Orchard Care (South West) Limited

Pine Lodge

Inspection report

Pine Lodge
13 Hazeldene Road
Milton
Weston Super Mare
Somerset
BS23 2XL
Tel: 01934 622539
Website: www.orchardcare.co.uk

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Ratings

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

Overall summary

The inspection took place on the 1, 2 and 5 of February 2016 and was unannounced to the care home and announced to the domiciliary care part of the service. At the last inspection in May 2013 the provider was found to be meeting all of the standards inspected.

Pine Lodge care home provides care and accommodation for up to 22 people. On the days of the inspection 21 people were living at the home. The home is on two floors, with access to the upper floor via two stairs cases or two stair lifts. Some bedrooms have en-suite facilities. There are shared bathrooms, shower facilities and toilets. Communal areas include two lounges, one conservatory, two dining areas (one with tea and coffee making facilities), a front and back garden with patio areas.

The service also provides domiciliary care services to adults within the Milton and Weston Super Mare area. On the day of our inspection thirty three people were using

Summary of findings

the service. The domiciliary care service provides support to people with physical disabilities, sensory impairments and mental health needs, including people living with dementia.

The service had a registered manager. There was a registered manager in post for the care home and the domiciliary care service. 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. Both the registered managers were available for the days their services were inspected.

People had risk assessments in place to help staff minimise risks associated with people's care. People had personal evacuation plans in place although these did not always include all the details required in an emergency. The environment was regularly assessed and monitored to ensure it was safe at all times. People were supported by staff who had pre-employment checks undertaken prior to starting their employment.

People felt safe although referrals were not always being made to the relevant authorities when concerns for people's safety were identified. People's consent to care and treatment was obtained, and staff asked people for their consent prior to supporting them although care plans did not always detail if people had capacity to make their own decisions. People were involved in their care planning and referrals were made to health care professionals when required.

People received their medicines at the right time from staff who had received training. Systems were in place to monitor the management of medicines. Staff meetings were used for learning opportunities to prevent issues from reoccurring. People who were at risk of developing pressure sores had care plans in place to ensure their position was regularly changed and staff and records confirmed they received this care.

People had access to activities and these were provided at times when people could fully participate in them. People received support by staff and the registered managers to have new experiences and the service went 'the extra mile' to ensure people had their individual care and welfare needs met.

People were supported by staff who received regular supervision and training although some areas of staff knowledge were poor especially in relation to safeguarding, whistleblowing and equality and diversity. Staff felt well supported and demonstrated a kind and caring approach to people they cared for.

People told us they enjoyed the meals, and people were supported to eat and drink enough to maintain a balanced diet. People who were at risk of losing weight were not always effectively monitored so that any weight loss could be responded to quickly although they were receiving regular visits from the district nursing team.

People, relatives and staff views were sought. People and relatives felt happy to complain and were aware of the provider's complaints policy. Quality assurance systems monitored the quality and safety of the service and identified areas for improvement. The registered manager was keen to develop and provide high quality care and had signed to pledge their commitment to provide people with high quality services. The registered manager had recently implemented a staff recognition scheme were staff could be recognised for their input and commitment.

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?

Requires improvement

The service was not always safe.

People felt safe but we found not all referrals were being made to the relevant authority when concerns relating to people's safety were identified.

Not all incidents were being recorded so that they could be analysed for trends to prevent it from reoccurring.

People were supported by staff who had adequate checks in place prior to starting employment.

People received medicines at the right time from staff who had received training.

Is the service effective?

Requires improvement

The service was not always effective.

People were supported by staff to make decisions about their care in accordance with current legislation although care plans had no information relating to people's capacity to make their own decisions.

People were supported to see health care professionals according to their individual needs.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

Is the service caring?

Good

The service was caring.

The registered managers and care staff demonstrated they cared about people and recognised when people might benefit from support and new experiences.

People were treated with dignity and respect and staff demonstrated a kind and caring approach.

People had choice and were happy with their care and care staff.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People and relatives felt happy to raise a complaint and were aware of the provider's complaints policy.

People's care plans were individual and personalised. People and relatives were involved in the care planning process.

Summary of findings

People were able to comment on the social activities within the home and these were planned to enable people to participate.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place to monitor the quality and safety of the service and identify areas for improvement with an action plan.

People were supported by staff who felt well supported and the registered managers promoted a positive culture.

People, relatives and staff feedback was sought and valued and was used to facilitate change.

There was a clear management structure in place and staff were happy with the management support.

Pine Lodge

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.

We visited the care home unannounced on 1 and 2 February 2016. The inspection team consisted of two inspectors.

The inspection of the domiciliary care service took place on the afternoon of the 2 February and February 2016 and was announced. The registered manager was given 48 hours' notice because we needed to be sure that the registered manager would be present. The inspection team consisted of two inspectors.

During our inspection of the care home we spoke with nine people as well as three relatives. We spoke with people in private and observed people's care and support in communal areas. We observed how people spent their day, as well as their lunch time experiences. We spoke with six members of care staff, the chef, the deputy manager and the registered manager.

We looked at four records which related to people's individual care needs. We also looked at records related to the management of the service. These included three staff recruitment files, policies and procedures, accidents and incident reports, training records and the service's quality assurance systems.

During our inspection of the domiciliary care service, we spoke with three people who used the service and four relatives. We also spoke with six members of care staff, the deputy and the registered manager. We looked at three care records which related to people's individual care needs and records associated with the management of the service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

After the inspection we contacted a number of health care professionals and managed to gain views from one.

Requires improvement

Is the service safe?

Our findings

The service was not always safe.

Pine Lodge Residential Home

Although people felt safe living at Pine Lodge residential home we found not all referrals were being made to the relevant authority when concerns relating to people's safety were identified. For example we were told by staff about one incident between one person and a family member. Due to the concerns arrangements had been put in place to keep this person safe. When we discussed this with the registered manager they confirmed the incident had occurred however there had been no safeguarding referral made to alert this concern to the local authority safeguarding team. They confirmed they would ensure one would be made retrospectively.

People and relatives told us, "Safe, yes I feel safe here. Because you have no worries", "I am happy here, staff are wonderful. Yes I feel safe". One relative told us, "[name] is safe here and if they fall there will be someone around for them". All staff felt people were safe but not all staff were able to demonstrate they fully understood safeguarding. Some examples given were to check on people, make sure they had calls bells, they had access to walking aids and that there were no hazards. We fed this back to the registered manager and the provider. They took immediate action. During our third day of inspection the registered manager confirmed staff had started to attend updated training on safeguarding and abuse to ensure they had the right knowledge and understanding. Training records also confirmed this action had been taken.

Staff were happy to raise concerns if they needed to but were unfamiliar with the provider's whistleblowing policy. This meant staff could be unfamiliar with the process and their rights should they ever need to raise a concern. We fed this back to the registered manager and provider following our inspection.

People's medicines were effectively managed to ensure they received them safely from staff who had received training. The home had a medication policy that included self-medication, routine administration of prescribed medicines, homely remedies and covert medication. At the time of our inspection no one was receiving covert medicines and only one person was self-medicating. During the first day of our inspection we found the person who was self-medicating was not following the provider's medication policy. The person had their medicines unlocked within their room. The policy confirmed medicines should be securely locked away when not being used. We raised this with the registered manager. They took immediate action to get a new key for the individual's medicines box; this was resolved by the second day of our inspection.

All residents living in the home were registered with a GP of their choice and all prescribed medicines were obtained from one local pharmacy. We observed up to date photographs of each resident along with information on allergies, GP and next of kin. Consent forms for photographs had been signed by the residents.

The ordering, storage, dispensing and disposal of medicines was in accordance with the provider's policy. During the last inspection it was noted that the medicines room seemed hot and lacked ventilation. High temperatures could affect medicines and make them ineffective. At this inspection the room felt cool; the registered manager confirmed they were monitoring the room's temperature. Records confirmed this.

Staff had training in administering medicines and had to complete a training booklet. Staff then had the opportunity to 'shadow' dispensing staff at various times of the day so they could become familiar with the variations in medicine rounds. Staff had their competency reviewed to ensure they were competent and safe in administering medicines. Random checks were made as part of the medicines audit. Where incidents had occurred there had been learning opportunities shared at a team meeting as well as the completion of a medicines quiz. Staff that administered medicines to people wore a red vest. This indicated they were conducting a medicine round and should not to be disturbed. This avoided unnecessary interruptions. People were happy with how their medicines were administered. They told us, "My medicines are always on time" and "They are very fussy about medicines".

People who were at risk of developing pressure ulcerations had care plans in place to ensure their position was regularly changed. We reviewed two people's records who were at risk of pressure ulcerations. Their records confirmed they were receiving the care identified in their care plans. Staff knew what support was required to prevent these two people developing pressure ulcerations.

Requires improvement

Is the service safe?

People were supported by suitable staff because the provider followed robust recruitment procedures. Staff files contained the candidate's original application form, two references, a Disclosure and Barring Service number (DBS check), Identification documents, job offer and induction records. A DBS is a check that is undertaken to ensure the candidates suitability to support vulnerable people.

There were personal plans in place for people should an emergency situation arise although they only contained basic information. For example, they did not cover medicines, communication or what support the person would require if they were taken into hospital. We fed this back to the registered manager. During the second day of the inspection the registered manager had started to implement a 'hospital passport' for people. They showed us a blank 'hospital passport'. This contained comprehensive details about what support and care the person could be receiving. This meant the registered manager had acted quickly to review their emergency plans and had identified a system that would cover all information relating to that person.

There was a 'grab file' positioned in the entrance hall close to the front door that contained necessary information should there be an emergency evacuation of the home. We discussed with the registered manager and provider if they had an emergency bag that staff could grab if they there was an urgent evacuation of the building. They confirmed there was not one in place. An emergency bag could contain items such as a mobile phone with spare batteries, blankets, torches, water, pens, paper, high visibility vests etc. The provider took immediate action and purchased a bag and these items. This meant the registered manager and provider responded quickly to ensure people had access to an emergency bag should there be an emergency.

People's care plans contained risk assessments relating to their care needs but one of the three care plans contained out of date records which could put them at risk of reciving poor care. For example, one person had been supported by the Domiciliary care part of Pine Lodge. Their care plan still contained this old support documentation. Their risk assessment and care plan had conflicting information referencing when they had been able to walk. Staff we spoke with confirmed this person required full support with their mobility since December 2015. We raised this with the registered manager they confirmed they would review this persons care plan.

The registered manager confirmed they kept an incident and accident log. Staff confirmed they log and record all incidents and accidents in this book. Staff explained there were times when incidents happened when people would become upset and disorientated throughout their day. This was due to their dementia. We spoke with the registered manager about how they keep records when people might become upset or disorientated with staff. They confirmed there were no charts or records apart from the daily notes where these incidents were logged. We observed two people during the inspection who appeared disorientated. One member of staff confirmed this person had been upset with them a few weeks ago hitting and calling out. There was no incident log relating to this incident. This meant that by not having a log of this incident the registered manager was unable to analyse if there were any trends in relation to this person's care needs. We raised this with the registered manager, they confirmed they would review and implement a log so when people because upset or disorientated it could be logged so that there was a detailed overview to any changes to this person's behaviour.

The environment promoted people's safety, for example lounges and the dining room was free from clutter and there were stair lifts on both stairs should people be unable to use the stairs.

People confirmed how they learnt to use the stair lift. They told us, "Well they do show you when you first move in but I forget what they told me so I ask them again" and "I ask for help to use it" and "They help me get on and off it" and "I use the stair lift with no problems, you don't need to be taught" There were a number of environmental risk assessments in place. For example, food hygiene, use of washing machines and tumble dryers, use of the BBQ, outside grounds, slips and trips, keeping animals in the home and stress in the workplace. All risk assessments had identified the risk and confirmed the control measures in place. This meant risks to the environment were being identified and managed.

Requires improvement

Is the service safe?

The home was warm and comfortable with a variety of spaces that residents could choose to sit in. Handrails were available and there was a board that showed the day, date and year positioned in the hall way.

People felt there were enough staff on duty and that their bell was answered as quickly as possible. On the first day of the inspection we found one person's call bell was not working. Staff we spoke with confirmed the person would be unable to use this bell due to their dementia. We checked all the other bells in the home. These were working apart from one that was not fully pushed into the wall. We fed this back to the registered manager. They immediately ordered a new bell and pushed the other person's lead back in so that bell could ring. People we spoke with told us, "They get you help quickly, you only have to ask", "I only have to call my bell and staff will come as quickly as possible" and "I can call at any time and staff will come" and "I have a bell but don't use it much, there are always staff around". We observed call bell response times during our inspection. We found they were answered within five minutes. Staff we spoke with felt there were enough staff. They told us, "Yes there are enough staff now" and "Things are better staffing wise". The registered manager confirmed they reviewed the staffing levels depending on people's needs. They told us about two recent occasions when they had increased the staffing numbers to support two people in the home. Rotas we reviewed reflected this increase. This meant when people's needs changed staffing levels were reviewed and amended when required.

Pine Lodge Domiciliary care service

People were supported by staff who had attended training in safeguarding adults. All four senior carers, the registered manager and the team leader had completed a managers safeguarding training. At the staff team meetings staff were asked about safeguarding and questions were taken from the care certificate. The care certificate is a set of minimum standards that social **care** workers cover as part of induction training. The staff team were regularly reminded of the vital importance of safeguarding. This was recorded in the minutes of team meetings. There was a policy on safeguarding plus information and contact details of the relevant authority should staff need them. All staff were required to sign that they had a read a copy of the policy. Supervision records also confirmed that staff were asked about safeguarding. Information was also available in people's care plans confirming what safeguarding is and what to do and who to contact should people have any concerns.

People had risk assessments in place to help minimise any risks to people and staff although two people did not have their pressure relieving equipment identified on their risk assessments. This meant their was no guidelines for staff to follow to ensure this equipment was being used safely or correctly. We found one person had chosen to put their pressure relieving cushion under the cushion of their couch. This would prevent it protecting the person's skin.

We fed this back to the registered manager who confirmed they would review both people's risk assessments and ensure they reflected their care needs and pressure relieving equipment.

People told us staff generally arrived on time and when there was going to be a delay they confirmed the office would call them. They told us, "They turn up on time, they stay the call time" and "They always call if they are running late, or if there is any changes" and "[Name] in charge will always ring up and ask if it is okay for the carers to come either earlier or later".

People felt happy with the staff that came into their home. People told us, "Staff are great and I would be lost without them" and "They have a great team". Staff wore a uniform and had an identification badge to help people know who they were prior to them entering their home. People were support by staff who had suitable checks in place prior to starting employment. Three staff files had an application form, references, identification and a current Disclosure and Barring Service number (DBS check). A DBS is a check that is undertaken to ensure the candidates suitability to support vulnerable people.

People were reminded to take their medicines by staff. Staff had received training and care plans were in place to provide guidance and direction to staff. Where people had topical creams there was a consent form signed by the person and a medicines administration chart (MARs) signed by the carer. The manager confirmed all staff had completed medicines competency training and training in the administration of eye drops and eardrops. This meant people were supported with their medicines by trained staff.

Requires improvement

Is the service safe?

People were supported by staff who checked their pendant and smoke alarms. A pendant alarm is used should a person require support or assistance if they fell for instance. Care plans confirmed when these checks were required and records confirmed they had been completed. Two people we spoke with confirmed how their care staff made sure they have their pendant on. They told us, “Staff always make sure I have my pendant on” and “I always where this, staff also check it for me”.

Requires improvement

Is the service effective?

Our findings

The service was not always effective.

Pine Lodge Residential Home

Although the provider was following the principles of the Mental Capacity Act 2005 (MCA) care plans did not contain best interest decisions made. The 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.

The registered manager confirmed how involved they were with best interest meetings. On the second day of the inspection they attended a best interest meeting to support one person in making a decision. Not all best interest meetings had been recorded to demonstrate who had been involved in those decisions and what decisions had been made. This meant there was no clear record to demonstrate that when the person lacked capacity to make a particular decision the decision taken was the least restrictive as possible. We fed this back to the registered manager who confirmed they would start actioning this.

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. The application procedures for this in care homes are 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 were being met. At the time of our inspection two people had restrictions placed upon them which might be a deprivation of their liberty. The correct guidance had been followed and applications submitted to ensure this restriction was lawful and in each person's best interests.

People were supported by staff who received support, supervision and annual appraisals. This provided an opportunity for staff to discuss work and training issues with their manager. It also provided the manager with an opportunity to feedback to staff about their performance.

Staff felt well supported and told us, "I get regular supervision and it's really useful"," The managers are lovely and I get regular supervision", "I feel supported" and "I think communications are really good and I get good support".

Staff had monthly meetings and minutes confirmed staff had an opportunity to discuss concerns and undertake learning opportunities. For example, there had been a medicines quiz that had been completed by all staff at a recent meeting. This meant staff had opportunities to experience shared learning.

Staff had received training required to carry out their role. Training included MCA and DoLS, moving and handling, first aid, fire safety, medicines, health and safety as well as training to support people living with dementia, stroke awareness, nutrition and hydration and end of life care planning. Newly appointed staff had a mentor and were receiving an induction in accordance with the new care standards. Staff were happy with their training. They told us, "I think the training is really good here" and "Induction has been really useful" and "The majority of training is appropriate and helpful".

People were offered a choice of meals and drinks along with encouragement at lunchtime. Some people took longer to eat their meals. At no time was there a rushed or hurried atmosphere. There was a variety of meal options which were based on people's likes and dislikes. The Chef confirmed they knew what people liked and that they were all asked the day before what they would like to have for lunch. People and visitors were able to make hot drinks and cold drinks in the lounge area should they wish in-between the morning and afternoon drinks round

This was following a risk assessment of their ability. All people we spoke with were happy with the meals and drinks.

People who were at risk of not eating and drinking had monitoring charts in place. The registered manager and staff sought advice when people showed signs of a changed to their eating habits. For example eating less or having difficulty eating. Two people, who were at risk of weight loss, had not had their monthly weight recorded. The registered manager confirmed they were unable to weigh these people due to not having appropriate scales. The district nurses were reviewing these two peoples health needs. The registered manager confirmed they

would review an alternative method for monitoring their weights and they confirmed they would discuss this with the district nurses. This was so any changes to their weight could be monitored and actions taken in a timely manner.

The home arranged for people to see health care professionals according to their individual needs. People saw their GP and district nurses when needed. All people we spoke with felt well supported to access health care professionals when required.

Pine Lodge Domiciliary care service

All people and relatives that we spoke with confirmed they had choice however people's capacity to make their own decisions was not reflected in their care plans. We fed this back to the registered manager who confirmed they would immediately amend people's care plans so this could be added. One person told us, "They do what I want them to do. The care I get is the care I want". Staff confirmed how they offered support and choice to people. One staff member told us, "I never presume anything. I always ask if they would like to wash or have a shower, it is always about individual choices. One relative told us, "[Name] is able to make their own decisions and choices, they would say if they couldn't".

People were supported to eat and drink as they wished. Some people choose to have a cooked meal delivered to their home from the Pine Lodge Residential Care Home.

The registered manager confirmed how people could pick and choose if they wished to have this service. One relative we spoke with told us, "[Name] reviews the meals and makes a choice if they want them of not. They make the decision around the ones they like".

People were supported by staff who had knowledge and skills required to meet their needs. All staff we spoke with all felt the training and support they received was good. They told us, "I get lots of support and supervision. [Name] and [Name] are so supportive. I've had more supervisions in the time I have been here than anywhere else". "If I wanted more training all I would have to do is ask as [Name] is very supportive of this" and "The training is great so is the support". The training records confirmed staff had received training in equality and diversity, moving and handling, epilepsy awareness and record keeping. Where the registered manager had been unable to book a staff member onto a first aid course they had provided them with a first aid booklet to read until such time as they could attend the training course. This meant the manager ensured staff had access to information whilst awaiting training.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one monthly meetings and their practice being observed as well as group meetings.

Good

Is the service caring?

Our findings

The service was caring.

Pine Lodge Residential Home

People were support by staff who were caring although staff were unable to demonstrate a clear understanding about how they might meet people's individual needs relating to equality and diversity. Staff felt people should be treated as equals but were unable to specifically say how they might support people differently in relation to their age, sex, religion, sexual orientation, disability, gender reassignment, marriage and civil partnership and race. We fed this back to the provider and registered manager who confirmed they would review staff knowledge to ensure people's individual needs would be recognised.

People felt that staff treated them with care and respect. They told us, "Very good care, definitely treated with respect. Everybody is very kind to me. I feel safe here", "It's lovely here, I'm quite happy","They do their best, on the whole it's pretty good", "They treat me like a friend", "As far as I'm concerned the care is good", and "Generally speaking it's pretty good. I feel safe and I am treated with respect, I'm reasonably happy"

People were supported to maintain relationships with people important to them. People had visitors throughout the day. Two relatives visited during our inspection. One relative told us, "I don't come very often but I know other family members visit [Name] regularly". People made choices about where they wished to spend their time. People spent time in different areas of the home, for example the TV lounge, the conservatory, or spent time in their own rooms. People could also spend time outside in the garden and sit on the patio if they wished.

Staff demonstrated a caring approach towards people and were kind and thoughtful. There was an unhurried atmosphere and people were supported to maintain their independence. Staff respected people's privacy by knocking on their door and waiting for an answer before entering the room.

The registered manager gave examples of liaising and working with people, families and professionals to review people's care. One professional we spoke with told us, "Yes the person I work with is well supported with attending GP appointments and staff support them when required".

Pine Lodge domiciliary care service

People told us they were supported by a good team of caring staff who knew them well. They told us, "The carers are friendly, I always get on alright with them", "Very friendly and considerate, can't fault them, they are kind and caring" and "Good team of care staff, I call them [Name] angels". All relatives we spoke with were also happy with the care.

The registered manager demonstrated an enthusiastic and caring attitude and gave examples of when they had gone 'the extra mile' for people. There was a file that contained success stories of how carers had identified important things for that person and how the service had sought to make that happen for the person. For example, one person's hair dressers had closed down. Carers supported the person to visit other hairdressers until the person chose the one they wanted to attend. Another person had never eaten candyfloss. Carers fed this back to the registered manager who bought some so the person could taste this. Another person had been supported by care staff to make up a photo album of pictures important to them, such as the animals in their garden and flowers grown in their house. The person had dementia but this photo album was used to bring alive those memories for the person again. This meant staff and the registered manager demonstrated a kind and caring approach to people's individual needs.

People told us staff respected their privacy and dignity at all times. They told us, "The carers always make sure I have my shower in a way that I want it" and "They always do what I want, I am happy with the way they provide me with my support". Relatives also felt people were treated with respect and had their privacy maintained. They told us, "[Name] would say if they were unhappy, carers are respectful at all times. [Name] would say if they were not" and "They are very professional, they always provide choice and are flexible to what is needed". One staff member confirmed how they provided care in a dignified and respectful way. They told us, "It is important to make sure people have doors shut for privacy and that they are only undressed for as long as needed".

People and relatives had been asked about their personal history. One relative felt this showed how much the service really cared about people. They told us, "When [Name] came to do the assessment for care, they spent over two

Good

Is the service caring?

hours and asked more than do you have children. They went into details, of what is their name and talked about photos around the home. I really felt like they showed they cared".

Good

Is the service responsive?

Our findings

The service was responsive.

Pine Lodge Residential Home

People had access to the complaints policy in their room and posters about how to complain were displayed around the home. People we spoke with knew how to complain should they need to. One person told us, "I would know how to make a complaint". Six complaints had been made in the last six months. Complaints had been investigated and where necessary discussed in staff meetings to enable learning to prevent similar issues recurring. When people needed help to complain they were supported by staff; this was observed during the inspection.

The registered manager confirmed there were regular activities. There were weekly activities with a sheet confirming what was planned. People had these in their rooms. The registered manager confirmed that activities were planned around people's active times. For example activities were planned for mornings and early evenings, as after lunch the registered manager confirmed people liked to relax. Most people were happy with the activities. They told us, "There are some activities, I like playing bowls" and "There is enough to do if you want to get involved". One person we spoke with felt there was a lack of activities but that they enjoyed walking. They told us, "No real activities but I am still mobile so I go for little walks". There were books, films and music as well as various games available within the home and the mobile library visited every three months. During our inspection one staff member told us, "I have just put a film on and given them popcorn". There was also a nail technician who was giving manicures and hand massage. This meant people had access to activities and they were arranged so people could participate if they wished.

People were involved in reviews of their care although one care plan contained old information when they had received a service from the Pine Lodge domiciliary care service. People told us, "I check my care plan" and "I am happy with how involved I am" Care plans had also been signed to confirm the person agreed with their care. People and relatives views about care were sought through regular meetings. Minutesshowed where people's views were sought so people's care could be improved in response to their feedback. There was a monthly newsletter for people and relatives.

The service was response when people's needs changed. For example people were supported by district nurses, occupational therapists and falls teams when required. Care plans reflected when people had been assessed as requiring new equipment or support. One person we spoke with felt the care when they had become unwell was good. They told us, "The care if you are not well is good."

Pine Lodge Domiciliary care service

People's care and support was planned in partnership with them. Everyone we spoke with felt they had been involved with the planning of their care. They felt the registered manager had spent time with them getting to know them as an individual. This included asking about the care they wanted or needed and how they wanted this to be delivered. People felt they only had to make a phone call if they needed their care changing. They told us, "I only have to ring if I want to change things" and "I was fully involved with my care at the start". One relative we spoke with told us, "[Name] spent a lot of time with us at the start, getting to know what we wanted. It really showed we could decide what we wanted".

Assessments were undertaken to identify people's support needs and care plans confirmed how these were to be met. These were reviewed monthly by the registered manager or the team leader. The registered manager confirmed if there are any changes to people's needs they do their best to provide additional visits. One relative we spoke with told us, "They are very flexible with their support, once we had to up the care". They confirmed this was accommodated and they were very happy with the support provided. Staff we spoke with were able to demonstrate they knew how to support people and what support was in their care plans.

People and relatives knew how to complain and all felt satisfied with the care provided. Many compliments had been made about the registered manager and the staff. Part of the assessment process explained to people about the complaints and compliments procedure. Copies were in people's individual files. Staff induction covered the complaints procedure and staff had to sign to confirm they had read the policy. Complaints were also part of staff supervision and team meetings. The registered manager

Good

Is the service responsive?

explained that in keeping and maintaining an 'open door' policy the potential for complaints were often "Nipped in the bud". Five complaints had been made in the last six months. The manager ensured there were learning opportunities for staff to prevent similar recurrences from happening again. There has been over 125 compliments made about the service and care people had received.

People were supported by staff if they required medical assistance. Staff demonstrated a supportive approach and were aware of their responsibilities if people needed assistance. One member of staff we spoke with confirmed it was people's choice to go into hospital or see a GP although they always tried to reassure the person if they were worried. They told us, "I have been to one person who was really worried about having a medical examination. I was sensitive to this fact and reassured the person so that they were not worried. They will now accept visits as they are not worried about things. I always talk to the office about any concerns".

Good

Is the service well-led?

Our findings

The service was well-led.

Pine Lodge had two registered managers. One was the registered manager for the residential home and one for the domiciliary care service. The provider supported both of these registered managers.

Pine Lodge Residential Home

Staff felt supported by the registered manager. They told us, "The manager is approachable and I know I can ring them if they are out of the house" and "We are a team". The registered manager was visible in the home and the deputy manager spent one day a week working with the staff team. Staff handovers were held at every shift change. A communication book was used as well as a handover sheet that identified every resident and any specific needs or changes. This ensured that all staff coming on duty were aware of any changes in a person's care plan or condition.

Pine Lodge care home had a quality assurance system in place that monitored the quality and safety of the service. Audits covered areas such as equipment, building and environmental safety and cleanliness, records and care plan audits. Identified areas for improvement had an action plan to address the shortfalls.

They had regular resident meetings that relatives were welcome to attend. Minutes showed people were asked for their input into the running of the home. For example people had been asked for their suggested menu ideas and invited to be part of the interview panel for recruiting new staff. Feedback was clearly welcomed and valued. Suggested ideas were also taken forward and implemented by the service.

People's, relative's and staff's views were sought. People and relative's feedback was positive. Feedback included people being happy with their meals, 'Nice flavour', 'Hot meal' and 'Hot plate'. Other feedback included 'Good privacy and dignity', 'Staff there when I need them', 'Encourage my interests and hobbies' and 'I make choices and they are respected'. The registered manager told us when improvements to activities had been suggested they had implemented changes. Staff feedback included positive comments about working as a team and providing a caring service. Staff had the opportunity to comment on the service and suggest improvements and changes. They also provided the registered manager and provider with an indication of staff morale.

Pine Lodge Domiciliary care service

The Pine Lodge domiciliary care service consisted of a registered manager, a team leader, four senior carers and a team of 11 carers. Team meetings were held every two months and staff had an opportunity to add agenda items. Minutes confirmed meetings were used as learning opportunities.

Staff who worked at Pine Lodge domiciliary home care service and care home felt the culture of the service was positive. For example, all staff we spoke with confirmed they could openly speak with the registered managers or their deputies about any concerns or queries they had. Staff told us, "I didn't think this level of caring was still available", "People are so well looked after by this service", "The manager is very caring and approachable", "I absolutely love it. I feel so welcomed and supported. The team are amazing" and "I feel supported by the managers because I had supervision in the first week. "The managers are wonderful, they care about us and the clients.

People's, relative's and staff's views were sought. People were sent questionnaires every quarter along with having the opportunity at their monthly review to raise any issues. Feedback included; "Brilliant, always smiling, happy and friendly. I'm always smiling afterwards" and "Just keep doing what you are doing, I couldn't ask for better" and "You have wonderful people who work for you" and "Pine Lodge has never let me down by not coming at all. This gives me confidence"

Staff questionnaires were completed every quarter plus staff had an opportunity to discuss any issues at their supervision sessions and appraisals. Staff feedback included, "I have had plenty of training","You support me in every way possible","You are a very kind and helpful boss" and "We are always given the utmost support". The registered manager also gave regular feedback to staff on compliments they had received about the care and support they had provided. These were held within the staff member's personal file.

The Pine Lodge domiciliary home care service had started a new 'employee of the month' scheme. The staff team were asked to nominate a member of the team. The

Good

Is the service well-led?

registered manager confirmed this person would receive recognition for 'going the extra mile'. It was hoped the scheme would reinforce the value that the service placed on the staff members.

The registered manager was keen to develop and improve the vision and values of the service. They had recently pledged their commitment to provide people who needed care and support with high quality services. The commitment detailed the development plan and confirmed how the task would be met. The registered manager confirmed how important it was to provide high quality care and ensure people were happy.