

New Boundaries Community Services Limited

Pinetops

Inspection report

66 The Street
Felthorpe
Norwich
Norfolk
NR10 4DQ

Tel: 01603755531

Website: www.newboundariesgroup.com

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Pinetops is a residential care home providing personal and nursing care for up to six people with a learning disability, autistic people, or people with mental and/or physical healthcare support needs. The service had three people living there at the time of the inspection visit. The service comprised of a converted Dorma bungalow, with two bedrooms upstairs, four downstairs with shared communal spaces and shower room.

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

People's safety and well-being was not being maintained. People were not accessing meaningful activities either onsite or in the community. Concerns regarding the safe management of people's medicines were identified. People were not being protected from risks associated with infection, prevention and control, including COVID-19. There were not always sufficient numbers of skilled staff to safely meet people's assessed needs, placing people at risk. The provider had not got good oversight of the care provided to people, in the absence of a registered manager.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-led, the service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This was impacting on the standards of care, levels of meaningful activities including integration within the local community, and protection from harm.

Right support:

- The model of care and setting did not maximise people's choice, control and independence. People were included in decisions about their care and support, but staffing issues meant that they were not always able to achieve their goals. Some of people's specific support needs were not always clearly identified and met.

Right care and right culture:

- Records indicated that work needed to be completed to ensure that all staff understood the ethos, culture and values that underpinned the service. The language in care plans and staff records was not always inclusive and respectful. The provider's oversight of this issue was poor. Some individual staff were observed to treat people who used the service with respect in a way that upheld their dignity.

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 Good, (the report was published on 30 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about lack of provider level oversight of the service in the absence of a manager registered with CQC, and the impact this was having on the standards of care provided. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 Good to Inadequate. 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 Pinetops on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to protecting people from harm, safe care and treatment, staffing levels and the governance and oversight of the service, at this inspection.

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.

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.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore 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 6 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 rating, 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Pinetops

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Pinetops 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 did not have a manager who was registered with the Care Quality Commission . This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided in the absence of a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

People used non-verbal means of communication, including sign language and gestures. We spent time with one person who used the service and observed care being provided in communal areas to all three people living at the service. We spoke with the manager and three members of care staff.

We reviewed a range of records, including two people's care records and two medication records. We looked at three 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 provided final inspection feedback to the manager and provider's representative on 26 October 2021.

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not being kept safe. Care records contained examples of incidents that should have been referred to the local authority safeguarding team and CQC, which had not been.
- People's individual needs were not understood. Staff did not recognise that changes in people's behaviour linked to changes in their health and wellbeing. These changes were not acted on to maintain their safety.
- People were not always treated with respect. Examples of punitive language and approach were identified from reviewing people's behavioural monitoring records. Assurances were received from the manager that this matter would be addressed.

The provider was unable to demonstrate action taken to maintain people's safety and protection from harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Environmental risk management was poor. Risks to people including falling from height due to lack of window restrictors, hot surfaces, and consumption of unsafe items had not been identified, or measures implemented to mitigate risks.
- Outside space was not safe or secure. People needing supervision from staff, could access the main road without staff awareness, placing them at risk. People had access to risk items such as sheets of glass and broken garden equipment.
- People had been assessed as at risk of choking and required specialist diets to minimise this risk. Staff were unclear when asked, which people required specialist diets, and improvement was required to corresponding paperwork.
- Staff were unfamiliar with people's allergies. Staff had not followed allergy information recorded in people's care records and had continued to administer first aid using products a person was allergic to.
- People had access to items that put them at risk. Teeth cleaning tablets, hand sanitiser, perfumed sprays and prescribed creams were not stored securely, even where this was a known risk for one person.
- Monitoring paperwork was poorly completed. Staff were not reviewing people's bowel care charts and acting where people were potentially constipated. Night - time monitoring records were completed in blocks of time, not real time to ensure accurate records were kept.
- Water safety checks were not in place. The provider did not have legionella checks in place, and equipment in bathrooms required de-scaling to reduce the risk of the spread of infection.

Risks relating to the health and welfare of people, and the safety of the care environment were not assessed and well managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection visit, assurances have been received that window restrictors have been installed, people's individual needs were being reviewed and risk items had been secured.

Using medicines safely

- Medicine storage was not always secure. Keys were found to be left in the lock or on top of the main medicine cabinet.
- There were some gaps in temperature monitoring. Staff were unable to demonstrate if action had been taken to protect the effectiveness of the medicines being stored.
- There were gaps in daily auditing of medicines. Where gaps were identified, there was a lack of evidence to demonstrate action taken by staff to address any shortfalls.
- Some allergy information was not recorded on people's medicine administration records. This did not ensure staff were aware of the allergy, action to be taken or risks to be monitored.
- Pain assessment tools were not in use. This did not ensure people were able to communicate their individual pain needs non-verbally.

There were unsafe medicine management practices 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.

Preventing and controlling infection; Learning lessons when things go wrong

- We were not assured that the provider was preventing visitors from catching and spreading infections; checks of temperature were not completed and information gathered was not recorded on our arrival to the service.
- We were not assured that the provider was meeting shielding and social distancing rules; changes had not been made to the layout of the environment to support people to socially distance.
- We were not assured that the provider was admitting people safely to the service; COVID-19 testing was not in place in line with current government guidelines for people readmitted to the service before they integrated back with other people.
- We were not assured that the provider was using PPE effectively and safely; poor decision making and a complete lack of risk assessment were in place in relation to decisions for some staff not to wear masks, placing vulnerable people at risk.
- We were not assured that the provider was accessing testing for people using the service and staff; documentation held by the service contained gaps in the testing regime at the service.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises; damaged surfaces impacted on cleanliness, and a de-scaling programme was not in place.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed; poor practices were identified, including staff not adhering to being bare below elbow when providing hands on care and wearing personal protective equipment incorrectly increased the risk of the spread of infection.
- We were not assured the provider was facilitating visits for people living in the home in accordance with the current guidance; there was no designated area to support safe visiting in line with people's individual needs and risks.
- We were assured that the provider's infection prevention and control policy was up to date; but this along with training was not being implemented into practice.
- Lessons had not been learnt from their COVID-19 outbreak. Staff practice, and provider level oversight of

staff and people's risk mitigation was poor.

There were insufficient measures in place to prevent the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Dissemination of information to staff needed to be improved. Staff meetings were not being held to ensure information and outcomes from incidents was being discussed with staff and used as learning opportunities.

Staffing and recruitment

- Staffing levels were low, particularly at night- time and to facilitate designated one to one hours required to support people safely. The need for more staff at night - time, to manage risks relating to emergency evacuation had been assessed as required by the manager, but not acted on by the provider.
- Access to meaningful activities were poor. Staffing levels impacted on the ability to support people to participate in activities on site or in the community. This was further compounded by limited access to a shared vehicle with the neighbouring location.
- Staffing numbers impacted on medicine administration. The provider's medicine procedures stated for two staff to give medicines together, there were times during the day and always at night where staff worked alone and were required to give people medicines on their own.
- Staff required specialist training and competency checks. Staff told inspectors they needed further training and development in relation to supporting people with complex needs. Training needs were also identified in relation to the use of person-centred language for example when recording incidents.
- Supervision and performance appraisal levels were poor. Staff told us they had not been receiving regular supervision and monitoring of their performance, due to the service not having a manager in place for long periods of time. Staff told us this had de-stabilised the team and impacted on the care provided as they had to make decisions without the option to discuss these with a manager first.

Risks relating to staffing numbers, supervision and appraisals were identified. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As an outcome of the findings from our inspection visit, the local authority quality assurance team are completing regular monitoring visits to the service.

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider's auditing systems were not robust and were not in line with the basic standards expected to demonstrate the safe running of a regulated service.
- The provider was not working in line with recognised procedures and legislation and therefore was not leading by example to their staff team. This resulted in poor recording, auditing and quality checks as well as a lack of implementation of training and competency checks in practice.
- The language used in people's care records was not person-centred and demonstrated a lack of understanding of the specialist needs of people living at the service. This had not been identified through the provider's own checks.
- The provider demonstrated a lack of understanding of their regulatory responsibilities and had not reflected on the findings at the last inspection to maintain a good rating. This did not demonstrate transparency of approach or the fostering of a healthy culture by the provider.
- There was a lack of detailed post incident and accident analysis, with a lack of assessment for themes and trends. In the absence of a registered manager, the provider had not ensured action was being taken when required as an outcome of incidents and accidents.
- Information was not in accessible formats for people to use and understand. The provider was not ensuring feedback was sourced from people using the service, and changes made to improve standards of care, in line with right support, right care, right culture. People were reliant on staff to recognise and advocate their needs and wishes on their behalf.

The provider had poor governance arrangements in place to drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Inspection findings did not demonstrate that the provider recognised their legal responsibilities and accountability as a registered provider. The breaches of regulation and deterioration of the rating further supported these concerns.
- There was poor provider level oversight of the service. The provider had not been completing audits, or

checking the standards and safety of care provided, in the absence of a registered manager.

- There was a lack of provider level quality audits and safety checks. Risks identified during the inspection, including the lack of window restrictors, the condition of the communal garden and garden security had not been identified through the provider's own audit systems.
- Provider oversight of staff was poor. In the absence of a registered manager, staff had not received regular support or identification of areas of development. Staff performance was not being monitored.
- There was a lack of support in place for the manager. The manager was covering staffing deficits, overseeing three locations and on call at all times. There was no support or alternative arrangements implemented by the provider. This was not sustainable for the manager.

The provider demonstrated a lack of understanding and recognition of their own regulatory responsibilities and accountability and had poor governance arrangements in place to drive improvements and standards of safe care at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The provider was not ensuring staff adhered to current COVID-19 guidance. Individual concerns regarding COVID-19 were not well managed by the provider. This placed vulnerable people at significant risk.
- Staff told us they worked collaboratively with health and social care professionals. However, we identified examples of where we would expect to see onward referrals being made for specialist guidance and advice and this was not in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The care provider did not ensure that people and the care environment were consistently kept safe. Risks to people were not well managed, including with medicines management and infection prevention and control.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (d) (g) (h)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The care provider did not have effective systems and processes in place for the monitoring, identification and reporting of safeguarding concerns.</p> <p>Regulation 13 (1) (2) (3)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider did not have good oversight of the governance and leadership in place. Audits and quality checks were not identifying risks and shortfalls. The care provider was not meeting their regulatory responsibilities,</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The care provider had not ensured there were enough staff to be fully responsive to risks and meet people's needs, particularly at night time. The care provider had not ensured staff had the required training and competency checks in place, or that their performance and individual support needs were under regular review through the use of supervision and appraisals.</p> <p>Regulation 18 (1) (2) (a)</p>

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.