

St Philips Care Limited

Pine Trees Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Pine Trees Care Centre is a care home that provides personal care for up to 35 people, some of whom are living with dementia. At the time of the inspection 21 people lived at the service. All of the people lived there permanently. The home was established on one floor with a range of communal areas. These included a dining space, a lounge and a conservatory.

People's experience of using the service:

- Medicines were not always managed safely. The management of external preparations, such as creams and lotions, was not effective. The service could not demonstrate which were in use at the present time. There were not always detailed directions to show where these preparations were to be applied. Records regarding the administration of preparations were not adequate. When medicines were prescribed for use 'When required' there was not always sufficient information for staff to administer these correctly. CQC has previously reported on these matters but improvements had not been made. Other medicines were stored, administered, and recorded appropriately.
- Risk assessment processes were generally satisfactory to reduce the risks to people. However, we had concerns about how risks were managed in relation to two pressure relieving mattresses and a bed rail.
- Infection control procedures were not always effective. For example, hand washing facilities for staff were not always available.
- Safeguarding systems were effective.
- Staffing levels were currently adequate. However, we did receive some reports of perceived staff shortages at weekends. Although the majority of people said call bells were answered promptly there were some reports of significant delay at this time. Recruitment practices were satisfactory.
- Processes to assess whether people had mental capacity were satisfactory and staff had received suitable training in this area.

- Staff had received suitable induction and training. The manager had implemented a supervision and appraisal system.
- People were supported to receive meals in a timely manner which met their dietary requirements. People told us they liked the food and had enough to drink. Food looked appetising and we judged people received suitable support.
- Visiting professionals were positive about staff for example we were told communication between staff and external professionals was seen as good. We were told staff responded appropriately to people's healthcare needs and professional guidance provided. Records of medical appointments however were inadequate.
- The building was well maintained, and well decorated. The building was suitably adapted to meet the needs of people who were elderly and may have physical disabilities. People could personalise their bedrooms.
- People who used the service and their representatives viewed staff as caring and supportive. We witnessed staff treating people with dignity and respect, not rushing people and enabling them to have choices. People now had regular opportunities to have a bath or a shower, and to have their hair washed.
- Care plans and day to day records did not always contain relevant and up to date information about people's needs. There was omission of important information about some people's care needs and what actions staff needed to take to assist them.
- There were suitable activities in place and an activities co-ordinator was employed. People said they enjoyed the activities provided. People had the opportunity to sometimes go out on trips organised by the service. Some external entertainers also visited the service.
- The service had a suitable complaints procedure. People and their representatives said they would make a complaint if they felt this necessary. Complaints received, and action taken had been recorded.
- The service did not have a registered manager, but the current manager was in the process of submitting an application to register to the commission. The manager was viewed by staff positively. The service had a calm atmosphere and was welcoming and friendly. There were systems of resident and staff meetings so these groups could make suggestions and be involved in the running of the service.
- The service had a comprehensive system of audits. However we judged these as not always effective as they had failed to pick up the concerns we have highlighted in this report. For example, in respect of medicine management and care planning.
- Health professionals felt there was a positive working relationship between the manager and themselves. The service had good links with the local community. The manager positively encouraged feedback and said this was acted on to improve the day to day care received by people at the service.
- The management had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

More information is in the detailed findings below.

We identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around care planning, risk assessment procedures, medicines management, recruitment procedures and governance arrangements. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement (report published November 2018). CQC took enforcement action after this inspection. This involved us imposing a condition on the registration of the service. The condition meant that the service could not admit new people to use it, without permission of CQC. We also required the registered provider to submit monthly action plans which outlined the actions taken to bring about improvement. The registered provider has complied with the condition.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made in respect of general care standards. However, we also identified some areas which required improvement.

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

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

The overall rating for this registered provider is 'Requires Improvement'. The location has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. We will have contact with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Is the service safe? Requires Improvement.
The service was not always safe
Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

Is the service effective? Good
The service was Good
Details are in our Effective findings below

Good ●

Is the service caring?

Is the service caring? Good
The service was Good
Details are in our Caring findings below

Good ●

Is the service responsive?

Is the service responsive? Requires Improvement
The service was not always responsive
Details are in our Responsive findings below

Requires Improvement ●

Is the service well-led?

Is the service well led?

The service was not well led.

Details are in our Well Led findings below

Inadequate ●

Pine Trees Care Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Three inspectors (two each day), a pharmacy inspector, a specialist nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The person on the inspection had elderly relatives who used care services.

Service and service type: Pine Trees Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service does not currently have a manager registered with the Care Quality Commission. Having a registered manager means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in the process of submitting an application to be registered with the commission.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, and other professionals who work with the service. We assessed the information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people and eleven relatives to ask about their experience of the care provided. We spoke with four members of care staff, the deputy manager, the manager and the nominated individual. During the inspection we spoke with two visiting professionals from health and social care.

We reviewed a range of records. This included eight people's care records, and medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.



Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The medicines management was not based always on current best practice. Some people had multiple prescriptions for external preparations but the service could not demonstrate which were in use at the present time.
- In a number of cases there were no detailed directions to show where these preparations were to be applied. Records did not always state which preparation had been applied or where they had been applied to. For one person, there were no supplies of a prescribed medicated analgesic cream, and this had not been administered for three weeks
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were hand-written onto the medicine administration record sheets these were not always signed by two staff members in accordance with the service's medicines policy
- When medicines were prescribed for use 'when required' there was not always sufficient information for staff to use these medicines effectively.
- Records about the administration of creams were poor. Entries to the computerised system often read 'cream applied', but failed to state the name of the cream, and often people were prescribed multiple creams which were not listed.

The lack of appropriate management of medicines placed people at risk of not receiving the medicines prescribed. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Otherwise systems for administering, storage and monitoring medicines were safe. Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.

The lack of appropriate risk assessment procedures placed people at risk at harm. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessing risk, safety monitoring and management

- Risk assessments were mostly in place to reduce the risks to people and guidance was provided.
- The environment and equipment was safe and well maintained. However one set of metal bed rails posed a risk of entrapment at the head end of the bed. There was a gap of 9cm between the head of the bed and the bed rail. We also found there was a gap of 10cm between the top of the mattress and the head board which resulted in a risk of entrapment. The risk assessment did not sufficiently assess these risks. There was evidence the person consented to the use of the bed rail.
- Two of the pressure relieving mattresses inspected were found to be set at the incorrect weight. This could result in pressure damage.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Preventing and controlling infection

- Overall the home was clean and we saw staff used protective equipment such as gloves and aprons.
- However, one member of staff was observed emptying a person's catheter bag in the lounge. The member of staff was not wearing an apron. Handwashing facilities in people's bedrooms were not always adequate. For example they either lacked separate soap dispensers or the liquid soap dispensers were empty. The handwashing sink in the sluice room was full of commode pots and a toilet brush so was not accessible to staff to wash their hands.
- We were concerned that one mattress inspected was visibly stained with a brown substance.

The lack of robust infection control processes placed people at risk of infection. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguard systems and processes

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- People we spoke with told us that if they didn't feel safe they would speak with a member of the care staff or the manager and felt sure they would help them solve the problem.
- We received concerns about people going into other people's bedrooms sometimes at night. One of the people's relatives said they had recently reported the matter to the manager who was looking into the concern. The matter was raised with the manager. We were told the service was taking suitable action to minimise the concerns raised.

Staffing and recruitment

- Overall, there were enough staff to support people's needs. Staff told us there were enough staff. However, some relatives said there were not enough staff at the weekends which was believed to be due to staff sickness.
- We saw that care staff answered call bells promptly on the days of our visit. Most people, and their representatives, we spoke with told us when they used their call care staff came within a reasonable time. However, two relatives said there could be problems. For example, one relative said it had recently taken staff thirty minutes to respond to the call bell when a person wanted to go to the toilet. The manager disputed this could have occurred. As a consequence, we provided the relative's contact details so the

matter could be investigated.

- Satisfactory recruitment checks were completed when staff were employed. However records were not always in order at the time of the inspection.

Learning lessons when things go wrong

- Some lessons had been learnt from for example records of complaints were more comprehensive and provided a clear record of actions taken. People's clothing was now labelled when they moved into the service to minimise the risk of it going missing.
- We were concerned there had been inadequate 'learning' from previous inspections. Although we note some improvements in the delivery of care, there are still ongoing concerns about the operation of the medicines system, care planning and the effectiveness of quality assurance systems.



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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when they needed renewing.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.
- We saw care staff explaining to people what they were about to do. For example, when assisting people to move around during the day. We saw staff patiently explain to people that it was lunch time and they were going to help them get to the dining area.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.

Staff support: induction, training, skills and experience

- Staff received appropriate induction and training which was effective and gave them enough information to carry out their duties safely.
- Visiting health and social care professionals and relatives commented on the staff, stating they appeared to be knowledgeable and competent to carry out their role.
- Staff we spoke with had received training in how to support people living with dementia and they used this effectively when communicating with people.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food, especially the breakfasts and lunches. They told us they were offered two choices for their lunchtime meal each morning and that if they did not like either choice they could request something else.
- The electronic care plan had a 'Fluid Watch' function which highlighted and monitored designated people who were at risk of dehydration, and drinking needed to be monitored carefully. Records were kept, where necessary, about the amount of fluids people drank.
- People were supported to be independent. People ate at their own pace. Some people chose to eat their meals in their bedrooms and they were served promptly. Where necessary people received suitable support to eat for example to have food cut up, or one to one support with eating.

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

- Visiting professionals, we spoke with were positive about staff and told us referrals were appropriate, staff knowledge about people was very good and professional advice was followed. A visiting nurse told us, "Communication is very good...they contact us if they need support...staff follow through advice provided."
- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists, opticians and chiropodists. However, records did not demonstrate when people had received support from these professionals, or when further appointments would be. This matter was discussed with management.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, occupational therapists, speech and language therapists and physiotherapists.

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

- The building was well decorated, well maintained and homely. Furnishings and carpets generally looked clean, and were well maintained.
- All accommodation was on the ground floor. Facilities were easily accessible to people with physical disabilities and / or who were frail; for example there were specially adapted bathrooms and toilets which people could use. Signage however (which would help people who were confused or had dementia) was very limited.

It is recommended that the registered persons seek advice, from a reputable source, in respect of design of buildings, and suitable signage, for people with dementia.

- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions.



Our findings

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

People were supported and treated with dignity and respect.

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "I am very happy here. I am content." A family member added, "Staff respond well to (my relative's) needs as they arise."
- We observed staff were kind and compassionate and showed they had formed a strong relationships with people and knew them well.
- We observed positive interactions and comfort was provided when people appeared upset or anxious. One staff member said, "I do my utmost to give people the best care."
- People received regular opportunities to have a bath or a shower, have their nails cleaned and manicured, and have their hair washed. These were documented in people's care records.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine and people were not kept waiting to get dressed or have their breakfast in the morning.
- A visiting health professional commented, "Staff know the people they support and they are aware of their care needs."
- Some people and /or their representatives said they had been involved in care planning, but other people said they could not remember being involved, or had not been involved.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and the staff spoken with were committed to provide the best possible care for people.

- People's dignity and privacy was respected. For example, staff were discreet when asking people if they required support to the bathroom.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.



Our findings

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

People's needs were not always met through good organisation and delivery.

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

- Staff were knowledgeable about people and their needs. However, care plans did not always contain relevant and up to date information about people's needs. For example, one person had a catheter, but this was not outlined in their care plan.
- A person was experiencing significant pain, and had a sore on their heel. Information about this, and actions needed to alleviate the pain were not included in the care plan.
- Another person had sustained a skin tear due to an accident. There was no reference to this injury or what staff had done to monitor the wound to assist healing.
- Care plans and risk assessments were stored electronically. Due to the internet connection these were not always easily accessible. When records were printed off risk assessments and care plans were repetitive referring to the same information in numerous places.

The lack of suitable record keeping and care planning puts people at risk of poor care. This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- Relatives felt the staff were responsive., One relative told us, "I have always found staff supportive and helpful".
- We saw people were engaged in activities. An activities worker was employed Monday to Friday. External entertainers also visited the service. Some trips out were offered. All the people we spoke with were complimentary about the activities on offer. We were told: (The activities worker), comes in daily and organises lots of activities. From painting their nails, quizzes, baking, gardening, takes them shopping or for walks to the beach. He organises visitors to come in for sing songs and entertainment."
- There was a monthly church service and people told us they enjoyed the spiritual occasion.
- Information was not always provided in a format to support people's needs. People with a sensory impairment were not always able to access information in other formats such as menu's in a pictorial form. This is a requirement by the Accessible Information Standard. We were told staff would read out or verbally

inform people of relevant information if necessary (for example personal correspondence, menus, service information)

Improving care quality in response to complaints or concerns

- People and their representatives who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly. A relative said, "If I had a complaint the manager would listen."
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home and this was also issued as part of the service user guide.

End of life care and support

- Within the care plans there was some information in relation to people's wishes regarding end of life care.
- When people needed end of life care the service involved district nurses, GP's and other external professionals to ensure suitable care was provided.



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.

Service management and leadership systems did not support the delivery of high-quality, person centred care.

- The service had a comprehensive system of audits. However, audit systems used to monitor and improve the quality and safety of the service were not always effective. For example, medicine management and care planning audits had failed to pick up and not always address issues highlighted in this report. In respect of medicines audits there had not been a review for external preparations, or medicines being used 'when required,' in order to determine which preparations were currently prescribed or in use. We found some preparations listed were no longer in use.
- CQC took enforcement action after this inspection. This involved us imposing a condition on the registration of the service. The condition meant that the service could not admit new people to use it, without permission of CQC. We also required the registered provider to submit monthly action plans which outlined the actions taken to bring about improvement. The registered provider has complied with the condition. Previously to the last inspection the CQC has also issued warning notices to the service, and although this resulted in improvement, this was not sustained. Previously to the last inspection the CQC has also issued warning notices to the service, and although this resulted in improvement, this was not sustained. However we are concerned that despite the action taken, the provider is still failing to ensure the service meets regulatory standards.

Inadequate governance arrangements puts people at risk of poor quality care. This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager. The current manager was in the process of submitting an application to be registered with the Care Quality Commission.
- We saw staff had daily handovers. A detailed handover sheet was produced which helped ensure good communication between the team and consistency of care.
- Staff felt involved in the running and improvement of the service. One staff member told us; "We have worked hard to improve things."

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

- There was a notice board in the reception and another within the home. Both had a lot of information on display, For example, the activities programme, the food hygiene rating and photographs of staff who worked at the service.
 - The home had a calm atmosphere and was welcoming and friendly. On the day of the inspection some family members visited unannounced, to consider the home for their relative. We heard the manager engaging with them in a pleasant and informative manner. One relative said the manager is, "Good and very approachable and hands on."
 - People and relatives had regular meetings. We saw that items raised had been actioned.
- Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
- Staff told us they felt listened to and that the manager and provider were approachable, open and honest.
 - Staff spoke positively about the manager and felt they were supportive. One staff member said, "Things (with the current manager) are loads better... She is great."
 - Staff told us and we saw records to show they had regular team meetings.

Working in partnership with others; Continuous learning and improving care.

- Health professionals we spoke with felt there was a positive working relationship between the manager and themselves. One health professional told us the manager and the home was well run and managed effectively.
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the home to provide entertainment.
- The manager positively encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.