. We found that premises checks had not been carried out since August 2014, despite this being identified as an area which required improvement following our last inspection.

There was a lack of systems in place to obtain the views of people using the service on a regular basis in order to identify and drive improvement on an on-going basis. This

meant that people lacked the opportunity to express their views about how the service was being run. There were no meetings held for people who used the service or their relatives and it was not clear how people were involved and able to express their views about the service on an on-going basis. We saw that questionnaires had been given to people in June 2014. However the format of these meant that they were not accessible for all people using the service to use. We looked at the results of questionnaires and saw that some people had raised the issue of having little to do and said they would have liked more outings. Actions had not been taken to address these issues. There was no evidence since June 2014 of how people were being enabled and encouraged to express their views about how the service was being run in order to monitor and assess the quality of the service being delivered.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a registered manager at the service who told us that they managed the home on a day to day basis. This person was also the provider of the service. There were senior care workers in post and care workers employed at the service. A part time member of staff was employed who undertook domestic duties and an apprentice who worked Monday to Friday. There was a management structure in place at the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers There were not effective systems in place to regularly monitor the quality of the services provided to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The premises were not being adequately maintained. Regulation 15 (1) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services People were not being given the opportunity, encourage of support to promote their independence, autonomy or community involvement. Regulation 17 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements. Regulation 18 (1) (b) (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.