

Hodge & Wilson Ltd

The Pines Residential Care Home

Inspection report

106 Vyner Road South
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Tel: 01516537258

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Pines Residential Care Home is a residential care home. It provides personal and nursing care for up to 24 people. At the time of our inspection, 14 people lived in the home.

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

Feedback we received from staff, people and relatives was very positive. Improvements had been made in the areas we inspected and to the management of the home. As these changes were recent the provider was aware the improvements needed to be sustained however, they had made significant progress.

We observed care being delivered in the home and saw this was done in a caring and patient manner. We saw people were comfortable in the presence of staff and positive relationships had developed between people receiving support, relatives and care staff. Visitors told us staff were kind and treated their relatives with dignity and respect.

Improvements had been made to how environmental safety was monitored, and infection control standards were also monitored and managed appropriately.

Care plans and risk assessments were in place that now reflected the needs of the people. Medicines were managed safely and those staff who administered medication had had their competency to do so checked.

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. We saw consent was sought and recorded in line with the principles of the Mental Capacity Act 2005.

Improvements had been made to staff recruitment, induction, supervision and training processes. Staff attended meetings and had regular checks on their day to day practice. Staff we spoke with felt well supported.

Accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely manner when needed. The registered manager had notified CQC of significant incidents when it was appropriate to do so. The provider and management team had a range of audits in place that helped drive improvements in the service. This helped to ensure people living in the home received the care they needed.

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

Rating at last inspection (and update). The last rating for this service was inadequate (published 15 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements

had been made and the provider was no longer in breach of regulations.

This service has been in special measures since 15 October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall however, is still rated as inadequate in the responsive domain as this domain was not inspected during this inspection. Therefore, this service is still in special measures.

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since we last visited the service. As a result, we undertook a focused inspection to review the domains of 'safe', 'effective' and 'well-led' only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the domains of 'caring' and 'responsive' were not looked at on this occasion.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for, The Pines Residential Home on our website at www.cqc.org.uk.

Follow up

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

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Pines Residential Care Home

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

The inspection was carried out by two inspectors.

Service and service type

The Pines Residential Care Home 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

We gave the service 24 hours' notice of the inspection. This was because infection control arrangements had to be agreed with the provider prior to our visit to mitigate the risk of any cross contamination or transmission of Covid-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, senior care workers, care workers and kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, processes and training data we asked the provider to send to us. This was sent in a timely manner.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found safe however, the service needed to demonstrate the improvements were imbedded and could be sustained.

Using medicines safely

At our last inspection the provider had failed to manage medicines adequately to ensure people received the medicines they needed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Records regarding the administration of medicines were accurately completed. Records for medications prescribed 'as required' (PRN) were now in place to guide staff when people may require this medication to be administered.
- Documentation for topical medications (creams) and 'as required' medicines were in place and regular audits were carried out.
- Staff had completed training in the management of medicines, and they had had their competency assessed since the last inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider did not have robust risk management systems in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.
- Each person had a personal emergency evacuation plan in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- People's needs and risks were now properly identified and staff had guidance on how to mitigate these risks in the delivery of care.
- Referrals had been made to other health professionals when required to ensure people had access to any

specialist support they needed.

- Accident and incidents were now being properly recorded, reviewed and acted upon to reduce risk. Audits had been undertaken to look for trends to help reduce the risk of future incidents.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were available who had been safely recruited. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff files now held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had received a criminal convictions checks.
- There were an appropriate number of staff on duty to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Incidents had been referred to the local safeguarding team as required.
- People told us they were happy and the relatives we spoke with, all said they felt their loved ones were safe. We observed people were very comfortable in the presence of the staff.

Preventing and controlling infection

- The environment had improved, it was not malodorous and was visibly clean. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- There were robust infection prevention control procedures including those relating to COVID-19 in place.
- Sufficient supplies of personal protective equipment were available and staff knew how to wear and dispose of it safely.

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 inadequate. At this inspection this key question has now improved to requires improvement. The service was found effective however, the service needed to demonstrate the improvements are embedded and could be sustained.

Staff support: induction, training, skills and experience

At our last inspection the provider did not have adequate staff support or training systems in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Training had improved and staff had attended training that included dementia awareness, person centred care and moving and handling.
- All new staff employed had received an induction in accordance with nationally recognised standards for care staff.
- Staff had received regular supervision and appraisal.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider did not gain consent in line with the principles of the Mental Capacity Act

2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Care files held evidence of consent and mental capacity assessments. These had been completed appropriately and with great detail.
- Best interest discussions had been held with people living in the home and their families, where appropriate.
- The correct documentation was held by the home to evidence when families had 'power of attorney' and held the legal right to make decisions on behalf of people living in the home.

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

- Assessments of people's needs prior to admission were now detailed.
- People's needs and choices were clearly reflected in their care plans. We saw people's care and support was reviewed when required.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- People's weights were consistently monitored and reviewed. When necessary, referrals to dietetic services were made and any guidance given was followed by staff.
- The dining area was welcoming, and staff supported people to access their meals with patience and care. If people did not fancy what they had previously chosen, an alternative meal of their choosing was offered.

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

- People had access to healthcare services when they needed it
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care and followed by staff.

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

- The home was bright, welcoming and well maintained. It was designed and adapted to meet people's needs.
- Bedrooms were designed and decorated in accordance with people's personal tastes and preferences.
- The home's environment was dementia friendly to enable people living in the home to maintain their independence. The registered manager told us there were further plans in place to improve on this.
- During the covid pandemic the registered manager and staff had adapted an outside area into a 'Bistro area'. This enabled people to still see their family and friends whilst adhering to social distancing guidelines. We were able to see this in use during the inspection.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found well-led however, the service needed to demonstrate the improvements are embedded and could be sustained.

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

At our last inspection there was a lack of effective governance systems to ensure the home was safely managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had notified CQC of all reportable events, this had not been carried out previously.
- The management team's oversight of the home had improved, this was evidenced with discussions held throughout the inspection.
- Documentation to improve how people's needs and risks were assessed and managed had been introduced. Care plans and risk assessments were now regularly reviewed and audited to ensure they were up to date and accurate.
- Audits were now in place for medication, catering and complaints. An improvement plan was in place which was constantly being reviewed and updated to ensure sufficient progress was being made.
- All records requested in relation to the care being delivered and the safety certificates regarding the safety of the home were provided.

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

- The provider was able to show how they visited regularly and carried out their own audits.
 - The provider and staff we spoke with were clear about their roles and responsibilities within the home.
- The provider was open and transparent about what improvements had been made and what improvements were still needed

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We saw improved induction, training and supervision processes where in place to support staff in their job

role.

- The provider stated how valued the staff were and the home would not have been able to continue without staff commitment. One senior staff member told us how they had left The Pines but had returned when the management changed. They told us, "We're a really close-knit family, this is where I want to be."
- People and the relatives we spoke with gave positive feedback on how the staff team communicated with them. One relative told us, "The care is fantastic, everything is done with good humour and care."
- We saw regular meetings had been held with staff and people living in the home. Records showed staff and people living the home were kept informed about ongoing improvements to the service and were encouraged to give their feedback on the service.

Continuous learning and improving care

- The provider had taken on board the concerns identified at the previous inspection and taken appropriate action to improve the service.
- Where the provider's audit systems had identified that improvements were needed, these had been acted upon in a timely manner.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.