

Mrs S J Nesarajah

The Pines

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Pines is a residential care home registered to provide personal and nursing care for up to 11 people living with dementia or a physical disability. There were nine people using the service at the time of our inspection.

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

The provider failed to involve some people, their relatives and professionals where relevant and had not maintained a record of decisions made in their best interests, in line with the Mental Capacity Act 2005. The provider had not identified an issue that we found at this inspection and taken action to improve in a timely manner.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions. The registered manager had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs. They encouraged and empowered people and their relatives to be involved in service improvements. The provider had worked in partnership with a range of social and healthcare professionals.

People gave us positive feedback about their safety and told us staff treated them well. The registered manager and staff understood what abuse was, the types of abuse and the signs to look for. Staff completed risk assessments for every person and they were up to date with clear guidance for staff to reduce risks. There were enough staff on duty to support people safely and in a timely manner. Staffing levels were consistently maintained to meet the assessed needs of people. The provider carried out comprehensive background checks of staff before they started work. Medicines were managed safely. Staff kept the premises clean and safe. The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again.

Staff carried out pre-admission assessments of each person's needs to see if the service was suitable and to determine the level of support they required. Staff received appropriate support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach the registered manager, at any time for support. Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. The provider had strong links and worked with local healthcare professionals in a timely manner. The provider met people's needs by suitable adaptation and design of the premises. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments.

Staff asked for people's consent, where they had the capacity to consent to their care. Some 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 showed an understanding of equality and diversity. They supported people with their spiritual needs where requested.

Staff involved people or their relatives in the assessment, planning and review of their care. Staff respected people's choices and preferences. People told us staff treated them with dignity, and their privacy was respected.

Staff recognised people's need for stimulation and supported them to follow their interests and take part in activities. People responded positively to these activities. Staff had developed care plans for people based upon their assessed needs. Care plans were reviewed on a regular basis and reflective of people's current needs. People told us they knew how to make a complaint and would do so if necessary. The provider had a clear policy and procedure for managing complaints. The provider had a policy and procedure to provide end-of-life support to people.

Rating at last inspection – The last rating for this service was good (report published on 8 June 2017).

Why we inspected - This was a planned inspection based on the rating at the last inspection.

Enforcement – We have identified one breach of regulation. The provider had not always worked within the principles of Mental Capacity Act (MCA). Please see the action we have told the provider to take at the end of this report.

Follow up - We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Pines

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked 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.

Inspection team

This service was inspected by one inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people. One inspector returned to the service on the second day, to complete the inspection.

Service and service type

The Pines is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider was not 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 sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

During the inspection, an expert by experience spoke with three people to seek their views about the service. We also spoke with three members of staff, the deputy manager, and the registered manager.

We reviewed a range of records. This included three people's care plans, risk assessments and medicines records. We reviewed three staff files in relation to recruitment, induction, training and supervision. We also reviewed records relating to the management of the service which included policies and procedures, health and safety checks, accidents and incidents, surveys, minutes of meetings and various quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us in relation to best interest decision making process. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People gave us positive feedback about their safety and told us staff treated them well. One person told us, "I feel safe and nobody is bothering me, and nobody came into my room uninvited." Another person said, "I feel safe and happy, and staff take good care of me here. I have been here 10 years, I like it here."
- The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary.
- Staff we spoke with told us they completed safeguarding training, and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to ensure people were kept safe.
- The service had a policy and procedure for safeguarding adults from abuse. They worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.

Assessing risk, safety monitoring and management

- Risk assessments were completed for every person. These included risks around manual handling, falls, eating and drinking, and pressure sores. This meant that risks were mitigated to help keep people safe.
- Risk assessments were up to date with detailed guidance for staff on how to reduce individual risks. For example, we saw guidance in place from the Speech and Language Therapist (SALT) where one person had been identified as being at risk of choking. We observed staff following this guidance and providing appropriate support to the person in the dining area, and for another person in their bedroom during a lunchtime meal; to manage the risk.
- Staff were aware of appropriate moving and handling techniques. For example, we observed staff supporting a person to move from chair to wheel chair, wheel chair to chair and they did so correctly. We also saw a new member of staff being trained to do this.
- The service had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- Staff and external agencies, where necessary, carried out safety checks on the environment and equipment such as hoists and the safety of electrical and gas appliances.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. The registered manager and the deputy manager carried out regular reviews of people's needs to determine staffing levels.

- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.
- The service had a call bell system for people to use when they required support and we saw staff responded to requests in a timely manner to ensure people's needs were met.
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment history, references, criminal records, proof of identification and the right to work in the United Kingdom.

Using medicines safely

- The provider had a medicines policy and procedures which gave staff guidance on how to support people to manage their medicines safely.
- Staff administered prescribed medicines to people which met their needs.
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.
- We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably.
- Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The numbers on the MARs when reviewed matched with the numbers of medicines in stock.
- The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give the medicines, the required dosage and how often the dose should be repeated to ensure these were given as required.
- The service had policies and procedures for the safe disposal of unused medicines.

Preventing and controlling infection

- Staff kept the premises clean and safe. They were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy.
- We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection.
- Staff told us they washed their hands before and after any procedure. They used protective equipment like gloves and aprons when necessary and appropriately changed these to prevent transferring infection.

Learning lessons when things go wrong

- The service had a system to manage accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the registered manager to improve safety and prevent reoccurrences. Records showed that this had been discussed with staff during staff meetings to aid learning.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found for some people, where they lacked the capacity to make important decisions for themselves the provider had not involved people, their relatives and professionals where relevant.
- The provider failed to maintain a record of decisions made in people's best interests, in line with the Mental Capacity Act 2005. For example, in relation to wheelchair seat belts, flu vaccination and activities of daily living.
- We brought the above to the attention of the registered manager, and they told us they would review all the people who required best interests decisions and take appropriate action straight away.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider was working within the principles of MCA. This placed people at risk of harm. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately during and after the inspection. They sent us supporting documents to show all the actions about people who required best interest decisions had been completed.
- We saw some areas of good practice, the registered manager worked with the local authority to ensure the appropriate MCA assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.
- Staff we spoke with understood the importance of gaining people's consent before they supported them.

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

- A pre-admission assessment was carried out for each person's needs to ascertain if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition and social activities.
- Where appropriate, people and their relatives were involved in these assessments. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- People told us staff provided care and support that met their needs.
- The provider arranged training for staff to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a comprehensive induction training when they first started work.
- Training records showed staff had completed mandatory training in areas including basic life support, food safety, health and safety, infection control, moving and handling, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- Records showed the provider supported staff through regular supervision and yearly appraisals. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans.
- Staff told us they felt supported and could approach the registered manager, at any time for support.

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

- Staff assessed people's nutritional needs and supported them to have a balanced diet.
- People told us they had enough to eat and drink. One person told us, "I really like the food, there is a nice choice and it helps you stay healthy." Another person said, "I have plenty to eat, and I like the food and I can make requests, which they always make happen."
- Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff about who needed soft or fortified diets.
- The service protected people from the risk of malnutrition and dehydration. We saw action had been taken where risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor people's intake. We saw during the inspection staff ensured people were kept hydrated, juices and snacks were available and offered to them throughout the day.
- People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed.
- We observed staff providing support to people who needed help to eat and drink and encouraging them to finish their meal.

Staff working with other agencies to provide consistent, effective, timely care

- The service had strong links and worked with local healthcare professionals including a GP surgery, district nurses, occupational therapist, speech and language therapist and dietician.

Adapting service, design, decoration to meet people's needs

- The service met people's needs by suitable adaptation and design of the premises. The home also had adapted communal bathrooms to support people with limited mobility where required. The stairlift was in operation and was serviced to be safe.
- People's bedrooms were personalised and were individual to each person. Some people had brought personalised items from home which had been used to make their rooms familiar and comfortable.

- Access to the building was controlled to help ensure people's safety.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services.
- A GP visited the home as and when necessary. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their GP in every person's care record.
- Staff completed health action plans for people and monitored their health and supported them to attend appointments.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans included details about their ethnicity, preferred faith and culture to ensure that staff could provide personalised care.
- Staff showed an understanding of equality and diversity. One staff member explained how they supported people to follow their faith and belief.
- Staff we spoke with confirmed people were supported with their spiritual needs where requested. For example, staff supported people to visit place of worship to practice their faith.
- We observed throughout the inspection, numerous interactions between staff and people. All were unhurried, caring and personalised.

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

- Staff involved people or their relatives in the assessment, planning and review of their care.
- Staff respected people's choices and preferences such as the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day.
- One person preferred to go out on several shorter walks throughout the day and staff supported them. This person told us, "I like walking, I like going out, I have the route all mapped out."
- We saw staff addressed people by their preferred names or titles in line with the information in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and their privacy was respected.
- People were supported to maintain their independence. We saw people with mobility aids mobilising independently in the home. Staff told us they would encourage people to complete tasks for themselves as much as they were able to.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- We noticed people's bedroom doors were closed when staff delivered personal care.
- People were well presented, and we saw examples of staff helping them to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff recognised people's need for social stimulation and supported people to follow their interests and take part in activities.
- The service arranged various activities daily. These included art therapy, music, and walks.
- People responded positively to these activities. For example, we observed people engaging in walking and the lengths and routes were decided by people. One member of staff told us, "One person [name] liked to walk to a large tree near the home, and spend time looking up through the branches and leaves, listening to it. That was what they wanted to do with their walking time. [name] was taking pleasure from this experience, so we help them spend time there."
- We saw when the music service on the TV had come to an end and it was now a shopping channel. One person independently managed to change the channel to another music by using the TV's touch control screen. The music was entertaining all three people present, who were moving parts of their body rhythmically to the beat of the music.
- Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of people was useful to them when interacting with people who used the service.
- Care plans were reviewed on a regular basis and reflective of people's current needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.
- People were supported to maintain and develop relationships with those close to them. The home also organised social events and relatives were invited to promote relationships.
- Relatives told us there were no restrictions on visiting and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. None of the people we spoke with had needed to complain.
- The provider had a policy and procedure for managing complaints. We saw in every room, there was a notice board with the complaints procedure and this has been adapted for people's communication needs.. The service had provided a stamped envelope address to CQC for people to use if needed.
- The registered manager told us that there had been no formal complaints received since the previous inspection. Records we saw confirmed this.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager

was aware what to do if someone required end-of life care. Staff received training to support people if they required end of life support. However, no-one using the service required end-of-life support at the time of our inspection.

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.

- Staff communicated with people in the way they understood. We saw there were individualised communication systems in place and the staff were in tune with them. For example, one person used Makaton (a language programme that uses signs and symbols to support people who have communication difficulties) and with non-verbal body movements. Another person communicated in short words and repeating two or three words over again.
- The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard. We saw complaints information in suitable formats in people's room.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- We found some improvements were needed, in relation to recording and monitoring some aspects of the best interest decision making process.
- The provider had not identified an issue that we found at this inspection and taken action to improve in a timely manner. However, following the inspection feedback, the registered manager acted promptly.
- However, the service had a positive culture, where people and staff told us they felt the registered manager cared about their opinions and included them in decisions.

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

- People told us the service was well managed, and the care and support was meeting their needs. One person who had stayed at the home and then moved on to an independent living accommodation, had written a nice letter appreciating the care staff, the registered manager and the environment they lived in.
- The service 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.
- The registered manager had knowledge about their roles and responsibilities, people living at the home, and made sure they kept staff updated about any changes to people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The registered manager interacted with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. Staff commented about the registered manager as "good" and "very supportive."
- The service had systems and processes to assess and monitor the quality of the care people received met their needs. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments, food and nutrition, infection control and night visits by the registered manager.
- The registered manager encouraged and empowered people and their relatives to be involved in service improvements.
- We observed people, relatives and staff were comfortable approaching the registered manager and their

conversations were friendly and open.

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

- The provider sought people's views using satisfaction surveys. We found all the responses were good. Some of their comments included, "Very satisfied with the service provided, cannot think how to improve." A relative said, "As a regular visitor, I am aware that general care, health, diet and general well-being is very well carried out by friendly caring staff."
- The registered manager held meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. This included details of any changes in people's needs, guidance to staff about the day to day management of the service and discussions about co-ordinating with health and social care professionals.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals. For example, they worked with dietitians, GPs, speech and language therapist, and hospital staff. Records we saw confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to work within the principles of Mental Capacity Act.