Autism.West Midlands

Pinetrees

Inspection report

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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?	Good

Overall summary

We inspected this home on the 12 January 2016. This was an unannounced inspection. Pinetrees provides accommodation for four people living with Asperger's syndrome and who require personal care.

The home does not currently have a registered manager as the past manager recently retired. 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. There was an operations manager at the home who was in the process of applying for registration at the time of the inspection. There was also a team leader based at the home who was responsible for the day to day running of the home.

People we spoke with felt safe. Staff had a good knowledge of the people living at the home and used this knowledge to identify when people may be at risk of harm. Systems had been put in place to minimise these

Summary of findings

risks whilst still allowing for independence. We saw there were sufficient staff available to meet people's requests for support and staffing levels were increased depending on people's requests for certain activities.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the rights of people using services who may lack capacity to make decisions for themselves. We found that the service was working within the principles of the MCA and staff had a good knowledge of what this meant for people living at the home.

Medicines were managed safely and only staff who had received training were allowed to administer medication. People had been encouraged to be independent, where possible, with administering their medication.

People were encouraged to be independent in all aspects of their lives. This included menu planning, meal preparation, house work and in deciding activities they wished to participate in. Care was planned with the person and people were able to state what they wanted to achieve each week with staff.

People felt cared for and staff we spoke with talked passionately about the people they supported. People told us that staff had a good understanding of their needs and we saw that staff had been provided with regular training to enable them to support people effectively.

Staff were responsive to people's needs and we saw examples of people's requests for support been actioned. People and their relatives were aware of, and had opportunity, to raise any concerns or complaints they may have about the service. We saw that where concerns had been raised by people, staff responded appropriately.

Staff felt valued and supported in their role and had opportunity to make suggestions for improvements to the service.

We saw that there were systems in place to monitor the quality of the service. These included seeking feedback from people and staff at regular intervals. The operations manager had ideas of how she wanted to improve the service further for both the people living at the home and the staff supporting people.

Summary of findings

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 safe.

Staff were aware of the signs of abuse and the correct procedure to follow should they be concerned.

People were supported by sufficient staff who were aware of the risks associated with people's healthcare needs.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff understood and supported people in line with the Mental Capacity Act (2005).

Staff had received training to enable them to support people effectively.

People decided what food they wanted to eat and were independent, wherever possible, in preparing meals.

Good

Is the service caring?
The service was caring.

People told us that the staff were caring and staff we spoke with were enthusiastic about the people they supported.

People were in control of how they wanted their care to be delivered in line with what was important to them.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in activities they had requested.

People were involved in reviewing their care to ensure it continued to meet their needs.

People were aware of how to raise concerns or complaints.

Good

Is the service well-led?
The service was well-led.

Although the registered manager had recently retired, management cover had been put in place and there were systems for staff to receive support.

People gave regular feedback on the quality of the service and staff put action plans in place when issues were identified.

Good

Pinetrees

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 unannounced inspection took place on the 12 January and was undertaken by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with three people who used the service, five members of staff and the operations manager. We conducted observations and after the visit we also spoke to two relatives.

We looked at records including two people's care plans and medication administration records to see if people were receiving care which kept them safe. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, people's meetings, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. Relatives that we spoke with told us they thought their relative was safe and one relative said, “He is safe and well cared for.”

Staff we spoke with were able to describe action they would take to keep people safe and were aware of the provider’s safeguarding policy. Staff had received training on safeguarding people and were able to tell us the possible types of abuse people were at risk from. Staff were also aware of other agencies they could contact if they felt the manager had not taken appropriate action. The team leader and operational manager were aware of their responsibilities for safeguarding people including the appropriate action to take. The provider has other homes and lessons learnt from safeguarding issues were shared between these services to keep people safe.

We looked at the ways in which the service managed risks to people living there. Individual risks to people had been assessed and when necessary action had been taken to reduce the risk for the person. Two of the people living at the home accessed the community independently. We saw that risks associated with this had been identified and steps put in place, in consultation with the person, to ensure that they could go out safely. We saw that where accidents or incidents had occurred systems were in place to analyse the cause of the incident and measures were put in place to reduce the chance of reoccurring incidents to the person. These were also monitored by the provider to identify any trends.

People who lived at the home and their relatives told us there were enough staff to meet people’s needs. We saw that staff were available to meet people’s requests for support which often happened on a 1:1 basis. We saw that staffing levels were increased when people had requested specific activities they wanted to do. Staff absence was covered by regular staff, to maintain designated staffing levels.

We looked at the processes in place for safe staff recruitment and found that these included obtaining Disclosure and Barring Service (DBS) checks to ensure people employed were safe to be working with people. Although recruitment records were not available to view we saw that there was a checklist detailing all the steps that had been taken prior to staff working with people. Following the inspection we received information from the provider’s recruitment manager demonstrating that appropriate steps had been taken to ensure staff were suitable to support people.

We looked at how the service managed medicines. People were happy with the level of support they were receiving. Although people received some support from staff, they were still encouraged to be independent with certain aspects of their medicine management. Robust systems were in place to support people in this way. We saw that medicines were stored safely. Systems were in place to check that medicines had been administered safely and only staff who had received training about medication were able to administer medicines.

Good

Is the service effective?

Our findings

We spoke with people and one person told us, "Understanding of my condition has improved tremendously from staff." Staff told us "I embrace training to deliver quality care", and "I have enough training to do my job." Relatives told us that staff were effective in their roles and commented that, "Their understanding of autism is excellent."

Staff we spoke with felt supported in their role and informed us they had received sufficient training to meet people's specific healthcare needs. People living at the home had Asperger's syndrome and staff had a good knowledge of what this meant for people and how it affected each person individually. There were systems in place to ensure that staff were kept up to date with knowledge of best care practice. The operations manager informed us that new staff have to complete the care certificate which is a nationally recognised induction course which provides care staff with knowledge of good care practice. One member of staff explained the induction process which included working with a more experienced member of staff to get to know the people living at the home.

Staff informed us they received regular supervisions to help improve their knowledge. Staff meetings occurred and staff we spoke to felt able to raise any concerns at these meetings.

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 people lack mental capacity to take particular decisions, any decision 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with told us they had received training on the MCA and DoLS and had a good knowledge of how to support people in line with this legislation. One staff member described it as, "Empowering someone to have choices." Many of the staff had worked at the home for many years and knew how people liked to make choices. We saw that assessments of people's capacity had taken place when it had been identified that they may need support in a specific decision. However, we found that these assessments did not detail what parts of the decision couldn't be made. The assessments had been carried out a couple of years ago and had not been reviewed to determine what support the person may now need in this area. The operations manager assured us that these assessments would be reviewed with the person to ensure they were up to date.

People told us, and we observed, that staff offered people daily choices. One person told us, "I like a choice; I'm now given choices, not so much in the past." Staff were able to describe action they took to seek consent from people before supporting them with personal care.

We saw that people were encouraged to remain as independent as possible when planning and preparing their meals. All the people living at the home had input into the menu choices to ensure people's preferences were met and they reflected their specific dietary needs. We saw that different communication aids had been introduced to enable people to make these choices. We saw that people could choose when and where they wished to have their meals and whether they wanted to eat with others or on their own.

People saw healthcare professionals regularly to maintain their health. One person told us about how staff booked an opticians appointment for them and during the inspection we observed a person being supported to attend a healthcare appointment. The person had stated the specific support they wanted and staff had respected their wishes and supported them in the way they wished. We saw that each person had a health action plan which detailed the level of support the person needed when attending healthcare appointments and how to notice if the person was unwell. Relatives informed us that the service was quick to take action if their relative was unwell.

Good

Is the service caring?

Our findings

People that we spoke with told us, “Staff are lovely” and another person said, “I like all of them.” One person told us, “I love living here….I am very happy.” We spoke with relatives who told us,

“Pinetrees is exceptional, he is looked after so well” and another relative commented that, “Staff are extremely efficient and very good.”

Staff spoke about the people who lived at the home affectionately. One staff member said, “I love working with the lads.” Another staff member said, “I love it, I really do”, when describing their work at the home and told us that, “We are committed to people.” One staff member described the best part of their job as, “Seeing the guys happy and giving them an opportunity to live a good life”, and another staff member told us, “The guys deserve the best level of care.”

People told us that they were fully involved in developing their plan of care. Care plans we looked at detailed specific information of how to support the person including people’s likes, dislikes and preferred routines. Care plans also contained communication passports that detailed how the individual communicates and what types of communication the person understood. Staff were able to explain how they used this information to support people in the way they wished. Staff were also able to tell us individual things that may upset people due to their condition and what they did to support people when these things happened.

One person told us how the staff supported them to meet their cultural needs including how they were supported to celebrate occasions that were important to them.

People told us that family members were able to visit the home whenever they wished and there were no rules of how often or when they visited. People explained the support staff gave them to keep in touch with family members which included staff accompanying people on trips to other parts of the country to see family and via phone calls and writing letters. This was planned out in advance with the person as this was important to them.

People were encouraged to be independent in all aspects of their lives. One person told us “I like my own space, my own independence”. Independence was encouraged when carrying out housework, cleaning and choosing daily what the person would like to do. We saw that people were treated with dignity and observed staff being respectful of people’s private spaces and using their preferred names. Staff explained action they took to respect people’s privacy when supporting them with their healthcare needs.

Good

Is the service responsive?

Our findings

People gave us examples of how the service was responsive to their needs. One staff member we spoke with told us, "We want to provide quality care for all of them, and will change things if people aren't happy." One relative that we spoke with explained, "It's his home and his space."

All the people had lived at the home for many years and one relative told us that people generally got on well with each other. People's life histories had been recorded in their care plans with specific mention of family members and friends who were important to them.

People told us about the activities they took part in. People's preferred activities had been recorded in their care plan, which helped staff to support people to engage in activities they said they liked. One person explained how staff supported them to go on holiday which was important to them. These holidays had been planned out for the year, at the person's request. Activities were tailored to the person and their individual interests. There were activities within the home, chosen by people living at the home, that people could partake in should they wish such as a computer and videos. On request from people living at the home we saw that a new TV had been purchased and a computer games console was due to be purchased at a later date.

One staff member we spoke with explained, "It's person centred here, the guys like different things and do separate activities". Staff we spoke with explained that activities were planned on a weekly basis with the person to ensure that adequate staffing levels could be in place to support the person with this activity. One member of staff explained how they supported one person to pursue their chosen interest by planning out specific events for the year. The staff member explained that, over time, the person had been supported to undertake this activity in other parts of the country. Staff also told us how they had assisted a person to gain employment one day a week after they had expressed an interest in getting a job. These activities encouraged independence and allowed people to have new life experiences.

Care reviews were carried out annually with the person and their family. One person at the home had chosen not to have a keyworker and explained they preferred to seek staff support as and when needed. All of the other people living at the home had chosen to have a keyworker who carried out reviews of people's care every month. These reviews detailed leisure activities people had taken part in, looked at their health and family contact and identified people's support needs for the following month. This allowed the service to monitor people's care and make changes to the care plan if and when necessary. People were not involved in the monthly reviews at present, as people living at the home had become uninterested in these meetings. However, the service had recognised this and were in the process of putting together a new format that would encourage participation with the person throughout the review.

We saw that there were systems in place for staff to share important information between themselves. Staff explained the importance of this consistency for people living at the home and said that people's care needs were, "Continually discussed day to day to resolve things". This meant that staff would be aware of and promptly respond to any changes in people's care needs.

People and relatives told us that they were comfortable to raise any concerns or complaints with a senior member of staff. One person told us of a current concern they had which we shared with the operations manager. The operations manager reassured the person and advised of the actions they would take to resolve their concern. The person appeared happy with this outcome. There was a formal complaints procedure which was available in the home and although people we spoke with were aware of this procedure, there had been no complaints raised in the last twelve months.

Good

Is the service well-led?

Our findings

People were happy with how the service was managed. Relatives that we spoke with commented, “Absolutely I can speak to them.”

The home did not have a registered manager in post due to the past manager recently retiring. However, the provider has put systems in place to provide manager cover. This included the promotion of one staff at Pinetrees to team leader and an operational manager who was in the process of applying to become the registered manager. There were also systems in place for staff to seek advice when necessary from a registered manager at the providers other homes any time of the day. This ensured that there was a continuity of leadership and direction at the service.

The recent departure of the registered manager and two other staff members had caused some unsettlement between the staff team. However, all the staff we spoke with were confident that the operations manager was available when they needed support and advice. Staff explained that the management team were, “Really approachable and supportive”, and another member of staff commented, “It’s very well-run here.”

The operations manager was fully aware about requirements to inform the Care Quality Commission of specific events that had occurred in the home and was clear about what changes in regulations meant for the service. Information was shared from the provider to managers in their services which allowed managers and staff teams to keep up to date with care developments.

People and staff informed us that they felt involved in the running of the home and we saw that they were able to express suggestions for improvement to senior staff. Meetings led by the people who used the service, took place weekly and gave them the opportunity to express any concerns or issues they had. People set the agenda for these meetings and staff added any items for discussion afterwards. The minutes from these meetings were fed back to the staff team so that topics that needed resolving could be organised by a named member of staff.

We looked at systems in place to monitor the quality of the service. We found that there were systems in place to routinely monitor the service. People took part in a survey every year to seek feedback on what they thought of the service they were receiving. We saw that people had completed these themselves and feedback was positive. Any comments made in these surveys were acted on. Staff surveys took place, to seek the staff’s views of the organisation although these surveys didn’t detail comments about the individual services. External quality audits were undertaken to measure and monitor the quality of the service provided.

Improvements to the service had been planned in response to people’s expressed preferences and reflected the services culture of person centred care. Further improvements included involving staff more in the running of the service and introducing competency checks for staff to see if training received had been effective.