Care Quality Commission

Woodland Healthcare Limited

Pine Tree Court Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 12 January 2015 and was unannounced. Pine Tree Court Care Home provides accommodation for 40 people who require nursing and personal care. 31people were living in the home at the time of our inspection. Most of the people living in the home have been diagnosed with a type of dementia. This service was last inspected in May 2014 when it met all the legal requirements associated with the Health and Social Care Act 2008.

Pine Tree Court Care Home is set over three floors. The home has two lounges and a large dining room. A large conservatory is planned to be built this year.

A registered manager was in place as required by their conditions of registration. However a new manager was now running the home and was in the process of applying to CQC to take over the role as the registered manager. For the purpose of this report the manager running the home will be referred to as the 'acting manager'. 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 2008 and associated regulations about how the service is run.

Summary of findings

People had been involved in the planning of their care. People's past histories and known preferences had been considered when they were unable to make decisions for themselves. Staff knew people well and were able to monitor and support people if they became upset. The acting manager and staff were aware of their responsibilities in recognising those people who may have their freedom restricted. However the details of some people's mental capacity assessments were not always evident in line with legislation.

Opportunities for some people to take part in individual meaningful activities were limited, although people enjoyed external entertainers and some group activities. People were encouraged and supported to have a well-balanced and nutritional diet. They were encouraged to give feedback about the meals provided.

People who were able to express their views and relatives were positive about the care and support they received from staff. We observed that staff were kind and friendly when caring and speaking to people. People's individual needs were assessed, planned and reviewed. They received additional care and treatment from other health care services when needed. People received their medicines in a safe and timely manner. Staffing levels were monitored to ensure there were sufficient trained staff meet people's needs. Thorough recruitment checks and an induction programme were carried out with new staff before they were able to care for people. Systems were in place to ensure people were cared for by staff who received regular training and support from their line manager. Staff told us they were supported.

People were protected against abuse because staff knew how to report any concerns of abuse to the relevant safeguarding authorities. Risks for individual people had been assessed. Staff were given guidance on how to best support people when they were upset or at risk of harm. Staff had been trained to support and protect the people they cared for. Policies to protect people were in place to give staff guidance.

The acting manager had a good understanding of their role and managing the quality of the care provided to people. Quality monitoring systems were in place to check and address any shortfalls in the service. People and their relatives felt that any concerns raised were dealt with immediately.

You can see what action we told the provider to take at the back of the full version of the 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 safe. People and their relatives were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse. Any concerns of abuse were investigated and learnt from. People's risks and safety were assessed and managed to protect people from harm. People were protected by safe and appropriate systems in handling and administrating their medicines. Effective recruitment procedures were in place to ensure people were being supported by suitable numbers of staff.	**Good**
Is the service effective? The service was not always effective. People were supported to make decisions and choices; however details of some people's assessments of their mental capacity were not always evident in line with legislation. People were cared for in line with their care plans. When people's needs changed they were referred to the appropriate health and social care professional for further specialist assessments. People's dietary needs and preferences were met. Staff were supported and trained to ensure their skills and knowledge were current and met people's needs.	**Requires Improvement**
Is the service caring? The service was caring. Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to. Relatives made positive comments about the approach and attitude of the staff. People were encouraged to be independent in their activities of daily living. People had access to advocates if required.	**Good**
Is the service responsive? The service was not always responsive. Activities that were provided were limited and did not meet everyone's needs. People's care needs were assessed, recorded and reviewed. Staff understood people's individual care needs and risks. Staff responded promptly to people's individual concerns. Relatives told us their concerns were listened to by staff and acted on.	**Requires Improvement**

Summary of findings

Is the service well-led? The service was well-led. The quality of care was being regularly monitored and checked. Any shortfalls in care had been identified and action plans were in place to ensure improvements took place. Clear messages were given to the staff about the expected quality of care from the provider and managers. Managers investigated any concerns or complaints. People and their relatives spoke highly of the staff and the registered manager. The acting manager and senior staff were driving improvement to ensure people received care which was focused around their needs.	**Good**

Care Quality Commission

Pine Tree Court 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 took place on 12 January 2015 and was unannounced. The inspection was led by an inspector and accompanied by two other inspectors.

Before the inspection we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people, four relatives, three members of staff, the acting registered manager and a representative of the provider. We looked at the care records of four people. We also spoke with three health and social care professionals. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home. We discussed some recent concerns with the staff and looked at the records which showed the investigations carried out by the acting manager and provider.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person said, "They are good to me here." One relative said, "They are very good here. I know he is cared for well or I wouldn't leave him here." Another relative said, "I feel comfortable when I leave Mum, and yes, I do feel she is safe here."

There were sufficient numbers of staff to meet people's needs. Where there had been occasional staff shortages, other staff had covered extra shifts to ensure there was enough staff on duty to meet people's needs. One staff member said "We work as a team and always help each other to cover shifts." People were unable to tell us if staff were quick to respond to their needs however we saw staff answering call bells and responding to people's needs in a timely manner. Staff rotas for the previous two weeks confirmed that all available shifts were filled to ensure people were supported by sufficient numbers of staff. The acting manager explained they monitored the needs of people and adjusted the staffing levels accordingly. For example, the acting manager had identified that extra staff were needed in the evening to support people having their evening meal. As a result, the hours had been extended for kitchen staff to support the care staff during the mealtime period.

People were supported by staff and the acting manager who were knowledgeable about recognising the signs of abuse and appropriately acted upon any allegations of abuse.

Staff had received training in safeguarding adults which they said helped them to understand the importance of protecting vulnerable people. They were able to tell us about the signs of abuse and who they would report any concerns or allegations to. A safeguarding policy was available to give staff clear guidance on how to report allegations of abuse. Policies about protecting people were displayed in the entrance foyer of the home for everyone to read.

We had been notified of several safeguarding concerns and incidents of abuse within the home. For example there had been an altercation between two people who lived in the home. We followed up these concerns during our inspection. The acting manager had carried out a full investigation into the incidents. Records showed that actions had been put into place to reduce the risk of them reoccurring such as increasing staffing levels to support people individually. The acting manager had also contacted all the relevant authorities associated with safeguarding people as well referring people to other health care professionals and services for additional support and advice.

The provider also followed up on all safeguarding concerns with the relevant staff, people and their relatives to ensure people were protected from abuse. They addressed any findings or shortfalls in the service provided. This included carrying out their own investigation and undertaking visual observations of interactions between people and staff.

People's personal risks had been identified and were managed well. For example, there were risk assessments for people who were at risk of falling or becoming upset or agitated. The assessments gave staff guidance on how to try and prevent these risks. Staff were mindful of people's independence and safety around the home. For example, we saw staff monitoring people from a distance who were determined to remain independent in their mobility but were potentially at risk of falling.

Safe recruitment systems were in place. All the necessary employment and criminal checks had been carried out on all new staff to ensure they were suitable to support people with complex needs.

People were given their medicines as prescribed. Their medicines were stored in locked cabinets in their bedrooms. People's medicines were administered to them by a nurse who had received up to date training in the safe handling of medicines. Staff had access to the medicines policy which provided them with guidance. An effective and safe system was in place so people received their medicines on time if they were not in their bedrooms. Protocols for 'when required' (prn) medicines were in place. However we found the details which specified when one person may require their prn medicines had not been completed. Therefore guidance for staff to administer medicines when required was not always in place. However, staff were aware of when this person required additional medicines and the issue was fed back to the manager to rectify.

One staff member was responsible for the ordering and checking of the stock levels of people's medicines. Medicines which required disposal were stored securely

Good

Is the service safe?

and recorded accurately ready for collection by the pharmacist. There was evidence that the management of people's medicines were audited monthly. Where issues had been identified from the audit, improvements had been made for example a more robust process was put in place for checking that the balance of people's medication had been accurately recorded when a new supply had been obtained. This helped to ensure that adequate supplies of medicines were available for people at all times.

Requires Improvement

Is the service effective?

Our findings

People were cared for by staff who recognised the need to support and encourage them to make decisions and choices whenever possible. One staff member said "We talk to people to get their consent. If people refuse care we try to persuade, but we never force anyone." Where people lacked capacity to make day to day decisions, we observed staff make decisions on behalf of people. They took into account their preferences to ensure their care was as personalised and the least restrictive option possible.

We spoke to the acting manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The acting manager understood her role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. However where people had been identified as lacking mental capacity, there was limited documented evidence of the assessment behind this decision. For example, there were no detailed assessments when people had been identified as lacking mental capacity to make a specific decision. We found that the registered person had not protected people against risks due to a lack of proper information regarding their consent to care and treatment. This was a breach of Regulation 20, Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The acting manager had a good understanding of the new judgement in relation to DoLS. Where people needed to be deprived of their liberty, the acting manager had applied for authorisation to do this and was waiting for the local authority response. Staff used the least restrictive action possible in order to keep people safe. Advice about how to keep people safe by using the least restrictive method had been taken from appropriate sources such as mental health professionals. This had included distraction techniques or distance support.

People were cared for by staff who had been supported and trained in their role. Staff were knowledgeable and had received training to meet people's diverse needs. Staff had received up to date training in subjects such as manual handling, health and safety and dementia awareness. Staff were encouraged to undertake national qualifications in health and social care to develop and affirm their practices. New staff carried out a two week induction programme and were given a period of time to shadow an experienced member of staff and get to know the people in the home. A new member of staff told us she felt well supported in her new role.

The acting manager was making improvements in the development and mentoring of staff by using the provider's trainer and mentoring staff. The acting manager and the provider's representative had also qualified as a trainer to support staff in their learning. Two staff members, the acting manager and the provider's representative had gained a qualification in the local authorities' recognised course in caring for people with dementia. They kept their knowledge up to date by attending local events and courses. Staff told us they felt supported by their colleagues and senior staff and the registered manager. One staff member said "Yes definitely, we get supported from the manager and all the team are very good."

Staff told us they worked as a team. All members of staff including kitchen and maintenance staff were encouraged to be part of the daily staff meetings where staff could share information about people and the running of the home. Staff had received regular individual and group support and development meetings as well as on going informal support. Staff meetings had included discussion about monitoring people's weight and increasing communications between the kitchen and care staff. Records showed that any poor care practices had been addressed and discussed with staff. Letters had been written to staff to address any key issues of concern which needed to be shared amongst the staff team. Staff had been encouraged and supported to undertake key roles such as being the lead in infection control or continence assessments.

Requires Improvement

Is the service effective?

People who were able to express their views about the food told us they enjoyed the meals. One person said “Yes, the food is good here, really enjoyable.” Another person said “I have not been here long but so far they are good.” There were picture menus of the meals available each day displayed on the notice board. People were given a choice of two hot meals at lunch time but were offered an alternative if they didn’t like the choice on offer. The kitchen staff were aware of people’s dietary needs and preferences. Staff knew people well and helped them with decisions about their lunch and drinks. Some people needed support to eat their meals. Staff were polite and respectful when supporting people. They encouraged people to eat with verbal prompting and guidance. People were given the time to eat their meals. People’s food and fluid intake was recorded and monitored if they had been identified as being at risk of malnutrition or dehydration.

People’s care records showed that referrals to health services such as doctors and mental health teams had been made when additional support was required. Health care professionals spoke highly of the care and support people received in the home and said there had been some improvements and staff were supporting people well. Referrals were made to them in a timely and appropriate manner. One health care professional told us the staff were quick to respond to people’s physical and mental health changes and would often pick up the telephone to speak to the relevant team member to ensure they have addressed everything. The acting manager supported people and their relatives if they were required to transfer to and from hospital and requested a full assessment to ensure the home could meet the needs of the person. People could choose to use the GP surgery allocated to the home or use their own family doctor.

Good

Is the service caring?

Our findings

People who were able to express their views were positive about the care and support they received from staff. People said, “The staff are nice. I don’t mind them.” Relatives also complimented the staff. One relative told us, “The staff and manager are very kind.” Another relative said “He has not been living here long but I think the staff are all very good and very kind.”

We observed staff interaction with people throughout the day of our inspection. Staff cared for people respectfully. One staff member politely supported a person from a distance and gave them the time to explore the environment and talk with people but was on hand if they became upset with other residents. We saw many warm exchanges between people and staff. Staff acknowledged people and said hello as they walked by or gave them a light touch on the shoulder or hand. Staff addressed people by their first names in a friendly and respectful way. They knew people well and stopped and chatted with people and asked them about their day.

Some people who lived in the home were living with dementia and were unable to express their needs or wishes and could become quickly upset. Staff were able to tell us about people who may become quickly agitated by others. We saw staff monitoring people and watching out for any things which may upset people. We observed people feeling confident and relaxed amongst staff and asking for their help.

People’s dignity and privacy were respected. Staff talked to people discreetly if they were in a communal area. Staff knocked on people’s bedroom doors before they entered and helped people with their personal care behind closed doors. We saw staff helping people to adjust their clothing which was ‘ruffled up’ when they stood up or helping people to wipe their mouths and hands after their meal. Some people preferred to sit in specific rooms or chairs, which was respected. During the lunchtime period, the staff were respectful of people while they were supported with their meals. They helped people to the table and made sure they were comfortable and could reach their drinks. They assisted people to eat in a dignified way and reminded people that the food was hot and described the flavours they were about to eat.

Staff were able to recognise people’s own unique verbal and non-verbal communication such as their expressions and understand what they wanted. Staff knew people well and knew their likes and dislikes; they were able to support people in making their decisions. Where possible people were encouraged by staff to remain as independent as possible for example with mobility and personal hygiene activities. People’s care records detailed their goals and aspiration especially about their mobility. Staff told us how they treated people individually. For example, staff said “We get to know what people like and need even if they can’t tell us”; “We find out what people like to be called” and “We get to know how they like to be cared for”. People’s care records held information about people’s personal histories and preferences. Policies such as ‘Remember me’ and a dignity policy helped to guide and remind staff of the principles of supporting people.

The provider encouraged people who had limited support from friends and family to be supported by an advocate. Information about advocacy was displayed in the entrance hall.

Requires Improvement

Is the service responsive?

Our findings

Most people spent their day resting in the lounges or in their bedrooms. Some people were able to walk around the home independently and occupy themselves with their own interests. Activities in the home were provided during the week. An activities programme was displayed on the notice board. The acting manager told us they were encouraging staff to provide activities and more social interaction when they supported people with personal care and daily activities. A senior care worker also had the additional role of providing activities. The acting manager said, "We are trying to educate staff and encourage them to engage with our residents throughout the day and when they are helping them with personal care tasks."

People's care records detailed their interest and backgrounds. However, whilst we saw staff chatting to people, there were few opportunities for people to engage in meaningful activities. There were books and 'rummage boxes' for people to use however there was no evidence of this during our inspection. In the afternoon an external singer visited the home. People enjoyed listening to the music and we saw some people tapping their feet and singing along. The activities records showed that some activities such as music and movement had occurred as well as festive activities during the Christmas period. However these activities were not carried out daily and there was no evidence that everyone had the opportunity to take part in activities which were personal to them.

The acting manager and staff encouraged people and their relatives to give feedback and make comments about the service they received. The acting manager said "I have an 'open door' policy and I am always around the home so people or their families can come and speak with me".

Most people were unable to express their views or concerns. People who were able to state their views told us they felt staff would listen to them and take action to resolve any issues. Relatives told us the staff would respond and act on any concerns or issues. Relatives also told us if they had raised a problem then this was addressed immediately. Staff told us they would recognise a change in people's behaviour and emotions if they were not happy. The provider's complaints policy was displayed for people, relatives and visitors to the home to use. Relatives were positive about the home. One relative told us, "They are very good here so far, I can't complain."

People received care that was responsive to their needs and was being regularly assessed and reviewed. Where possible, people had been involved in their assessment, planning and review of their care. People's relatives were consulted to ensure that people's best interests had been considered if they were unable to be involved in their care planning. Their care records gave staff clear guidance on how people should be supported and cared for. People were being regularly monitored to ensure their needs were being met. For example people identified as losing weight were monitored and referred to their GP to be assessed by a dietician. People and their relatives were involved in their six monthly reviews and were asked to provide feedback about the service they received.

People were not always able to communicate their feelings due to their advanced dementia, however, staff demonstrated a good knowledge of the people they cared for and responded to people's needs appropriately. Staff knew how people liked to be supported with their care and where they liked to sit in the lounge or dining room. This provided people with continuity and reassurance.

Good

Is the service well-led?

Our findings

The acting manager had been in post for seven months at the time of inspection. They were in the process of registering to be the registered manager with CQC. Since managing the home there had been several concerns raised about the quality of care at the home due to the complex needs of some of the people who lived in the home. All incidents had been thoroughly investigated by the provider and senior staff. The acting manager was aware of and followed the correct processes when dealing with incidents or concerns. She used the outcomes for learning and to develop improvements in care and had contacted all relevant agencies and notified CQC in a timely way. Providers are required by law to notify us of certain events which may have impacted on the home or people who live in the home. The acting manager always followed up and learned from these events. The acting manager told us "I want to continually improve this home and we always try and learn from any challenges."

The acting manager valued feedback about the quality of service. They had received positive comments from a recent survey sent to people and their relatives, staff and health care professionals linked to the home. People and their relatives were also encouraged to attend family group meetings to raise their concerns.

The acting manager took time to use different methods to learn about people's views as some people were unable to express them. For example, after consultation with people and their relatives, the home had introduced a new menu and staff had been asked to speak with people about the menu. For those people who were not able to express their views, staff had been asked to tick a form whether people had eaten or refused the new meals to help them understand whether the food was liked or not.

The acting manager, the providers representative and staff team were committed to improving the quality of the service they provided. Quality audits were in place to ensure that the service was being monitored and that quality was being maintained or improved. Regular audits of the maintenance of the home and were equipment were in place. For example weekly checks were carried out in the fire alarm systems, cleanliness of the kitchen and the safety of the wheelchairs and mattresses. Annual maintenance checks were carried out on utilities and equipment such as hoists. We found one of the radiators to be very hot. This was raised with the acting manager who told us they had challenges with the consistency of the heat coming from some of the radiators but this was being addressed by the provider. We were told that they would fit the radiator with a protective cover in the meantime.

Staff respected the management structure in the home and understood the responsibilities of everyone's roles. The acting manager had a good understanding of the home and knew people and staff well. The acting manager led by example and was always available to support and advise the staff in their roles. The provider and current registered manager provided daily support to the acting manager and helped to develop her in her role and application to become the permanent registered manager. One staff member said, "The new manager is very good, she has made a lot of improvements. We can always speak to her." New policies and procedures and learning from incidents were discussed at staff meetings.

The provider and acting manager sent a clear message to staff if there were areas of concern. We saw letters and minutes of meetings which addressed concerns and the well-being of the people who lived in the home. For example one letter to staff encouraged them to give people choice about their meals and day to day activities.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Regulation 17(2)(d) HSCA 2008 (Regulated Activities) Regulation 2014 Good governance The registered person did protect people against the risk of unsafe and inappropriate care and treatment arising from a lack of proper information about their consent to their care and treatment.