

Pine View Care Homes Ltd

Pine View Care Home

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

The inspection took place on 15 May 2017, and the visit was unannounced.

Pine View Care Home is a care home that provides residential care for up to 15 people. The home specialises in caring for older people. At the time of our inspection there were 12 people in residence.

Pine View care home had 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.

Staff were subject to a recruitment procedure that ensured staff were qualified and suitable to work at the home, however some staff files did not have a reference from their last employer. They received induction and on-going training for their specific job role, and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse. There were sufficient staff available to meet people's personal care needs and we saw staff worked well in meeting people's needs.

The compliance and care managers' undertook quality monitoring in the home, which then informed the board of directors on the progress of the home. However this had not picked up the shortfalls in care plans, risk assessments or staff files.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Care plans and risk assessments were in place but these could have been improved. People were involved in the review of their care plan, and when appropriate were happy for their relatives to be involved. We observed staff offered people everyday choices and respected their decisions. Staff had access to people's care plans and received regular updates about people's care needs.

People were provided with a choice of meals that met their dietary needs. The catering staff were provided with up to date information about people's dietary needs, and staff sought the opinions of people to tailor their individual meal choices. Medicines were ordered, stored and administered safely and staff were trained to provide the medicines people required. Care plans included the changes to people's care and treatment, and people attended routine health checks.

Staff provided planned activities for people over all seven days of the week. Staff had a good understanding of people's care needs. People were able to maintain contact with family and friends as visitors were welcome without undue restrictions. Staff sought medical advice and support from health care professionals.

Staff told us they had access to information about people's care and support needs and what was important

to people. Staff knew they could make comments or raise concerns with the management team about the way the service was run.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals. We received positive feedback from visiting professionals with regard to the care offered to people and professionalism of nursing staff. Staff were aware of the reporting procedure for faults and repairs and had access to the maintenance to manage any emergency repairs.

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.

Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them or their relatives to ensure their views were supported. People were supported by sufficient numbers of staff to ensure their safety at all times, however some staff files did not have a reference from their latest employer. Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed essential training to meet people's needs safely and to a suitable standard. Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 and asked for people's consent to care before it was provided. Staff provided an effective service that met people's dietary choices and their healthcare needs were planned for, supported and provided.

Is the service caring?

Good ●

The service was caring.

Staff were caring and supportive and treated people as individuals, recognising their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way. People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and they were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People felt confident in raising concerns or making a formal complaint if or

when necessary.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who developed an open and friendly culture in the home. The provider used audits to check people were being provided with good care and to make sure records were in place to demonstrate this. Though some of these checks had not revealed shortfalls in care plans, risk assessments and staff files.

People using the service and relatives had opportunities to share their views on the service. There was a business continuity plan to ensure the effective running of the service in an emergency.

Pine View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The unannounced inspection visit took place on 15 May 2017 by two inspectors. Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Pine View care home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We considered this information when planning our inspection to the home. We spoke with commissioning staff from the local authority who told us they had undertaken a quality monitoring visit, and found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make.

During this inspection, we asked the compliance manager to supply us with information that showed how they managed the service, and the improvements regarding management checks and governance of the home following our previous visit. We later asked the registered manager to send further information as this had not been sent following the inspection.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used observation to help assess whether people's needs were appropriately met and they experienced good standards of care.

To gain people's experiences of living at Pine View care home, we spoke with four people. We also spoke with a director of the company, the compliance manager, care manager and three care staff. We looked at three people's care records to see how they were supported. We looked at other records related to people's care such as medicine records, daily logs and risk assessments. We also looked at quality audits, records of complaints, incidents and accidents at the home and health and safety records.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I'm safe here because the staff look after me." Another person said, "I feel safe here during the day and night." We saw that staff continually checked on people's well-being and ensured they were comfortable and safe.

Records showed that staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people using the service. The staff we spoke with understood their responsibilities with regard to safeguarding and knew who to tell if they had any concerns about abuse. One staff member told us, "I would report it [any suspected abuse] to the manager straight away."

The provider had policies and procedures on safeguarding in place which staff could follow if they had any concerns about a person being at risk. There was also a policy on equal opportunities to help ensure people were protected from discrimination when using the service.

We looked at how risks to people using the service were managed so as to keep them safe. Records showed that people had care plans and risk assessments in place covering their physical and mental health needs. The aim of these was to ensure staff had the information they needed to keep people safe. Although some of these were fit for purpose, a few were in need of improvement.

One person's records stated they could become 'agitated' when staff provided them with personal care. Staff were told 'to reassure [the person] and leave them to calm down and to observe from a distance'. However staff were not told what the actual triggers were that might make the person become 'agitated' and whether approaching them in a different way might make the personal care more acceptable to them. Nor were they told how best to 'reassure' the person, for example by listening to a particular piece of music or holding a treasured item to help them feel calm.

Another person had a care plan and risk assessment in place due to frequently feeling 'paranoid' and that 'people [were] out to get them'. Staff were told to provide this person with 'reassurance' every morning. However there was nothing in the person's daily notes to show that staff were doing this. Nor were staff told how to reassure this person, for example what words, phrases, conversation or other type of communication might best comfort them.

Another risk assessment needed re-organising to ensure that key information was easily accessible to staff. During our inspection visit we saw that staff always placed support cushions around one person whenever they were seated. We asked staff about the cushions and they said the person needed them to stabilise their position and prevent them leaning to one side. However the person did not have a risk assessment or care plan in place for this, although it was referred to in the summary of their needs.

Another risk assessment had not been updated despite changes in the person's behaviour. This person had a mental health care plan and risk assessment for 'verbal aggression' which had been in place for over six

months. However during that time staff had recorded two incidences of the person being physically aggressive toward staff. Although records showed staff had responded appropriately when this had happened the person's mental health care plan and risk assessment had not been re-written to take into account this new risk to the person and staff.

Our observations on the day confirmed that people were being supported safely. We discussed these issues with the management team they agreed to re-write care plans and clarify one risk assessment. They also agreed to review all the care plans and complete new risk assessments where necessary. This will help to ensure that staff have the latest information they need to keep people safe.

During our inspection visit there were enough staff on duty to keep people safe and meet their needs. We saw that staff were available in all areas of the service and were prompt in coming to people's assistance. The rota showed the staffing levels we found were consistent with the service's usual staffing levels. We observed that staff were able to meet people's needs as well as spend time conversing with them to help ensure they felt safe and well-cared for.

People's plans of care and risk assessments made it clear whether they needed one or more members of staff to assist them with various activities of daily living, for example mobilising and being supported with personal care. Records showed staff were following this guidance. The staff we spoke with understood the different needs of the people using the service and the number of staff they needed to support them safely.

Records showed that the provider carried out a number of background checks to ensure the staff employed were safe to work with the people using the service. Most of these had been carried out, however two staff did not have a reference from their most recent employer. We discussed this with the management team who said it was likely previous employers had been approached for a reference, but they may not have replied. While this is understood, no record had been made to show this, nor of any follow-up phone call that might have been made to check on the suitability of the applicant. The management team said that in future this would be done and a record kept.

In addition the rota did not make it clear which staff were undertaking caring duties and which were employed on each shift in other roles, for example as cooks or cleaners. The rota what tasks each member of staff were engaged in each day. However, it did show which senior member of staff was on call each day and night, so staff knew who to contact if they needed advice or support.

One person told us, "I always receive my medicines on time." Another person said, "The staff bring my medication to me when I need it."

We found that medicines were stored securely and at a temperature to ensure they remained active. We looked at the medication administration records (MARs) for four people which were kept with the medicine. All the MARs were signed appropriately, and had people's photographs in place to reduce the risks of medicines being given to the wrong person. Information about identified allergies and people's preference on how their medicine was offered was also included. This helped to ensure that people received their medicines safely. People in receipt of 'as required,' or PRN medicines, had instructions added to the MARs to detail the circumstances when these should be given and the maximum dose the person should have in any 24 hour period. This showed that people were safe from taking excessive medicine.

Staff who administered medicines told us they had received training to ensure people's medicines were administered appropriately. Staff told us that the care manager had observed their practice to ensure they continued to administer medicines safely. We viewed the training matrix which confirmed staff had

undertaken regular medication training.

Staff understood the signs and symptoms that some people displayed when they required PRN to be given to them. A staff member said, "I would ask a person if they needed their PRN medicine and look at the signs such as a rubbing their arm or leg." We observed how staff administered medicines to people. People were being offered pain relief which was prescribed on an 'as required' basis. We saw staff encouraged people to take their medicine, and provided explanations to what they were. Staff stayed with people to ensure their medicines were taken, which demonstrated that staff understood the safety around administering medicines.

Is the service effective?

Our findings

People told us they felt that staff were trained to support their needs effectively. One person said, "I know staff go on training as one of staff told me that they had just been on a [training] course."

Staff told us they had received training and support to provide them with the skills and knowledge necessary to meet the mental health needs of people who lived at Pine View care home. They told us they received training each year which was considered essential to meet the health and safety needs of people. This included food hygiene, fire training, and safeguarding. They also told us they received training about care of people mental health conditions. We confirmed the courses staff had undertaken with a copy of the training matrix sent following the inspection.

Staff had also undertaken training to support them in their roles as health and social care workers. The staff we spoke with had undertaken induction training before commencing national vocational qualifications (NVQs) in health and social care. We spoke with the care manager who explained that the staff group had all completed induction training; and for some of the newer staff this was in line with the Care Certificate. This is nationally recognised training on a number of essential care issues.

The care manager told us staff were supported in their work with regular supervision meetings. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. Staff told us they received individual supervision meetings throughout the year, which included an annual appraisal. Staff felt the supervisions and appraisals were useful and a two way process of looking at what they were doing well and what they could be helped to improve on. We were told the supervision sessions focused on attendance, attitude and ability. We saw that the care manager had a staff supervision plan in place, for staffs' future support.

We heard staff asking for people's consent before offering care and support. Staff understood the principles of the Mental Capacity Act. Staff told us they had received training to understand the Act, and this included information about Deprivation of Liberty safeguards (DoLS). A member of staff told us there was one person who lived at the home who required a DoLS. We asked the member of staff what they would do if they refused personal care. The member of staff told us they could not force the person but would look at trying to encourage them or leave them for a while and ask another member of staff to approach them. They told us if the person continued to refuse and it became a health issue, they would speak with the registered manager and see what further action could be put in place. That demonstrated staff were effective in their support of people's needs.

Staff told us they had received training to manage people's behaviours safely. One member of staff told us one person got angry occasionally and raised their voice. We asked them how they dealt with that type of situation. The staff member said, "We just try to diffuse the situation, and distract them with a cup of tea." They went on to say this usually calmed the person down. Staff had also had training to recognise changes in people's health conditions. One member of staff described how they knew a person who had a lifelong health condition and how to remedy the symptoms. This indicated an effectively trained staff group.

People were supported to have enough to eat and drink. People told us they had sufficient amount to eat and drink. One person told us, "The food is good and the staff know what my favourite meal is." He then called out to staff asking them what this was and nodded when they got it right. They added, "The staff know me and what I like to eat and they cook beautifully."

People were made aware of the choices for lunch as the menu was displayed in the dining room. A member of staff told us people had a choice at breakfast, lunch and tea, with supper being served in the evening which included a selection of sandwiches. The main meal was at lunch time, which included choices for people with cultural requirements. Staff were aware of people's individual likes and dislikes in relation to food, and were also aware of people's religious and cultural requirements. Information on people's individual food requirements, for example, a special diet or particular way their food was prepared was available for all staff in the kitchen. We saw people having regular drinks with a choice of hot and cold drinks available throughout the day. This prevented people suffering from dehydration.

People told us they had regular visits from the doctor, dentist, optician and specialist healthcare appointments. One person said, "The staff will call the doctor if I need one."

Is the service caring?

Our findings

All the people we spoke with said they liked the staff. One person told us, "I didn't ask to come here but I'm glad I did because the staff are lovely. They make me laugh." They said a particular staff member sometimes brought them chocolate and toffees as a treat which made them feel special. Another person told us, "The staff are very kind and they help me get ready in the morning."

During the morning of our inspection visit we spent time in the dining room where some of the people using the service were enjoying a late breakfast. There was a homely atmosphere with staff going in and out of the adjoining kitchen bringing people food and drinks and talking with them. Relaxing music played in the background. When another person appeared staff greeted them warmly and offered them a cup of tea.

When people finished their breakfast staff asked them what they wanted to go next, for example, did they want to go into one of the lounges, or the conservatory, or to their rooms. Some people opted to stay in the dining room and sit with staff who were clearing tables and writing up notes. One person chose to go back to their bed for a lie down and staff assisted them to do this. This showed that staff had a relaxed approach and encouraged people to choose their own routines.

Throughout our inspection visit we observed staff treating people with kindness and compassion. When one person became agitated staff immediately offered reassurance and sat with the person and talked with them until they were calmer. We saw that they knew just what to say to make the person smile and begin to look happier. It was clear that staff knew the people they supported well and had trusting relationships with them. Some of the staff had worked at the service for a number of years which helped to ensure people had the continuity of care of staff familiar to them.

People's care plans included personalised information so staff could learn about their histories, families, hobbies and interests. For example, one person had a favourite song which all the staff knew and could sing which the person liked. Another person liked to talk about where they were born and their previous occupation. We saw staff conversing with them and asking them questions about their life, which the person enjoyed.

We looked at how staff supported people to express their views and be actively involved in making decisions about their care and support. Care plans stated whether people were able to make their own decisions. For example one person's stated 'can understand and make all decisions with regard to day to day living' and 'any complex decisions are to be passed through family and social services'. This helped to ensure that staff could support people to determine their own lifestyles and daily routines. We observed that staff always asked people for their permission before providing them with care and their consent was recorded in their daily notes.

Throughout our inspection visit we heard staff say 'it's your decision' when offering choices to people, for example whether or not people wanted to take part in activities, and what food and drinks they wanted to have. One person told us they could do what they liked at the service and said, "I'm as free as the wind here."

We observed that staff knew how to protect people's dignity and privacy. They knocked on people's bedroom doors before entering, called people by their preferred names, and were polite and respectful in all their dealings with them.

The majority of records we saw were also written in a respectful manner. However one of the service's printed forms that staff used to assess people's 'mental condition' when being hoisted used negative language to describe a person's mood. We discussed this with the management team who agreed to update the form using more dignified descriptions.

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs.

We looked at three care plans which included pre-admission assessments. Care records showed that where possible, people, or their family members', where relevant, were involved in contributing to assessments and care plans. The care plans demonstrated that staff had asked people questions about what was important to them and how they wanted to live their lives at Pine View care home.

We spent time with one person being cared for in their room. We saw this person had been made comfortable and warm in bed with blankets and pillows with the window of their room opened slightly to allow fresh air in. This person had care plans, risk assessments and observation charts in place for staff to follow to ensure their needs were responded to. We checked the person's observation charts and saw that staff were regularly monitoring their well-being and completing personal care, food and fluid, and turning charts. While we were with the person a staff member came to their room to check on them. They introduced themselves to the person, completed their charts, and spoke kindly to them while tucking their blankets around them. This was an example of staff providing responsive care and support.

Care plans were reviewed on a regular basis. People were asked if they wanted to be involved in care plan reviews, and we saw that people chose when to be involved or not. Care planning was linked to people's needs and written in a person centred way. This included information about people's preferences and, where possible, included their life histories. Care plans contained information about people's individual health and dietary needs for staff to respond to these needs.

Staff told us people were offered activities that responded to their needs. We saw various games and pastimes located in the lounges and dining room, though we did not see staff engaging with the people at this time. We did, however, see staff sit and speak with people when they had time. At other times we saw people listening to the radio and watching the television.

Throughout our inspection the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people had the opportunity to make choices about moving around the home, including going into the garden. Staff described how they offered people choices about what they wanted to wear, by holding up two garments, if they were not able to respond orally.

We observed staff responded promptly to people's requests for assistance throughout our visit. We saw an activities plan in the foyer of the home, which suggested what pastimes staff could offer people.

The provider had systems in place to record complaints. People we spoke with said they knew how to make a complaint, and indicated they were satisfied how staff dealt with any issues. People told us they felt staff would take any complaint seriously and act accordingly. Records showed the service had received no complaints in the last 12 months.

Is the service well-led?

Our findings

People we spoke with during the inspection gave us positive opinions about the service, the care manager and staff. One staff member said the care manager was approachable and helpful. They told us, "If there's anything I don't know I just ask [the care manager]. She is really helpful and has taught me a lot." They told us about some of the training they had completed including a moving and handling course. They said, "I learnt to use the hoist and now I feel confident using it."

The service had a registered manager who understood their responsibilities in terms of ensuring that we were notified of events that affected the people, staff and building. The registered manager had a clear understanding of what they wanted to achieve for the service and they were supported by a compliance manager, care manager and the staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if necessary.

All staff had detailed job descriptions and had regular team and supervision meetings which were used to support staff to maintain and improve their performance. Staff had access to the provider's policies and procedures to assist them in providing a quality service. Staff understood their roles and this information ensured that staff were provided with the same information which was used to provide a consistent level of safe care. Staff told us they could make comments or raise concerns with the management team about the way the service was run.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. The care manager oversaw staff that carried out a range of scheduled checks and monitoring activity. This provided assurance that people received the care and support they needed. The registered manager had also appointed a compliance manager to oversee the development of the home. The compliance manager spent time in the home, supervised the care manager and staff and produced reports on their weekly visits. These regional manager's reports were reviewed by the provider, which meant the provider knew how the service was performing and could then take action if needed.

The care manager understood their responsibilities and displayed a commitment to providing quality care in line with the provider's vision and values. Staff were aware of their accountability and responsibilities to care and protect people and knew how to access managerial support if required.

We saw the system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. There was a company appointed maintenance person who undertook these repairs. Staff were aware of the process for reporting faults and repairs, and the 'business continuity plan' was available in the office. This file included instructions where gas and water isolation points were located and emergency contact numbers if any appliances required repair. The care manager confirmed she knew where the file was kept. That meant the management team could quickly contact external contractors for maintenance and any emergency repairs.

Staff were aware of the procedure for recording and reporting faults and repairs. Records showed that

essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained.

We discussed the checks and audits the care manager and staff conducted in order to ensure people received the appropriate support and care. The care manager told us there were regular audits undertaken by the staff in order to ensure health and safety in the home was maintained. We saw records of the checks that had been undertaken to ensure the building was safe for people. These checks included the medicines system, care plans, accidents and incidents and people's weight loss or gain and their nutritional and dietary requirements.

However an improvement was needed to data protection at the service. During our inspection visit we saw that staff mobile numbers and holiday dates were displayed on a noticeboard in the conservatory which could be accessed by staff, people using the service, and relatives. This information was private. We discussed this with the management team who agree to remove this information and store it securely.

There were regular meetings held for the people who used the service and their family or friends where they were enabled to share their views about the service. We viewed the minutes from the changes suggested which included meal and menu changes. People had access to the minutes of the meetings. This provided evidence of the changes implemented following the meetings. We also viewed the last two quality assurance questionnaires, provided to people who lived in the home and their relatives. These indicated people were satisfied with the service provided, and did not include any suggestions for changes or improvements.

The commissioners who funded people's care packages shared their contract monitoring report with us. The report showed that the home was meeting the quality standards set out in the contractual agreement.