

Hodge & Wilson Ltd

The Pines Residential Care Home

Inspection report

106 Vyner Road South
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Wirral
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Tel: 01516537258

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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 ●

Summary of findings

Overall summary

This inspection visit took place on 12 October 2016 and was unannounced.

The Pines Residential Care Home is a privately owned care home situated in a residential area of Bidston on the Wirral. The home is registered for 24 persons. At the time of the inspection visit there were 23 persons who lived at The Pines.

At the last inspection on 22 October 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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.

We looked at the recruitment of appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed an induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people who lived at the home.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when needed. Staff had received safeguarding training and they confirmed this when we spoke with them. They understood their responsibilities and process to go through should they witness any abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were in place to provide support people required. This was confirmed by our observations and people we spoke with. For example one person who lived at the home said, "They are really good, never rushed and always willing to spend time with you."

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

We found people had access to healthcare professionals and their healthcare needs were met.

People we spoke with were happy with the quality and quantities of meals provided. They also told us there were choices at meal times. During the day we saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments about the food included, "The food is very good. Lunch is a good experience as you can see." Another person said, "I love the homemade cakes they bake."

People told us they enjoyed activities and entertainers organised by the management team. An activity coordinator was employed and people who lived at the home were pleased with the games and events put on by them. One person who lived at the home said, "The staff are very good and try and keep people occupied. I do enjoy most of the games especially bingo."

The registered manager had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

We observed staff supporting people with their care during the inspection visit. We found staff to be patient, kind and caring. This was confirmed by people we spoke with.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, audits, staff and resident meetings and care reviews.

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 was safe.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be

involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

The Pines Residential Care Home

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 checked 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 inspection took place on 12 October 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 12 October 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included seven people who lived at the home, the registered manager and five staff members. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of two people, recruitment records and records relating to the management of the home. We looked at staffing levels to make sure sufficient staff were on duty. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. Comments included, "It's a lovely homely home and I feel safe and sound with all the staff around." A relative we spoke with said, "We loved the home and the way there were lots of people close to each other."

We looked at two care records of people who lived at The Pines to see how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs. We found records contained instruction for staff to ensure risks were minimised. For example we found people who required the use of hoist and lifting equipment had a written guide of how staff should use the equipment to keep people safe. We observed one person being supported by lifting equipment. The person said, "The staff are very good and know what they are doing I have total confidence in them." Individual risk assessments to suit each person had been assessed. We found they were reviewed monthly and as and when identified or changes occurred.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. People who required support with their personal care needs received this in a timely and unhurried way. This was confirmed by talking with people who lived at the home and staff. One person who lived at the home said, "Yes I feel the staff have time to look after me. They take their time and never rush off to someone else." We observed throughout the day staff had time to sit with people and engage them in conversation. A staff member said, "[Registered manager] encourages us to spend time with residents which you don't get at other homes I have worked in."

We had a walk around the building and found it was clean, tidy and maintained. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. A relative we spoke with said, "I come at all times especially in the mornings when you might think the home not to be clean. However it is always very clean that is what we like and no smells."

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to. We tested the call bell system and staff responded in a timely manner. One person who lived at the home said, "I hardly use it but they come within a couple of minutes when I do."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment such as hoists were safe for use. We found they were clean and stored so they were not a safety hazard for people who lived at the home. For example they were not blocking entrances or doorways.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. One staff member said, "I could not start to work here until all my employment checks had been completed."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed a staff member administering medicines during the lunch time round. The staff member told us any person who gives out medicines had received training. The staff member ensured the medicines cabinet was locked securely whilst attending to each person. People were assisted as required and encouraged to take their medicines. Medication given to people were signed for after they had been administered. One person who lived at the home confirmed they had received their medication at the correct time they should do. They said, "Yes every day at the time I should have my tablets the staff make sure of that."

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were constantly updating their skills through the training programme provided by the registered manager. We found staff had a good understanding of people's individual needs. For example we discussed a person's health needs with a staff member. They were able to describe the person's care plan and care required to meet their needs. A relative we spoke with confirmed how well the staff were aware of their relative's needs. They said, "They know [relative] so well and are able to pick up when she is not well or not herself."

We discussed training opportunities with staff. All the staff we spoke with told us access to training was good and the registered manager encouraged them to complete professional qualifications to improve their skills. For example a member of staff explained they were undertaking a professional leadership qualification that the registered manager had backed them to take so that they would be able to take on management responsibilities.

Discussion with staff and staff records looked at confirmed they received regular supervision. Staff told us these sessions took place on a regular basis. One staff member said, "Every two months I have formal supervision." These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. At the time of the inspection visit no applications had been required. We did not observe people being restricted or deprived of their liberty during our inspection.

We found people received a quality nutritionally balanced meal, appropriate to their needs and preference through choice. People told us they were encouraged to have a healthy lifestyle by receiving good information about different food produce. Dietary needs for example diabetic or gluten free were documented in people's care plans. Also information was written down in the kitchen for cooks to follow. We observed varied menus were displayed on the 'resident notice board' in the hallway. Communication for cooks was also on the notice board in the kitchen about liquidised and special diets for people who were dining in their room. We looked at fluid and diet charts that had been completed if concerns over health and weight had been identified. Records highlighted guidance and assistance given from the GP and dieticians for staff to follow in these cases.

On the day of our inspection visit we saw breakfast was served to meet individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals, toast and drinks were on offer. One person who lived at the home we spoke with said, "You can have what you like in the mornings." People received their meals where they chose to, for example one person who lived at the home said, "I like my breakfast in my room that is fine with the management and cook."

During the day we observed regular drinks and snacks being given to people who lived at the home. People who lived at the home told us they enjoyed their meals and snacks. They were offered an alternative meal if they did not like what was on the menu. We found staff were aware of the dietary needs of people who lived at the home. Comments were positive from people about the quality of food provided by the cooks and included, "The food is very good. Lunch is a good experience as you can see." Another person said, "I love the homemade cakes they bake." There were staff around to support people if they required with meals.

The Pines had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Is the service caring?

Our findings

People who lived at the home said they felt staff had a caring approach, were kind and patient. Comments from people included, "They are all kind and willing to spend time chatting. That is what I like." Another person said, "Kind caring and compassionate that is how I describe the staff here."

We discussed the principles of privacy and dignity in care with staff. Staff told us the registered manager provided training to ensure they developed their skills. Caring for vulnerable people and equality and diversity training had been provided for all staff to undertake. We observed staff used their skills when they supported people. For example, staff were patient and polite when they interacted with individuals. One person who lived at the home said, "They are all caring and so polite it makes me feel so much better."

Throughout the inspection visit we saw people who lived at the home pleased themselves how they spent their time. They were encouraged to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We found people who lived at the home had the choice to sit and go where they wished to around the premises.

We observed many examples of how staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. They also called out their preferred name before going into rooms. A person who lived at the home said, "I would recommend the staff to anyone. They are kind and always knock on my private bedroom door before they enter which shows respect."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. One staff member said, "It is important to treat each person as an individual and respect their views."

We looked at two care plans of people who lived at the home. Documentation in care records contained information about people's daily routines and if they had any health or social appointments for each day. These records were up to date, they described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records that people's care plans had been reviewed with them. For example care plans we looked at were signed by the person or their representative.

Staff were able to support people and their relatives with end of life care. We read an advanced care plan, where a family had been supported to make decisions regarding their loved ones final wishes. The home is registered with the 'End of Life Wirral Care Charter' as well as the six steps. Staff we spoke with were confident in providing the right care and support when someone was at the end of life. One member of staff was undergoing training in end of life care planning with the end of life care charter.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details however no one had used the service so far. The registered manager would ensure details of the service would be put up in the hallway should people require their guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of The Pines to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care support needs. They told us care they received was individual to them and they were encouraged to make their views known about how the care should be given. One person who lived at the home said, "I generally make my own decisions about the support I need. The staff let me be involved in everything as it should be."

We looked at care records of two people who lived at the home to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family member, identifying what support and care they required. There was evidence of people being involved in their own care plan. This was evidenced by people signing their care plans. People told us they had been consulted about support that was provided for them. For example one person who lived at the home said, "Myself and my wife went through all my health issues with the manager and senior staff at the start."

Care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. Care plans were person centred and developed around the individual who lived at the home. Each care plan contained a document 'all about me' that provided information about each individual's history such as employment, family and hobbies. Staff told us the information helped develop relationships and talk about people's life history.

We observed staff responded to people who required support during the day. For example one person had been sat in the dining area for quite a while and was feeling anxious. A staff member sat with the person for a while and then escorted them to the lounge area where they spent some time with the person. A staff member said, "It is good that we can respond to certain situations and spend time with people to either listen to problems or sort out what they need."

We talked with people who lived at the home about social events, activities and entertainment that went on at The Pines. People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged. For example bingo sessions, board games and dominoes were part of activities organised. On the day of the inspection visit a singer entertained the people in the afternoon. One person we spoke with said, "The singers are generally very good. I do enjoy them."

The service employed an 'activities coordinator part time. People who lived at the home told us they organised games for example, quizzes and chair exercises. One person who lived at the home said, "The staff are very good and try and keep people occupied. I do enjoy most of the games especially bingo."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. Complaint forms were kept in the hallway and could be accessed discreetly if required. The registered manager told us they had an open door policy to deal with complaints or any concerns people had. This was confirmed by talking with staff and people who

lived at the home. We found complaints were logged in a complaints book in the office and dealt with accordingly. We found only three minor complaints had been received in which the registered manager had responded to appropriately.

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We spoke with people who lived at the home about the complaints process. People told us they knew how to make a complaint and who to speak to if they had any issues. No one we spoke with had any issues or concerns about the service. Comments included, "Never had to complain they all do a wonderful job for us." Also, "I know the way to complain and would do. However never needed to make a complaint so far."

Is the service well-led?

Our findings

We found The Pines was well led by the registered manager. This was supported by comments from staff, people who lived at the home and relatives. For example comments included, "The best I have worked in we are a team and [registered manager] is part of that team." A person who lived at the home said, "The manager is very good and the place is organised and well run which suits everybody."

We spoke with a relative about their experiences of the service and how the registered manager kept them informed of their relatives care. They told us staff and the registered manager were good at providing any information and said, "Any issues are immediately relayed to me. The manager is very good at running The Pines."

From our observations and discussions with staff and people who lived at the home we found the registered manager was part of the staff team and supported staff in caring for people as part of the staff team. One staff member said, "[Registered manager] always supports us when we need help. She is not one of them who just sit in the office. In my opinion a very good manager to work for."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care.

There was good visible leadership shown by the registered manager. They had a good knowledge of staff roles and responsibilities. We discussed people's care with the registered manager. We found they demonstrated an understanding and an awareness of people's needs.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. We found from recent staff meetings medication issues had been raised by the registered manager. A written action had been given to staff and the problems rectified. A staff member said, "The meetings are good to air people's views and iron out any problems as well as promote the good things."

Staff had daily handover meetings to discuss what had happened during the day and any issues oncoming staff should be aware of. Staff told us these meetings were useful to discuss any impending care needs of people that had occurred during the day. One staff member said, "It provides an update for staff coming on duty so we are aware of any problems and issues that can be responded to."

The registered manager provided opportunities for people who lived at the home and their relatives to comment about their experiences of The Pines. For example satisfaction surveys were sent out on annually. The questionnaires checked people's experiences of staff attitude, management, how they were treated and personal care. We found 24 surveys were given out in February 2016 to people, ten had been returned. Respondents all gave positive comments about The Pines. Comments included, 'I would not let [relative] stay here if I wasn't satisfied. This is the best on the Wirral.' Also, 'We could not have wished for a better home.'

The registered manager had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, care records, accidents and incidents and the environment. For example recent medication audit had identified errors. The registered manager formulated an action for staff. This had now been implemented and had improved the administration of medicines to ensure the safety of people who lived at the home.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.