Northamptonshire County Council

Pine Lodge

Inspection report

Motala Close
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Corby
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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?	Requires Improvement

Summary of findings

Overall summary

Pine Lodge is a care home for short term breaks and respite care. Pine Lodge primarily supports younger people with learning disabilities or on the autistic spectrum, physical disabilities or mental health needs. It also has two self-contained apartments for people transitioning into independent living. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was unannounced and took place on 27 June. The provider of this service had recently changed and therefore this was the first comprehensive inspection for this service under the new ownership.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

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.

Improvements were required to ensure that timely action was taken to make the improvements identified by the registered manager, for example, following quality assurance audits that had been completed. Improvements were also required to ensure that statutory notifications were submitted to the CQC in a timely way.

People received safe care and staffing arrangements were flexible to meet the needs of the people that were using the service at any one time. People received their medicines when they were ready and safeguarding incidents were given appropriate attention.

People's needs were fully considered before they began to use the service to make sure their needs could be met. People's consent was gained before their care was provided. People 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.

People were treated with dignity and respect and staff could spend time getting on know people and their preferences. People and their relatives were made to feel welcome at the service, and were involved in making choices about their care.

People had care plans in place which reflected their needs and these were regularly updated. Staff made great efforts to help people achieve their goals or participate in activities that they could enjoy. Complaint procedures were in place for people to make a complaint, should the need arise.

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 is safe.

Staffing arrangements were flexible to meet the needs of the people that stayed at the service and people were able to receive their medicines when they wanted them.

Is the service effective?

Good

The service is effective.

People's needs were fully considered before they began to use the service and people and their families provided their consent to the care they received.

Is the service caring?

Good

The service is caring.

People received their care from kind and considerate staff who respected people's choices and involved them and their family members in their care.

Is the service responsive?

Good

The service is responsive.

People had care plans in place which reflected their needs and preferences and staff made great efforts to ensure people achieved their goals or participated in activities they enjoyed.

Is the service well-led?

Requires Improvement

The service was not well led in all areas.

Improvements were required to ensure that actions that had been identified by the registered manager were completed in a timely way to promote a well led service and that statutory notifications were submitted to the CQC promptly.

Pine Lodge

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 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.

This was a comprehensive unannounced inspection which took place on 27 June 2018. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR however the inspection did not take place until sometime after this and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with three people who were staying at the service, and one person's relative. We spoke with three members of care staff and one visiting healthcare professional. We also spoke with the registered manager.

We reviewed three staff files and the care plan documentation for four people. We completed observations of the care that was provided and looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, handover information, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were happy with the care they received and felt safe whilst they were using the service. One person said, "I feel safe when I'm here." We saw that staff checked on people regularly but maintained their privacy.

Staffing at the service was flexible to meet people's needs. For example, the level of staffing was determined by the people that were staying at the service, with increased numbers of staff to support people with higher dependency needs. One person said, "The staff come quickly when I need them." One member of staff told us, "The number of staff varies all the time. It depends who we've got staying and what they like to do. It's designed around them." Staff told us there was enough staff to ensure people could complete activities they enjoyed and go out of the service if they wished.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

The service followed good safeguarding procedures. Staff were knowledgeable about safeguarding matters and how to report them. One member of staff said, "If anything happens, we have to report it. I have had to raise a safeguarding against [a different provider] once, they messed up [a person who uses the service] medicines. It's not on." Staff received training in safeguarding procedures, and the registered manager had a good understanding of their responsibilities. Safeguarding investigations were completed when required and these were reviewed to identify if any learning could be established and shared with the staffing team.

Risk assessments were completed, individualised and were up to date. They covered each person's individual risks and gave guidance to staff about how to minimise those risks. For example, we saw that people at risk of falls had risk assessments in place to help reduce those risks, and if people had fallen over, their risk assessment had been reviewed ad updated. Staff were knowledgeable about people's potential risks and worked effectively to support people safely.

The staff supported people with the safe administration of medicines. One person said, "They [the staff] bring my pills when I'm ready for them." We saw that one person was in bed and did not want to take their tablets at the same time as everyone else. Staff respected this and returned to the person at a later time. Another person wished to go out for the day and staff had found safe ways to enable the person to spend time away from the service and receive their medicines. People were not rushed to take their medicines and all necessary arrangements for the safe administration, ordering, storage and disposal were complied with. People's Medicine Administration Records (MAR) were filled in accurately after people had taken their medicines.

People were protected by the prevention and control of infection. The staff took pride in the building they were working in, and provided care to people in a clean and tidy environment. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were reviewed to identify if any lessons could be learned. One member of staff said, "We review incidents, for example, if there's been a fall we review it in the senior meeting to look at aids, or if the care plan is correct. That's what I like about the unit and the manager; that we look for ways to stop that happening again." The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to all the staff team. Staff were knowledgeable about any changes to people's care as a result of any incidents.

Good

Is the service effective?

Our findings

People's needs were assessed before they came to stay at the service. Pre-admission assessments were completed by the management team which considered people's cultural, physical, mental and spiritual care needs. People could come to the service for a tea visit or a short stay before they stayed overnight or for a longer period of time. Staff were respectful of people's diverse needs and took steps to reflect this. For example, people were able to choose if they preferred to have male or female staff support them with their personal care and this was respected.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found that they were. People's mental capacity had been assessed and people were empowered to be as independent as possible. When necessary, DoLS had been applied for and people's relatives had been fully involved in how the service would support people during their stays at Pine Lodge. People told us that staff sought their consent before carrying out any care.

Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete an induction before they could support people with their care. One member of staff told us, "I had a good induction when I started." We saw that staff completed an induction and shadowed experienced staff before they started supporting people with their care. Staff were required to complete a full training program which reflected the needs of the people that used the service. Training was monitored and staff refreshed their skills and knowledge on a regular basis.

All staff received supervision from their manager and there were clear schedules in place so staff and senior staff were aware when supervision sessions were due for completion. Staff also received additional supervision with senior staff if there were areas of their performance that required improvement. One member of staff said, "I feel really supported here by the seniors and the manager. If there's an issue we can talk about it, and it's all for the benefit of the people that come here."

People were supported to eat well and maintain a balanced diet. One person said, "I can choose what I want to eat and they make it for me." We saw that when there were concerns about people's food or fluid intake this was monitored and action was taken to ensure those needs were met effectively. People's dietary needs were known and understood by staff and people were supported to make their own choices about what they had to eat.

People had access to all the healthcare requirements they needed. One member of staff said, "Often the family support people with their healthcare needs but if people are here on a longer-term basis, or if they have appointments, like hospital appointments to go to we support them with that. If people have to go to hospital we go with them." We spoke with a visiting healthcare professional who confirmed they had no concerns with the support people received to manage their healthcare needs. They said, "The staff follow any advice we give to them, they're helpful and they stay nearby so we can talk to them if we need to. Medicines are in stock when they're needed and staff do any hoisting if it's needed. People appear well and I don't have any concerns." People were happy with the support they received to manage their health.

The premises of the home had been designed to ensure people could move around freely and without obstacles. People had access to safe outside space which they were encouraged to access if they wished. However, the outside space was uninviting with large weeds growing in the outdoor spaces. Following the inspection, staff rectified this and put forward a plan to ensure the outdoor space was more effectively managed and people using the service with an interest in gardening could be involved in maintaining this.

Good

Is the service caring?

Our findings

People and their relatives gave us positive feedback about the caring nature of the staff. One person told us that the staff were nice and treated them well. Another person's relative said, "They're good here."

The staff team had the information they needed to provide individualised care and support. Staff could tell us about preparations they needed to make before people came to stay. This included special food items they liked, equipment they needed or how the service was set up. Staff told us they felt confident they could meet people's needs well and they spent time getting to know how people preferred their care. Staff were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. When staff identified that people were anxious or distressed they could offer comfort and reassurance effectively and with compassion.

People were treated with dignity and respect. One person said, "The staff always treat me with respect, they always ask if I need anything." Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. People appreciated the respect staff had for them and were happy with the way they were treated.

People could make their own choices about their care and support. One person said, "I choose what I do or where I go." We saw that staff gave people choices about what time they wanted to start their day, and respected this by ensuring their medicines and breakfast were given to them later if this was their preference.

People and their relatives were involved in making decisions about people's care. One person said, "They ask me what I want each day." Another person's relative said, "They let me know if anything is wrong. They told me when [name of relative] had to go to hospital so I could meet them there." We saw that when people's care required adjusting, or if there had been an incident, people's relatives were informed and discussions were had about future care plans.

People were supported to maintain relationships that were important to them. Relatives and friends could visit as they wished. We saw that staff talked to people about their loved ones when they were not there.

The provider had links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

Good

Is the service responsive?

Our findings

People's diverse care needs were fully considered and care planning supported people's preferences. Following an initial assessment of people's care needs, the management team made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required.

People's care needs were reviewed regularly and people and their relatives were involved in making sure they were updated. The registered manager said, "We ask people to review their care needs before they come back to stay here." People were asked if their needs had changed since their last visit. Care staff updated people's care plans to reflect people's current requirements and ensured each person had a summary sheet available to staff at all times outlining key information. One member of staff explained, "We have recently introduced summary care plans which outline the important information about each person. It's much better being able to see everything easily." We reviewed the summary care plans and found that they contained sufficient information about people's preferences and were easy for staff to access and follow.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People could have information available to them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand. Staff had also begun to learn sign language to help support one person who had used this method of communicating.

People were supported to achieve outcomes they wanted and to take part in activities they enjoyed. For example, one person had never previously been to a hairdresser and this was achieved with the support of staff. Other people were supported to learn life skills or to participate in activities they enjoyed like making a meal or visiting a cinema. One member of staff said, "People are asked about what they want to achieve, or experience whilst they are here. It's different for everyone." We saw that some people had been able to visit a zoo or the beach. Staff explained they had planned ahead to make sure there were appropriate facilities for people to have their personal care needs met whilst they were out, and when people with mobility difficulties were unable to get onto a beachfront, staff had brought elements of the beach to them to experience the sensations of sand and water.

People and their relatives understood how they could complain and there was information on display within the service about how people could do this. One person told us they felt comfortable telling staff if they felt anything was wrong. The service had not received any complaints within the previous 12 months but had received compliments from family members who were pleased with the care their loved ones had received.

The service did not specifically support people with their end of life care however, following the inspection a learning session had been arranged to help staff understand important elements of end of life care and how staff could facilitate people's wishes.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to ensure that required actions were completed in a timely manner. For example, a quality assurance audit highlighted that staff needed to complete a declaration about any conflicts of interest. The staff member had recently met with their line manager however the form had still not been completed. The registered manager had recognised that the outdoor space required attention as it was untidy and uninviting. They had arranged for this to be resolved by the provider's handyman, but when this got cancelled, timely action had not been taken by other staff to make a start or offer people using the service the opportunity to help and make it more appealing.

Notifications were not always submitted to the CQC in a timely manner. We found that the registered manager had a good understanding of the notifications that they were required to submit to the CQC however these were not always submitted promptly. For example, at the time of the inspection we found a serious injury and safeguarding notification that had not been submitted to the Commission. These were submitted by the registered manager before the end of the inspection and appropriate actions had been completed prior to the inspection.

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 a good knowledge of the people that used the service and spent time talking with them during their stays.

The registered manager ensured the culture at the service was open and transparent. They shared information with the staffing team to help promote learning and quickly acted on feedback to make improvements within the service, for example following a fall. Auditing schedules were on display for all staff to see and follow in the event that the registered manager was absent. Staff were able to take on responsibility for elements of the running of the service and understood what was expected of them to make sure the service ran well. The quality assurance systems in place examined and improved all elements of the service.

Staff felt supported by the registered manager and could approach them for guidance and advice. One member of staff said, "[Name of registered manager] is very good. She's really focussed on customer needs and getting good outcomes for people. She's passionate about her job and I love working here."

People were encouraged to provide their feedback and this was considered and acted on by the registered manager. At the end of each stay, each person was supported to give feedback about their stay, for example, if people were unable to read, staff read the feedback form and recorded their answers such as if they gave thumbs up. Feedback was largely positive with comments which included: "Staff were nice to me and look after me. They take me out."

There were regular staff meetings and staff were encouraged to share their views and make suggestions. The

registered manager welcomed and supported staff to make contributions and followed these up wherever possible.

The service worked positively with outside agencies. This included liaising with other care providers and safeguarding teams. The registered manager raised concerns and sought advice where necessary to ensure people received co-ordinated care which helped to improve their lives.