

CIMA Care (Burton) Limited

The Pines

Inspection report

131 Tutbury Road
Burton-on-trent
DE13 0NU

Date of inspection visit:
03 May 2023
04 May 2023

Date of publication:
28 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Pines is a care home without nursing providing accommodation and personal care for people with learning disabilities and/ or autism. The care home accommodates 6 people in one adapted building. At the time of our inspection there were 4 people using the service.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support: Although there were systems in place to support people and keep them safe, when issues were found, these were not always addressed straight away. Medicines were not stored in a safe way and checks had not identified this. Food items were not stored in the recommended ways for the produce. Not all staff received the training they needed before starting their role and refresher training was not always completed when required.

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.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. People's dignity was promoted and staff demonstrated knowledge around people's individual communication preferences. Relatives mostly provided positive feedback about the care and support provided.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff knew people well and were responsive to their needs. People were supported to participate in activities and maintain relationships with those who were important to them.

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

This service was registered with us on 02 April 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service was requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicines, storage of food and drink, safety monitoring and management, infection prevention control and quality assurance systems.

Please see the action we have told the provider to take at the end of this report.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Pines

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Pines is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Pines is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be the registered manager would be available to support our inspection.

What we did before the inspection

We reviewed information we had received about the service since it was first registered. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People who used the service were unable to talk with us in detail due to their limited verbal communication needs. We spent time observing interactions with the staff supporting people living there. During our inspection, we spoke with the registered manager and 3 members of staff including the deputy manager, 1 team leader and 1 care worker. We reviewed a range of records. We looked at 2 people's care plans and medicine administration records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including complaints, compliments, incident records, quality assurance processes and various policies and procedures. Following the site visits, we gained feedback from 4 relatives and 8 healthcare professionals. We also reviewed the training matrix sent to us by the registered manager.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. The service was not always safe. This meant 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; Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were at risk of harm as medicines were not stored safely. Records of temperatures where medicines were stored showed they were regularly above the pharmaceutical manufacturers' instructions. This meant people could not be assured their medicines were safe to be used. We shared our concerns with the provider who took immediate action and ordered a separate refrigerator to store medication safely.
- Staff administering medicines to people had received training however records showed this training had not been refreshed when required. This meant people were at an increased risk of harm through poor administration of their medicines.
- We were not always assured that the provider was responding effectively to risks.
- Kitchen fridge and freezer temperatures were recorded daily however we found regular recordings where the temperature had exceeded the legal limit and no action had been taken to address this. This meant we couldn't be assured about the quality of food and drinks and whether they were always being stored safely.
- We were not always assured that the provider was supporting people to minimise the spread of infection or making sure infection outbreaks could be effectively prevented or managed.
- Two mattresses were identified as requiring cleaning however there was no record of cleaning having been done. This meant people were at risk of infection.
- People were not fully protected from risks in the environment. For example, water temperatures in bedrooms and bathrooms had been consistently recorded as higher than recommended however no remedial action was taken. This meant people were at an increased risk of scalds. Following the inspection, the management put a plan in place to ensure water temperatures were in the recommended range.

Although there were systems in place to assess and monitor risk, people were at risk of harm due to the provider not acting on identified risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was an up-to-date medicines policy in place and guidance in people's care plans instructing staff how people preferred to take their medicines.
- Medicine Administration Records [MAR] were completed. The provider carried out audits to ensure there were no mistakes when administering medicines.
- People's risks were assessed and staff knew how to mitigate them.

- One professional said, "When a person first started living at the care home, staff were redirecting them more to their room when exhibiting behaviours that challenge however staff are now able to recognise triggers and support them well. The deputy manager was very engaging and assured us that a personalised risk assessment would be put in place for the person."
- Risk assessments identified potential risks to people's safety and guided staff how to keep people safe from harm.
- When people's needs changed, the care home worked well with partner agencies and assessments in care plans were updated to reflect changes.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People visiting the care home were required to have their temperature taken and the result was recorded.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One relative said, "There are never any issues with staff. There used to be a lot of agency staff but this is not an issue now. Staff know my relative now. The care provider managed a recent Covid outbreak very well and staff filled in for each other."
- One professional said, "There was quite a high number of agency staff however it has been a stable team since last year. The current staff team are more willing to take on board recommendations and put them into practice. They are now more proactive, are very enthusiastic, like a sponge, and want to learn."
- Staff told us they were a good team and worked together well which led to people receiving good care.
- Staff were safely recruited. They were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy in place which was in line with local procedures.
- Staff told us they understood potential signs of abuse and would feel confident to report these to the registered manager. Staff completed training in safeguarding.

Learning lessons when things go wrong

- There were systems in place to identify when things go wrong.
- Accidents and incidents were recorded, reviewed and measures were put in place, where required, to reduce or remove risk.

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.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were at risk of receiving inconsistent care and support as not all staff had received the required training before starting their roles. For example, a member of bank staff had not received their required training however we found no evidence of this impacting on care.
- Refresher training had not always been done when required including rescue medication. During the inspection, the management put a plan in place to ensure all staff receive the required training.
- Staff had received training which included specialist training in supporting people with learning disabilities and autism and behaviours that challenge. One staff member said, "We are having lots of positive behaviour training recently following a person's care plan review." One professional said, "Staff are engaging well with the training we have given them." One relative said, "Staff have become a lot more confident with my relative as they have got to know them."
- Staff received regular supervision. One staff member said, "I have supervision which covers people's changing needs, safeguarding and any training we might need."

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

- People's needs were assessed, and care plans were in place which contained information about the level of support required. This included people's communication preferences, positive behaviour support guidance, equality and diversity needs and day to day preferences.
- One relative said, "I am involved, and we have a meeting with the service to review how things are. I am able to make suggestions, and these are reflected in care plans."

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

- People had a variety of food and drink to meet their needs.
- Nutritional care plans were in place and these identified requirements such as the need for a modified diet.
- Where there was an increased risk in relation to diabetes or weight gain, the provider worked alongside relevant partner agencies and implemented recommendations. Staff encouraged people to eat and drink healthy options and respected people's right to choose their own meals and snacks.
- One relative said, "My relative can eat and drink when she wants but because of her diabetes, staff are encouraging healthy options. Their diabetes is well managed by the home and there have been no health concerns."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The provider worked effectively with other agencies. One professional said, "The service meets [name] sensory processing needs and support them with participating in meaningful activities. They have purchased equipment to promote their wellbeing and the service has listened to all recommendations regarding provision of activities."
- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- The design, layout and furnishings in the home reflected people's individual needs.
- Adaptations promoted people's safety while promoting freedom of movement. Softer furnishings, padding or perspex screening were used to meet sensory and safety needs where required. The garden had a den and sandbox, recommended by an occupational therapist, and there was a range of home-based activities available to people.
- The deputy manager told us the home had been specifically adapted to meet the needs of people currently living there to maintain their wellbeing and safety.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider had submitted DoLS applications appropriately.
- Where people did not communicate their needs verbally staff had a good understanding of people's body language and gestures and only supported people when they were sure they consented.
- Where people were assessed as lacking the mental capacity to make their own decisions, relatives and relevant professionals were involved in their care planning.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and respected as individuals.
- During the inspection there was a happy and pleasant atmosphere in the service. People moved around as they wanted. We observed the caring and kind way people engaged and interacted with each other.
- We saw positive interactions between people and staff members. Staff spent time communicating with them and supporting them to engage. One relative said, "Staff do get my relative involved and they love to bake. Staff help them to plan and prepare meals."
- Staff received training in equality and diversity to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Care plans took account of people's likes, dislikes and preferences including how they wished to be supported. One relative said, "My relative likes doing jigsaws, going to the park and enjoys their food. Staff have introduced new activities at the home. My relative finds painting incredibly therapeutic, and staff support them to do this as well as doing stickers and cooking with them."
- Records gave guidance to staff about people's daily routines if people could not tell staff themselves.

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

- Where possible, people were involved in daily decision making. People's care plans advised staff how to communicate with the person.
- Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. One staff member said, "I always knock on the door first, ask before providing personal care, ask for consent at every step of care delivery. If people say no, this is their right. One of the people we support didn't like her hair being washed so agreed together to wash it every other day. They don't mind anymore, and they now like to have a full shower in a calmer atmosphere."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected in the way staff spoke to people and acted towards them.
- Care plans promoted dignity and were written in a respectful, person-centred way. One relative said, "Staff do not force their views and work as a team to deliver the care that suits my relative."
- Staff respected people's personal space. Where people required 2 staff members to support them, staff used least restrictive approaches to promote privacy and the living environment was adapted to keep them safe. One relative said, "My relative can open the (stair) gate so they have some independence, and it is not barrier. If they want to go downstairs, then they can, and staff promote their freedom to move around the house and to do their activities."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individual, person-centred care which met their needs.
- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well. People, relatives and other appropriate professionals were involved in planning how staff would provide care.
- Care records were up-to-date and contained clear information about how best to support the person, in the way they wanted and needed.
- Relatives were involved in care planning and reviews and were kept up to date with how people were getting on.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication profiles were in place for each person. These detailed effective and preferred methods of communication, including the approach to use for different situations. We saw one person's care plan had detailed instructions for staff to follow including the use of Makaton and simple language.
- One relative said, "If my relative becomes anxious, staff know how to respond and reassure them by using the right words and being calm."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to do things they enjoyed. Activities were reasonably adjusted to ensure people could choose to take part. For example, when staff supported people to take part in interests, they reduced risks of anxiety the person may experience, by parking closely next to venues.
- People were encouraged and supported to maintain contact and visit their family.
- People took part in a range of activities including crafts, sandbox, trampolining and spa days. During our inspection, we observed staff supporting a person with water balloon games in the garden. One relative said, "Staff do their best, my relative has craft kits and staff encourage them to go out. Staff never give up trying."
- Staff provided support to people to go out in the community. People went bowling, had meals out, went

shopping, visited the cinema, went to the park and visited castles.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints.
- There was a complaints policy available to people.
- Relatives told us they felt confident to raise comments or concerns. One relative said, "When a television cabinet needed perspex covering it was done incorrectly but when we raised the issue it was dealt with appropriately and when there was an issue with the trampoline, this was sorted quickly."
- We saw evidence of an appropriate response to a complaint about medication. One relative said, "I was not happy with how an issue with medication was dealt with and it felt like I had to badger the service to take action. Communication has improved now, and I can go to the deputy manager who listens to me but it has been a long time for it to get to this stage."

End of life care and support

- At the time of the inspection nobody was receiving end of life care and the provider was supporting people to identify how they would like their end-of-life journey to be.

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.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality checks were not always effective in ensuring effective risk management was in place to protect people from harm or injury.
- Environmental and safety checks showed staff had recorded unsafe temperatures but the provider had not acted on these. These included fridge and medicine room temperatures.
- Safety checks on bedroom and bathroom water outlets showed staff had recorded unsafe temperatures which posed risks of burns and scalds to people and staff. The provider had failed to have effective oversight of these checks and no action had been taken.
- Infection prevention and control audits were ineffective. Two mattresses were identified as requiring cleaning however there was no record of cleaning having been done.
- The provider did not have an effective system to ensure that staff completed training required to carry out their role.
- Refresher training had not always been done when required including rescue medication. Although refresher training had been identified by management and discussed in supervision, this was not always followed up with staff.

Although we found no evidence of harm, systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People achieved good outcomes from their care.
- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Relatives were involved in care planning and were regularly informed of how their relatives were getting on.
- Feedback was also sought from people and relatives through meetings and surveys. One relative said, "When I noticed that my relative can become anxious in the dining room, I made a suggestion about staff

interactions and the deputy manager put a plan in place with staff to help reduce anxiety."

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

- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The provider ensured relatives were informed and kept updated when things went wrong.
- The registered manager understood when things went wrong it was their legal responsibility to be open and honest. However, we identified missed opportunities for learning by the provider and registered manager because quality checks were not always effective.
- Staff worked with external professionals which included GPs, dentists and learning disability and autism teams. Records were kept of contacts with external professionals and upcoming appointments, and these were communicated with relatives and discussed during staff meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Although there were systems in place to assess and monitor risk, people were at risk of harm due to the provider not acting on identified risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Although we found no evidence of harm, systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.