Affinity Trust

Pear Tree Lane

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 27 April 2018 and was unannounced. This was a first ratings inspection.

Pear tree lane 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. Pear tree lane accommodates up to 13 people in three adapted buildings. At the time of the inspection there were 13 people living in the care home.

There was a registered manager in post. 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.

People were protected from abuse. Risks were assessed and managed to keep people safe. Premises and equipment were maintained to minimise the risk of infection. People were supported by sufficient safely recruited staff. Medicines were managed safely. The registered manager had systems in place to learn when things went wrong.

People's needs were assessed and they had effective care plans in place. Staff received training to meet people's needs and supported people consistently. People were able to choose what they had to eat and drink and were supported safely. The environment was adapted to meet the needs of people. People had support to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring and had good relationships with people. People had their communication needs assessed and care plans were in place which supported people to make choices and retain their independence. People were treated with dignity and respect.

People had their preferences understood by staff, assessments of their diverse needs were carried out and plans put in place to meet them. People had regular reviews of their needs and could take part in things which were of interest to them. People could make a complaint and there was a system in place to investigate these. People had their wishes for end of life care considered.

People and their relatives were asked for their feedback. We found systems in place to check on the quality of the service people received and the provider used information from these to make improvements. The registered manager had systems in place to monitor the delivery of people's care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was good.

People were supported by staff that protected them from abuse. People were supported to reduce risks to their safety and live in a clean environment. People were supported by enough staff who had been recruited safely. People were supported to receive their medicines as prescribed. Lessons were learned when things went wrong.

Is the service effective?

Good

The service was good.

People had their needs assessed and care plans were in place. People were supported by trained staff and their care was delivered consistently. People had enough to eat and drink and their health needs were met. People had access to adaptations in the home and their rights were protected.

Is the service caring?

Good

The service was good.

People were supported by caring staff. People were supported to communicate and make choices for themselves and were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was good.

People's diverse needs and preferences were understood and observed by staff. People had support to follow their individual interests and they were able to make complaints. People had plans in place to support them at the end of their lives.

Is the service well-led?

Good

The service was good.

The registered manager had systems in place to seek feedback

from people. There were systems in place to monitor the consistency of the service. There were checks in place to ensure people had the care they needed and make improvements to the quality of the service.

Pear Tree Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 27 April 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with one person and one visitor. We also spoke with the registered manager, the operations manager, and four staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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. We reviewed the care records of three people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

People felt safe. One visitor told us, "People here are very well cared for by the staff, everyone is definitely safe here". We observed people were smiling and showed they recognised staff. Staff could demonstrate their knowledge of how to recognise abuse and had been trained. There was a safeguarding policy in place, which staff understood and we found where incidents had occurred these had been referred to the local authority. This meant people were safeguarded from abuse and people were protected from the risk of harm.

People were protected from the risks to their safety. One visitor told us, "They have all the right equipment here to help people stay safe". People had their risks assessed and plans were put in place to minimise risks to people safety. Staff could describe the support people needed to stay safe and we observed staff following the risk assessments and plans for people during the inspection. For example; one person required equipment to help them transfer, staff could tell us what this was and how it was used safely, we saw this information was documented in the person's care plan and observed staff following the guidance during the inspection. This demonstrated people had their risks planned for and managed to keep them safe from potential harm.

People were supported by sufficient staff. One visitor told us, "There is always plenty of staff around". Staff confirmed they felt there were sufficient numbers of staff to meet people's needs safely. One staff member said, "There is enough staff on duty each shift is different but people don't have to wait for their care". On the day of the inspection there were sufficient staff on duty, we saw people were not rushed and staff had time to spend with people doing things they enjoyed as well as meeting their needs. The registered manager told us they reviewed staffing levels depending on people's needs and had flexibility to allow them to deploy staff where they were needed. This demonstrated there were enough staff to support people safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines as prescribed. We saw medicines were stored safely and stock control checks were carried out. Staff told us they had been trained to administer medicines and they had their competency checked, records we saw confirmed this. We observed staff following the procedure for medicine administration on the day of the inspection. There was guidance for staff on how medicines should be administered. For example; clear instructions were in place to show staff when as required medicines should be administered. Medicine Administration Records (MAR) charts were in place, we found some signatures were missed for topical creams. We spoke to the registered manager about this and they were able to confirm that people had received their topical medicines. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

People were protected from the risk of infection. There were infection control procedures and staff could

describe how they used these to minimise the spread of infection. Records showed staff had been trained. We observed staff using gloves and aprons during the inspection and handwashing procedures were in use. We found the home and equipment in use was clean which meant people were supported and cared for in a clean environment which helped to minimise the risk of infection.

The registered manager could describe how incidents which occurred were documented and how they reviewed them. There was a system in place to report incidents to the provider and discussions were held with relevant staff to learn from the incident. Where learning was identified the registered manager ensured relevant changes were made and all staff were advised. For example, we saw where medicine recording errors had occurred information had been reviewed, staff were made aware and updates to the system were made. This meant the registered manager undertook analysis and made improvements when things went wrong.

Good

Is the service effective?

Our findings

People had their needs assessed and plans put in place to meet their needs. Staff told us they had opportunity to understand people's assessed needs and their care plans. Staff were able to describe in detail how people's individual needs had been assessed and what support people needed. The registered manager told us when people were coming to the service the assessment would be carried out over a series of visits to the home over a number of months to ensure people were assessed and could be integrated into the home. They said that assessments and plans focussed on the individual and what they were able to do for themselves, which encouraged independence. Care plans had goals set with people and their relatives and reviews were held to check people's progress. We saw people's care plans included assessments and plans for how to meet individual needs. For example; one person had a medical condition, we found the person had an assessment and plan in place and staff could describe in detail the actions they needed to take if the person became unwell. Another person had plans in place which described how the person was able to support themselves with eating finger food, the person's care plan guided staff on ensuring the person was able to do this for themselves to maintain their independence. This showed people's needs were assessed and effective care was planned to meet those needs.

People were supported by trained staff. One visitor told us, "The care and attention people here get from the staff is good, staff provide really well for people's needs". Staff told us they had received training. One staff member said, "We have had on line training and face to face". Another staff member told us, "I have had training and now I am spending time increasing my knowledge of people, getting to know people and building a relationship". Staff told us they had been supporting a number of new staff recently to ensure they had the knowledge and skills to care for people. One staff member told us, "We have individual supervisions and meetings where we can discuss things". Another staff member described how the registered manager undertook competency checks. The records we saw supported what we were told. This showed people were supported by suitably skilled staff.

People were supported to maintain a healthy diet. One person confirmed they were happy with the food provided. A visitor told us, "[Peron's name] really enjoys the food". Staff could describe people's needs and preferences for food and drinks. There was detailed information in people's care plans which set out what people liked and disliked. We saw staff followed the guidance when supporting people with their meals and drinks. For example, one person had been assessed by the speech and language therapy team (SALT) the person's care plan had detailed information about how the person should be supported to eat and drink. When speaking with staff they were able to describe the risks for the person and how these were managed and we saw staff followed the SALT guidance when supporting the person during the inspection. This meant people were supported to manage risks associated with their food and fluid intake. We saw staff explaining to people what was for lunch and asked them which option they would prefer. Staff encouraged people to eat and drink and offered people condiments during lunch. Where people needed support we saw staff gave this as outlined in the care plan and people were relaxed and not rushed. This showed people were offered a choice and were given support to maintain a healthy diet.

We found people received consistent support. We saw staff communicated well with each other. For

example, on the day of the inspection we saw staff communicating about people's needs. Staff made sure that others were informed of important information about the person's care. One staff member told us, "We have had quite a large intake of new staff recently, it is important to make sure they understand people's needs as they can't always communicate for themselves". The registered manager confirmed there had been a change in the staff group; however existing staff had ensured they shared their knowledge with new staff. People had a hospital passport in place which outlined information which would support continuity of care if the person required a hospital stay. The registered manager confirmed they also provided staff to support people at the hospital if they were admitted. We found peoples care records enabled staff to provide continuity and all guidance was followed by staff to ensure people received consistent support.

People were supported to maintain their health and wellbeing. People had a health action plan in place which outlined for staff whether the person was able to identify when they were unwell and any concerns about their health. A record was included of significant health events and any areas where monitoring of people's health was required. There were also specific plans in place to support people with their health. For example, we saw detailed plans had been put in place for one person to undertake health screening. Staff had worked with the health provider and the person to ensure they were prepared. Staff understood people's health conditions and could describe the actions they took to keep people healthy. For example, one staff member told us about plans in place for one person with epilepsy. The person was more prone to seizures if they were too warm. We saw staff act swiftly to put a fan on to cool down the temperature in the room the person was sitting in. We saw people had regular input from a range of health professionals and advice was followed. One health professional had sent a feedback letter to the registered manager which said the professional had been "Impressed by the professionalism of staff, who were friendly and caring. The professional described a positive approach to collaboration to meet goals. This meant people were supported to access health professionals and maintain their well-being.

The building was decorated nicely and there was a homely feel with pictures of people and their own belongings in their bedrooms. People had access to adaptations and equipment to help meet their needs. For example, hoists were available to support with transfers, people had individual adapted chairs to help them with comfort, and there were also adapted toilets and bathrooms. We saw there were raised flower beds in the garden area to allow people to access, we saw people attending to plants on the day of the inspection. This meant peoples individual needs were provided for with the design, decoration and adaptation of the premises.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood how to seek consent and the action they would take if a person did not have the capacity to consent. Where people were unable to make decisions about their care and support a mental capacity assessment had been undertaken and a decision had been taken in the person's best interests. For example, one person was experiencing some health concerns. The person was unable to consent to any treatment. A best interests meeting was held and we saw staff, health professionals and relatives had been involved in making the decision on the person's behalf. This demonstrated staff applied the principles of the MCA when supporting people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to keep them safe. Staff understood these and could provide support in line with the authorised DoLS. This demonstrated people were supported in the least restrictive way and in line with the MCA.

Good

Is the service caring?

Our findings

People were supported by staff that were caring. We spoke to people and visitors about whether they felt the staff were caring. We were told staff were caring, they had a good rapport with people and had developed friendships and relationships. A visitor told us, "The staff are extremely caring, they get to know the person, their individual personality". Staff spoke warmly about the people they cared for. They told us they had developed a good understanding of people's needs, preferences and their personalities. One staff member said, "I know people well, I see their facial expressions and can tell how they are feeling". We saw staff engaged positively with people during the inspection. Staff were calm and ensured they were on the same level as the person when speaking. People smiled at staff and responded with gestures and facial expressions that were positive. We saw staff were attentive and used their knowledge to anticipate what people needed when they were unable to communicate. For example, one staff member was observed noticing a person was too warm and opened the window and put a fan on for them. Another staff member identified someone needed a drink from their facial expression. This showed staff knew people well and treated them with kindness.

People were involved in making decisions. One visitor told us, "[Person's name] is able to choose what they want to do and staff support this". Staff could describe how they supported people to make choices and decisions for themselves. One staff member said, "We make sure people choose for themselves, most people here can make some level of choice for themselves, we have to know how to communicate with them so they can". Staff could describe how people were able to choose their own clothing, toiletries, activities and more. We observed that people were offered a choice by staff, for example staff showed one person the tea and coffee jar's to help them choose what they wanted to drink. People were supported to maintain their independence. We saw staff encouraged people to do things for themselves. One person was observed using a self-propelled wheelchair to access areas of the home. Another person was supported to hold their spoon when eating their meal. This demonstrated people were supported to make choices and retain their independence.

People's communication needs were assessed and clear guidelines were in place for staff to help people communicate effectively. Staff understood these plans and we saw them being used throughout the inspection. For example, one person used a form of sign language to ask for things. Staff were able to understand what the person wanted, this information was clear in the person's care plan. We found one person used terms from a second language to make staff aware of what they needed. This was documented in the person's care plan and staff had learned these phrases to help support the person. This showed peoples communication needs were assessed and they were supported to communicate.

People were supported in a dignified way, their privacy was protected and they were treated with respect. One visitor told us, "[Person's name] is treated with respect by staff, everyone who lives here is". Staff told us they understood people's need for privacy. One staff member described the signs one person showed when they wanted to spend time on their own and how this would prompt them to take the person to their bedroom. Staff were respectful in how they spoke to people, doors were knocked on before entering and we saw people were spoken to with respect. We observed staff were discreet when offering support and spoke

to people quietly about their care needs. This showed people were treated with respect and their privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

People's preferences were understood by staff. One visitor told us, "Staff know what [person's name] likes to do and they support with all of it". People's preferences were identified as part of the assessments carried out, this included understanding cultural, religious and sexual needs. The information was then used to develop a person centred care plan. Staff were knowledgeable about what was important to people. For example, one staff member told us about people's interests and how they were supported to maintain these. Another staff member told us about a person's religious needs and how they were supported to practice aspects of their religion. People were involved in their assessments as were relatives and reviews were held regularly where people set new goals for things they wanted to achieve. We observed staff using their knowledge about people's preferences to support them during the inspection. For example, one person was eating a salad at lunchtime, staff knew the person liked to have salad cream with it and offered it to the person. We saw people's rooms had been personalised with things that were important to them. This showed staff understood people's needs and preferences and these were reviewed and responded to when things changed.

People were supported to maintain their interests and take part in activities inside and outside the home. One visitor told us, "[person's name] has lots if interests, they love to go out to the pub, they attend college and do art and writing". The visitor went on to say how the person was supported to do things they enjoyed during the day in the home such as using their computer. People's interests were identified as part of their assessment and plans were put in place to help people maintain them. Staff were aware of what people liked to do and supported people to access a range of different activities. We saw people were involved in a number of different activities such as art and craft, using a sensory room, gardening and hand massage. There were opportunities for people to attend an onsite day centre where they met up with people from the community. People were happy and involved in the activities. We saw staff made time to ensure everyone was included. This showed people were supported to follow and maintain their interests.

People and relatives understood how to complain. One relative told us, "I feel confident I could raise any concerns and they would be addressed". There had not been any formal complaints since the last inspection. However the registered manager was able to tell us how they would investigate and respond to complaints and how these would be used to drive improvements. This showed the provider had a system in place to respond to people's complaints.

People had their preferences and wishes for how they would like to be cared for at the end of their life assessed and the information was used to draw up a plan. We saw the assessments identified what was important to the person, including people they wanted to be involved, their religious or cultural needs, what they wanted to see happen with their belongings and what arrangements they wanted in place for their funeral. There was nobody receiving end of life care at the time of the inspection but staff and the registered manager had plans in place which would be reviewed regularly to ensure they could provide appropriate support to people when they were at the end of their life.

Good

Is the service well-led?

Our findings

The registered manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

We found staffing levels were set based on people's needs to ensure there were sufficient staff in place to support people. There were agency staff in use, whilst recruitment to vacancies was carried out and these staff were used regularly so they were familiar with the service and people's needs. The registered manager told us they had a high turnover in staff and this had meant existing staff had spent lots of time ensuring people's needs were understood by new staff. Staff told us this had placed some pressure on them as they were often having to do tasks that the new staff were yet unable to do. We spoke to the operations manager about this and they told us they were aware of the fact they had lost some staff recently. They explained they had investigated this through exit interviews and had plans in place to help them with staff retention. They told us there were plans in place to hold a meeting with staff and discuss any concerns they had.

There was a system in place to check people had received their medicines as prescribed and their medicine records had been accurately completed. The process involved MAR chart checks daily by the senior on duty. During the inspection we found these checks had not identified missed signatures on MAR charts. The registered manager told us they would be removing the staff from medicines until they had re-trained and had their competency checked and they would be speaking with all seniors concerned about why the daily checks had not identified the concerns. They explained they would review their system to ensure checks identified issues in future.

People, relatives and staff were engaged in the service. We found there were regular opportunities for people, relatives and staff to share their feedback about the service. We saw positive feedback had been received about the service for example, one visitor had commented about how well staff had supported someone that was unwell. Another relative had commented about how caring the staff were towards people. We were shown comments made by an agency worker to the registered manager which stated, "My religion is Islam, when I came to work here staff asked me if I needed time and a space for prayer". This showed the registered manager had systems in place for people and staff to share their feedback.

Staff received regular updates to their training. The registered manager had a system in place to monitor when staff required their training to be refreshed. We saw staff had their competencies checked, further training and checks were carried out if there was an incident. For example, if there was a medicines error, staff were unable to carry out medicines until they had repeated their training and had their competency re-assessed. The records we saw supported what we were told.

Accidents and incidents were monitored. The registered manager carried out reviews of accidents to look for any changes that were required. For example, one person had over reached and fallen from a chair. The person had been given a grab stick to help them and they had not fallen since. Where people had incidents

their care plans were updated to reflect any changes required. This meant the registered manager had a system in place to learn from accidents and incidents.
The registered manager had systems in place to monitor when people required their care plans reviewed, updates to their mental capacity assessments and applications for DoLS, this ensured people received consistent care and support. They also tracked when staff required supervision and meetings to discuss their progress. This showed the registered manager had systems in place to monitor the service. We found there were systems in place to check on the quality of the service people received. This included infection control, health and safety and the building. We saw these checks helped the registered manager to monitor the service people received. We found the provider also carried out checks, for example, all incidents were reviewed by the provider to look for patterns and promote change and learning. This showed there were systems in place to ensure people received good quality care.