

Pine Health Care Services Limited

Stevenage

Inspection report

27 Brimstone Drive
Stevenage
SG1 4FX

Tel: 07919382837

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Stevenage, also known as Pine Health Care Services, is a domiciliary care service providing personal care and support to 6 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support:

People were involved in planning their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had good awareness on how to promote dignity and independence and treat people with respect.

Staff had the appropriate training and skills for their role. Additional training was planned to help ensure they had the correct skills for to support people with a learning disability for future planning. People felt safe and staff knew how to recognise and report any concerns or abuse. Accidents and incidents were monitored and there was a system for sharing learning from any events or incidents.

Right Care:

People had individual risk assessments in place and the registered manager observed staff and checked with people to ensure they were being used appropriately and safely.

There was a robust recruitment process to help ensure people were supported by staff who were suitable to work in a care role.

People were supported staff who were kind and knew them well.

Right Culture:

The registered manager had quality assurance systems in place to give themselves good oversight of the service provided. The registered manager carried out checks to satisfy themselves the service was performing safely and in line with regulation. We received positive feedback from people, their relatives and staff about the registered manager.

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

Rating at last inspection

This service was registered with us on 23/07/2021 and this is the first inspection.

Why we inspected

This inspection was carried out to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Stevenage

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 13 June 2023 and ended on 26 June 2023.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 1 person who used the service and reviewed the feedback from 2 other people. We received feedback from 3 relatives about their experience of the care provided. We spoke with the registered manager and received feedback from 6 staff members. We reviewed a range of records. This included 2 people's care records and medication records. We looked at 1 staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed reports from other professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they or their family members were safe.
- There had been no safeguarding incidents however there were systems in place to report to us if needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the service or externally. Staff felt they could raise any concerns with the management team but had not had the need to do so. A staff member said, "I would report to the [registered] manager. I am yet to come across a situation where I need to raise concerns in relation to abuse."

Assessing risk, safety monitoring and management

- People and relatives told us they felt staff worked safely. One person said, "Yes I feel safe with them."
- People's individual risks were assessed and reviewed. Other risks, such as environmental risks which included general household risks were also considered. Reviews and updates were completed when needed.
- Staff told us the registered manager checked they were working safely.
- People had individual risk assessments. Relatives told us staff were aware of people's individual risks.

Staffing and recruitment

- People, their relatives and staff told us there were enough staff available to meet peoples' needs. People, relatives and staff told us there had not been any missed care calls and records showed staff provided people's care within agreed timeframes in most cases. A person said, "They are mainly on time, and never missed a visit." A relative told us, "Visits have always taken place on time and in full."
- However, another relative told us at times staff were late but they had not raised it with the registered manager. We discussed this with the registered manager who told us, "We say to people and families we aim to be there within 15 minutes of the time, if we are running late, even 10 minutes, I will call them." A staff member said, "There is enough staff to meet people's needs and we are always on time but we might be delayed with one of the clients, we quickly inform the manager that we are running late."
- The provider had a recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team carried out checks to help ensure staff were working safely and in accordance with training.

- Staff supported some people with administering their medicines and just prompted others to take theirs as needed.
- The registered manager carried out audits to help ensure medicines were managed safely.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance.
- Staff told us they had access to a good supply of personal protective equipment (PPE). They were clear on what was needed to promote good infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly.

Learning lessons when things go wrong

- The provider had systems to help ensure learning from events, incidents or accidents.
- The learning from these events was shared with staff during training and meetings. A staff member said, "We're kept updated about changes to legislation and policies. The management team always share the information about any lessons learned from a complaint, for example if the client is not happy, they always inform us."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People and their relatives told us they felt the service was well prepared to meet their needs.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained and knowledgeable for their role. A relative said, "I believe they are [well trained]."
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. Training to enable them to provide support for people with needs associated with their service user bands, including children and people with learning disabilities, was planned to ensure staff were skilled prior to providing this care.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt very supported.
- New staff had a full induction. This included training, shadowing experienced staff members and reading the care plans of people they would be supporting, as well as getting to know them.

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

- People and their relatives said staff supported them well with eating and drinking. A relative told us, "A recent example is that [person] refused a drink at breakfast time, but the carer encouraged them to have a coffee knowing that it's important for them to keep their fluid levels up."
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health or social care professionals as needed. The registered manager told us about referrals made to teams such as occupational therapy and speech and language therapists.
- Staff all knew what to do if a person became unwell or needed additional support. They were expected to inform the registered manager so they could ensure appropriate support was sought.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff always asked for consent when supporting them. A relative said, "My relative is extremely elderly and has limited mental capacity to make decisions, however the carer does involve them and guide them in the decision-making process."
- People had mental capacity assessments completed when needed. Some relatives took the lead for people. We discussed with the registered manager the need to ensure relatives had the legal authority to make decisions about people's care or to discuss with social workers to ensure advocacy was available for people should it be needed.
- Staff received training in the Mental Capacity Act and knew how to put this into practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff always treated people well and they felt respected. A person told us, "They (staff) are always respectful."
- People were supported by staff who had taken the time to get to know them well. A relative said, "It's a small care team, which means that the carers know my relative and are familiar with their care needs."
- Staff were encouraged to get to know people and what was important to them. They told us there was time to spend with people and make sure they had what they needed, in a way they chose. This included observing existing staff when they were to support a person they had not cared for before. A staff member said, "The service always ensures that the client is happy and all their needs are met on time and we always do more than expected. So far everything is going well."

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

- People and their relatives told us they were involved in decisions about their care. One person said, "I definitely decide what I want." A relative said, "I'm fully involved in all aspects of planning and reviewing their care."
- People's care plans included a record of people's involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's privacy, dignity and independence.
- The registered manager and staff told us how they considered people's dignity by ensuring people were covered as much as possible during personal care and curtains were closed. They told us how they ensured staff spoke with people throughout care and explained what they were doing, offering people the choice to carry out tasks themselves if able to help maximise people's independence, dignity and privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People were happy with the care they received and felt they were supported in their chosen way. One person said, "They are very helpful." A relative said, "My relative is happy with the care they receive, and it seems to be pitched appropriately for their needs. I like that if there are any specific queries or concerns that the carer rings or messages me to keep me informed."
- Care plans were very detailed and gave clear information to staff so they could support people safely and appropriately. These plans and care notes were accessible through an electronic system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When care plans were developed at the start of supporting a person, any specific needs or preferences for communication were assessed. The registered manager advised they can provide all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- Care plans included details about communication needs and prompted staff to check people had any aids they needed, such as hearing aids and a charged mobile phone.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not had any complaints, but all said they would be confident to raise a complaint if the need arose. One person said, "I would speak up if I needed to." One relative said, "I am fully confident to raise issues with them."
- The provider had not received any complaints but had a system in place to record and monitor complaints for if they received one.

End of life care and support

- At the time of the inspection the service had not yet supported people at the end of their life. The registered manager had been in contact with a local care providers association to ensure training was in place for future planning.
- Staff were made aware of when they may need to report changes to a person's condition, indicating the end of life may be approaching.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives said the registered manager was approachable, friendly and accommodating. A relative said, "I met the [registered] manager when the care plan was first discussed and put in place."
- Feedback about the culture and approach of the service was positive. A relative said, "My impression is that this is a well-run and tight knit team."
- Staff told us the service had a person-centred approach and they enjoyed working for the service. A staff member told us, "There is unity and I enjoy working with the team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues.
- The registered manager accompanied care staff on visits to understand what service was provided and to help ensure people knew they could speak with them.
- The registered manager provided guidance and support for staff. Staff told us they found the management team approachable and helpful. A staff member told us how the registered manager checked they had settled since arriving in the UK, ensuring they had a GP and everything they needed. Another staff member said, "The service is reliable. The registered manager always carries out spot checks. They always inform me in decision making and they take my views in consideration."
- There were audits across key areas of the service. For example, care plans and medicines. This information was added onto an action plan to highlight any areas that needed addressing.

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

- People and their relatives were positive about how the service engaged with them and they felt their views were listened to. A person said, "[Registered manager] asked me how things were going." A relative said, "We communicate via phone and WhatsApp and [registered manager] responds promptly to messages."
- People's feedback was sought through surveys and quality assurance calls or visits with the registered manager. The feedback was collated so any actions could be developed.
- Staff feedback was sought through surveys and observed practice sessions with the registered manager. Staff were positive the service and the management team. A staff member said, "We do get asked about our

views because we know the clients more and the [registered] manager asks what courses or training you want to do."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were planning additional training for staff to help build their knowledge and skills.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. For example, health and social care professionals such as the GP, occupational therapists, social workers and equipment services.