

Sunny Okukpolor Humphreys

The Pines Residential 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Pines Residential Care Home is a residential care home providing personal care for up to 28 people aged 65 and over. At the time of the inspection there were 18 people living at the home.

The Pines accommodates people in a converted and extended building with rooms situated over two floors, with access to the upper floors via a lift and stairlift. Some rooms have access to en-suite facilities. There are a range of communal areas and a large garden at the front of the building and a small courtyard area to the rear.

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

At the time of the inspection the home was under organisational safeguarding. Organisational safeguarding is a process instigated by the local authority where there are a range of concerns about the service. Risks related to the delivery of the service were not always monitored and addressed. Windows on the upper floor did not have appropriate restrictors in place; although the provider subsequently took action to address this. There had been no active fire drill at the home since January 2019 and whilst risks associated with care delivery were monitored, it was not always clear these were incorporated into care records.

Staff training records were not fully up to date and showed significant gaps in training. There was no robust system to monitor training. Care plans were not always updated in a timely manner to reflect the latest professional advice and staff were not always following professional guidance when supporting people.

Care plans contained a range of information appropriate to people's individual needs, although reviews of care were often limited. Some activities were available at the home, but they did not always address people's individual needs. Relatives told us they were always welcome at the home and could visit at any time. There had been no recent complaints, but people told us they knew how to raise concerns, if necessary. End of life care needs were included in people's care plans but often lacked personalised detail.

Staff recruitment was carried out safely and effectively. Medicines were managed safely, and the home was maintained in a clean and tidy manner.

People's records showed their needs had been assessed prior to them coming to live at the home. People told us they enjoyed the food and people's dietary needs were catered for. People were supported to access a range of health and social care appointments to maintain their well-being. 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; the policies and systems in the service supported this practice. Some areas of the home were in need of redecoration and refurbishment. The provider told us there were plans in place for 2020.

People and relatives told us the staff were supportive and delivered timely and appropriate care. We

observed staff support people with kindness and consideration. Staff had an understanding of issues related to equality and diversity and training was provided around this subject. People were supported to make day to day choices, although alternative methods of presenting information were not always available. People told us staff respected their privacy, maintained their dignity and helped support their independence.

The registered manager was on long term absence from the home and the deputy manager was in charge. Audits and checks on the home were variable and had not identified the concerns found at this inspection. The provider told us they visited the home regularly but there was no evidence of a formal review or oversight. Staff praised the deputy manager highly and said they were trying to address matters and make improvements at the home. There was some involvement of people through meetings, but these were infrequent.

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

Rating at last inspection

The last rating for this service was good (published 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to personal care, as staff were not always following professional advice. Staff training which was not fully up to date and not robustly monitored. There were issues around safety as risks associated with care and the safety of the environment were not effectively monitored. Leadership and management of the home was not robust, as action had not been taken to address issues and effective quality systems were not in place. Please see the action we have told the provider to take at the end of this report.

We also found that the provider had failed to notify the CQC of a number of events that they are required to do so by law. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

The Pines Residential Care 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 undertaken by one inspector.

Service and service type

The Pines Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. At the time of the inspection the registered manager was on long term absence from the service and the deputy manager was overseeing the home. The deputy manager supported us during the inspection.

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 were aware the service had been placed in organisational safeguarding prior to our inspection visit and had liaised with the local authority prior to us inspecting. We sought feedback from professionals who work with the service. We

used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care. We spoke with six members of staff including the deputy manager, a team leader, two care workers, the cook (who also worked part time in care) and a domestic worker. We also spoke with two health professionals were visiting the home on the days of the inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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

After the inspection

We spoke with the provider and continued to seek additional information and clarification to validate evidence found. We looked at additional records and information sent to us.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Windows on the upper floor were not fitted with restrictors that met with Health and Safety Executive guidance for care homes. They could be easily opened and presented a potential risk of people falling. We spoke with the deputy manager about this. The provider subsequently wrote to us and sent evidence that appropriate restrictors had been fitted to all upper windows.
- Fire drill records indicated the most recent drill had been undertaken in January 2019. The deputy manager and other staff told us this was the last drill they could recall. The maintenance person told us there had been no formal drills since they started work in March 2019. The provider subsequently wrote to us and sent documentation indicating a fire drill had been completed two days after the inspection.
- People's care records contained copies of risk assessment documentation, such as checks on skin integrity and diet and nutrition. Whilst these documents were completed monthly it was not always possible to see how changes had prompted updates in people's care plans.

The provider had not made sure robust safety measures were in place. This placed people at risk of potential harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safety certificates, such as those for electrical equipment and fire appliances were in place. Regular checks were undertaken on fire equipment and small electrical appliances.
- Accidents and incidents were recorded and there was evidence that these were reviewed to determine any contributory factors or identify any trends.

Systems and processes to safeguard people from the risk of abuse

- At the time of the inspections the home was under organisational safeguarding procedures. Organisational safeguarding is a process used by the local authority to monitor homes where there are multiple concerns.
- The deputy manager demonstrated how they informed the local safeguarding team, or local authority, about potential safeguarding matters. They told us they currently referred all incidents, however minor, to safeguarding to ensure there was transparency.
- People we spoke with told us they felt safe at the home. Relatives we spoke with said they were happy with the way their relations were supported and were confident they were safe.

Staffing and recruitment

- Staff and visitors told us there were enough staff at the home to provide timely care and support.
- Professionals told us they had no difficulty finding staff to advise them when they visited and had no

significant concerns about staffing at the home.

- The provider had appropriate staff recruitment process in place. Where any issues had been noted, such as through the DBS process the provider carried out a risk assessment before commencing with employment.

Using medicines safely

- As part of the organisational safeguarding, concerns had been expressed about the safe management of medicines at the home. A pharmacist for the local NHS had reviewed medicines at the home and the provider had also instigated their own review.
- We found that management of medicines had improved. There were no gaps in medicine administration sheets and information on 'as required' medicines and homely remedies was available. We counted stock available and found this tallied with medicines already administered.
- Staff had undertaken additional training and their competencies had been checked within the last 12 months.

Preventing and controlling infection

- Overall the home was clean and tidy. A small number of rooms had a faint odour about them. The provider subsequently wrote to us to tell us these rooms had been deep cleaned.
- Staff wore protective aprons when supporting personal care and during mealtimes.

Learning lessons when things go wrong

- The deputy manager spoke about the process of being in organisational safeguarding and how this had improved the home's practices. They told us they now ensured that all potential safeguarding matters were reported to the local authority and reviewed matters to ensure appropriate action had been taken.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The deputy manager showed us the training matrix and told us it required updating. There were significant gaps in the matrix. The provider subsequently forwarded us a revised training matrix, but there remained notable gaps, particularly around fire training, falls awareness, person centred care and dementia care.
- The deputy manager told us the training was reviewed manually and there was no robust system to automatically alert managers or staff that training needed to be refreshed.

Staff had not received the appropriate training and professional development needed to enable them to carry out their duties. This placed people at risk of potential harm from inappropriate care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us, and records showed there was access to regular supervision and an annual appraisal. Staff said they could raise matters during supervision but could also approach the deputy manager at any time, if they needed to discuss anything.

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

- Care was not always delivered in line with professional guidance. One person, who was nursed in bed, was not supported in line with guidance detailed by occupational therapists. Another person, who was supported with a specialist diet, had recently returned from hospital with updated guidance. Their care plan had not been updated and staff, who had recently commenced working at the home, were not following this guidance. We spoke with the deputy manager who took immediate steps to update care records and ensure all staff were fully aware of the correct care delivery.

Care records had not been updated to include professional guidance. This placed people at risk of potential harm from inappropriate care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence in people's care records that they had received an assessment of needs prior to coming to live at the home. Relatives confirmed an initial, detailed assessment had taken place.

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

- Through the overarching safeguarding process concerns had been expressed about the quality of the food

at the home.

- Meals served were simple but seemed to be enjoyed by people. People told us they enjoyed the food and there was plenty available. Staff understood people's dietary requirements. One person said, "The food is good. I was only eight stone when I came here, but I'm putting on weight now."
- 'Hydration stations' had been placed around the home, providing ready access to juice and water. We spoke with the deputy manager about how staff could be more proactive in supporting people with drinks, although there was no evidence that people were dehydrated.

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

- Professionals told us staff had made appropriate referrals for assessments, support and advice.

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

- The decoration of the home needed refreshing and improving in places and looked tired. Whilst bedrooms were individual, some of these also lacked a homely feel. The provider subsequently wrote to us to tell us that a programme of refurbishment was due to take place next year.
- People and relatives said they liked the homely feel of the service and found the building welcoming when they came in.
- A bathroom was being converted into a wet room and the provider forwarded us information indicating equipment was being installed that helped promote independence for people living with dementia.

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

- People's care files showed they were supported to have access to a range of health and social care professionals and facilities. Care documentation demonstrated several professionals visited the home to support and treat people.
- The deputy manager was aware of the CQC's recent report of the standards of oral health in care homes. People had specific oral health plans and audits were carried out to ensure staff were effectively supporting oral health. The deputy manager told us specific oral health training had been booked for the new year.

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.

- Some people living at the home were subject to DoLS restrictions. The deputy manager monitored these and ensured reapplications or reviews took place in a timely manner.
- Capacity assessments were completed when questions were raised around whether people had the capacity to understand detailed information or make more complex decisions, such as choices around health issues. Where people lacked capacity best interest decisions had been made to consider the most appropriate course of action.
- Where relatives held legal authority under lasting power of attorney, the home held copies of these document to ensure decisions were made in an appropriate and lawful manner.

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 told us they were very happy at the home and felt well supported by the staff.
- Staff had worked hard to help people improve their physical health. One person commented they were unable to walk when they came to the home from hospital, but staff had supported them, and they were now much improved. They said, "I can't say a bad word about any of them. If you want anything they will do it for you."
- Relatives also told us they were happy with the care. Comments included, "They care is excellent. The building may not be as polished as other places, but what we want is the care and that is good; that's the main thing."
- Staff had a good understanding of people's individual needs and personalities. They were able to describe individual's likes and dislikes and spoke about their preferences for care.
- Questions around equality and diversity were asked as part of the home's initial assessment prior to them coming to live at the home. A number of staff had received specific training with regard to equality and diversity.

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

- Staff supported people to make day to day choices, such as decisions about their care, what they wished to eat or what they wanted to do.
- People we spoke with told us they could speak with staff about their needs and that staff would assist them if at all possible. One person told us, "I'm brilliant here. I'm here for the long term. They will help you to do what you want, within reason, obviously."
- Relatives told us they were actively involved in supporting decisions about their relation's care and kept well informed by the home about any changes to people's care needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with personal care in a discrete and appropriate manner. People told us staff respected and supported their privacy and dignity.
- Staff encouraged people to do as much for themselves as possible and care records detailed how staff should encourage people to make choices and participate in care. People said staff assisted them to be independent.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- The deputy manager told us the home had a dedicated activities co-ordinator, although they were off duty on the days of the inspection.
- People told us they could ask to make visits to the community and staff would support them, if possible. One person told us, "You can go out if you want. If you give them a bit of notice they will arrange it. I was out on Saturday." Staff spoke about taking one person for a meal at a local pub and the deputy manager told us about taking another person back to where they had previously worked for afternoon tea and to reminisce.
- There was some evidence that entertainers were booked to visit the home. One person also described the home having a summer fayre.
- Records indicated other activities were limited. Recorded activities included nail care and watching television. One person's care record had recorded that the individual now no longer participated in activities because of a deterioration in their condition, rather than identifying new activities they could engage in.
- Relatives told us they were always welcomed at the home and could visit any time. They told us that relatives who visited for further afield would often be offered refreshments and meals.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained a range of information personal to the individual and detailed how they liked to be supported with care. Care plans were mostly reflective of the needs identified as part of the initial assessment and from ongoing changes in care needs.
- Reviews of care needs and care plans were not always detailed. Changes were made to care plans, although these were not always in the most obvious place for staff to identify that needs had changed.
- There was some evidence that people had been involved in care reviews, but this was not always clear. We spoke with the deputy manager about how involvement in care reviews could be developed.

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.

- Information about the home was largely in word format, although some information did contain supportive pictures to aid understanding.
- There was visual signage for some areas of the home, such as toilets and bathrooms.
- We spoke with the deputy manager about ways to improve communication, make the environment more

accessible and improve access for people who may struggle with written word format information.

Improving care quality in response to complaints or concerns

- There had been no recent formal complaints made about the home.
- People told us they had no complaints about their care but said they could speak with staff if they did. One person told us, "If you did have any problems you could go to anyone. They would help you."
- Relatives told us they had not made any complaints but were aware they could approach management if they did have concerns. One relative told us, "We've no complaints at all."

End of life care and support

- People's care plans contained some information as to how they would like to be supported at this important time in their lives. However, this information was often limited and did not go into detail about the range of support they and their family might need. We spoke with the deputy manager about how end of life care details could be developed.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was on long term leave from the service and the deputy manager was managing the service.
- The deputy manager was trying to address many of the issues raised as part of the organisational safeguarding but felt this was difficult to do on their own. They said they had worked with other professionals to make improvements in medicines management and care planning.
- A range of audits had been undertaken. Many were tick box in nature and did not identify specific actions or note when they had been addressed. The audits had failed to identify issues found during this inspection.
- The provider told us they visited the home two or three times a week. However, there was no evidence that they conducted any formal audits or reviews of quality at the home. The provider said they regularly met with the deputy manager to undertake supervision sessions. We asked the provider to forward copies of minutes from these meetings. The provider subsequently forwarded us notes from recent meetings with the registered manager and deputy manager.

Systems were either not in place or robust enough to demonstrate management and oversight of the home was effective or robust. This placed people at risk of potential harm because risks were not managed and quality issues not addressed. This was a breach of regulation 17 (Well led) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was not meeting their legal requirements. We found some incidents where people sustained injuries, along with a number of potential safeguarding issues had not been reported to the CQC, as providers are legally required to do so. This matter will be dealt with outside the inspection process.
- Some audit programmes had made a difference. The medicines audits were noted to be identifying issues such as missed signatures or medicine errors and the management of medicines had improved.
- The home's most recent quality rating was displayed within the home and on the provider's website.

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

- Staff told us morale had improved at the home over the last few months. They said much of this improvement had been down to the hard work of the deputy manager.
- Staff said the overall management of the home could to be improved but praised the deputy manager and

said they were extremely supportive and could be approached about any issue or concerns. Comments included, "(Deputy manager) is working tirelessly to build things back up" and "(Deputy manager) has stepped up to the mark. She has always been so supportive. I feel confident going to (deputy manager). Morale has improved."

- Relatives told us they felt confident in the management of the home. They said they could contact the management any time if they had a concern or problem.

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

- The deputy manager understood their responsibilities under the duty of candour, although there had been no formal complaints that required such action. The deputy manager was open and honest during the inspection about those areas of the service and care delivery which still required further improvement.

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

- Some measures were in place to involve people and staff. The deputy manager told us a questionnaire had been circulated by the registered manager to people living at the home. However, they were unable to locate the completed responses.
- A 'residents' meeting' was held at the home, although the deputy manager told us this only took place about once every six months.
- Staff told us there were regular staff meetings and we saw copies of minutes from these meetings. We noted a range of topics had been discussed and staff had been kept up to date with progress on issues highlighted by the organisational safeguarding. Staff told us they could raise any issues or put forward ideas in these meetings.
- The deputy manager spoke about wanting to support staff to be more fully engaged in the service and take on responsibilities to help with quality and improvements.

Continuous learning and improving care; Working in partnership with others

- Professionals we spoke with told us they felt staff competencies had increased over the last few months and that care was slowly improving.
- The deputy manager confirmed that she was working with local authority and safeguarding staff to address the issues raised and ensure appropriate reports and information was passed on.
- Professionals we spoke with said staff at the home worked well with them and tried hard to deliver high quality care. They felt care at the home was improving.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care and treatment of service users was not always appropriate and did not always meet their assessed needs. The provider did not always deliver care in line with people's nutritional needs or ensure their needs were met. Regulation 9(1)(a)(b)(2)(3)(b)(i).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment were not always provided in a safe way. Risks related to health and safety and the delivery of care had not always been fully assessed or action taken to mitigate risks. Action had not been taken to ensure the premises were safe and staff competencies regarding safe evacuation had not been regularly updated. regulation 12(1)(2)(a)(b)(c)(d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not in place to assess, monitor and improve the quality and safety of the service and maintain the health, safety and wellbeing of service users. Regulation 17(1)(2)(a)(b)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Systems were not in place to ensure staff had received appropriate training, skills and professional development to ensure they were competently skilled to support people's care needs. Regulation 18(1)(2)(a).