Castlehaven Care Limited

The Pines Residential Home

Inspection report

The Pines
Colebatch
Bishops Castle
Shropshire
SY9 5JY

Tel: 01588638687

Date of inspection visit:
08 January 2019

Date of publication:
21 March 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Pines provides accommodation and support for up to 13 people with learning difficulties. At the time of our inspection there were 13 people using the service. The home is divided into two separate parts, the house and the unit and there are two flats that are separate to the main building which are referred to as 'the cones'. The people who are supported in both the unit and the cones have higher dependency needs than people who live in the house.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

What life is like for people using this service:
In the 'unit' section of the home, there were not always enough staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service did not always notify CQC of events, incidents or accidents that they were required to by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009.

Staff did not feel that the registered manager spent enough time at the service.

People told us that they were happy living at The Pines and referred to it as home.

People received personalised care and support that promoted independence. People were given choices and were encouraged to have control over their lives.

People had access to the community and attended clubs and social groups. There were activities available for people who spent most of their time within the service.

Staff received appropriate training to ensure they could meet people's needs in a caring and kind way.

Staff understood what was important to people and supported people to achieve their goals.

People were protected from the risk of abuse and medicines were mostly managed safely.

More information is in the full report.

Rating at last inspection:
At our last inspection in June 2016 (report published 9 September 2016) the service was rated as Good in all five key questions. At this inspection we found that the key questions of Safe and Well-Led are now rated

Requires Improvement and the overall rating has therefore changed to Requires Improvement.

Why we inspected:

This was a planned inspection based on the date and the overall rating of the last inspection.

Enforcement:
You can see what action the provider needs to take at the end of our report.

Follow up:
We will ask the provider for an action plan to address the breaches of regulation. We will continue to monitor the service through the information we receive.

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 effective Details are in our Effective findings below.	**Good**
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 Residential Home

Detailed findings

Background to this inspection

The 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.

Inspection team:
The inspection was carried out on 8 January 2019 by one inspector.

Service and service type:
The Pines Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present on the day of our inspection.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection, we looked at information we held about the service. This included notifications about events that happened at the service which the provider must notify us about, such as serious injuries and safeguardings. We reviewed the information in the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about things such as what the service does well and any planned improvements they plan to make.

As part of the inspection, we spoke with two people who used the service, two members of care staff, the heads of home from the house and the unit and the director of the service. We observed the communal

areas to assess how people were supported by staff. We looked at two care files and we looked at records relating to quality and management of the service. We also looked at how medicines were stored and managed.

Following the inspection, we spoke with two relatives. We also gathered information relating to staff ratios and levels of support at the unit section of The Pines due to anonymous information we had received about staffing levels not being sufficient.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: 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.

Staffing levels

- People did not always receive the level of care and support they required to meet their needs.
- After our inspection took place, we received information of concern stating that people who resided in the unit of the home who required two-to-one or one-to-one support, were not consistently getting this level of support in line with their assessments and care plans.
- We addressed these concerns with the head of home for the unit who confirmed they were not always able to provide the required level of support due to staffing difficulties. When staffing was not available to cover two-to-one support, one-to-one support was often compromised and people who received one-to-one care, were placed together in a communal area to be supported by one member of staff.
- Rotas we reviewed showed that on many occasions, shifts were not always covered by the correct amount of staff. This corroborated the information we had received. This meant that people and staff were put at increased risk of harm as there was not always the staff to deal with people's care needs and behaviours.
- People's social activities were also jeopardised as there was not the correct and safe person to staff ratio for community activities to be carried out.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to stay safe from harm and abuse, systems and processes

- People told us that they felt safe. One person said, "I feel safe here, it is my home. I know the staff will keep me safe."
- Staff we spoke with understood their responsibilities in relation to keeping people safe from harm and abuse and knew how to report safeguarding concerns.

Assessing risk, safety monitoring and management

- People's health and physical risks were assessed and planned for.
- Risk assessments were completed and contained information such as control measures and actions required to mitigate the risk of harm to people.
- Staff used these assessments as a guide to support people in a safe way.

Using medicines safely

- People received their medications as prescribed.
- Controlled drugs were stored and administered in accordance with the law and best practice guidance.

●Protocols were in place for people who received 'as required' medications.

Preventing and controlling infection

●We observed staff adhering to infection control practices.

●Staff told us that they wore Personal Protective Equipment (PPE) and spoke about the procedures they followed to minimise the risk of the spread of infection to people.

Learning lessons when things go wrong

●The head of home had adapted some working practices as a consequence of learning from error and mistakes. For example, where medication errors had previously been identified, these were investigated and as a result the medication ordering system had been changed within the service and to the other services that the provider managed.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed regularly. Monthly reviews identified changes in need and care plans were adapted to reflect the changes.
- Support plans were developed with people to ensure people's diverse needs and preferences were met. The service took into consideration protected characteristics under the Equality Act 2010 such as age, disability and sexual orientation.
- Staff used the information contained within the care plans to deliver effective care and to provide good outcomes for people.

Staff skills, knowledge and experience

- Staff received an induction when they commenced their employment at The Pines.
- The heads of home kept training records to identify staff training requirements. Staff told us they received training that was relevant to the support they were providing for people.
- One staff member said, "The training is really good, it really helps me."
- A relative told us, "All staff have been trained in managing [person's] needs and anxieties. The staff are also trained in distraction techniques to manage [person's] behaviour."
- Staff received supervisions and could discuss their own training and development needs. The head of home stated that the frequency of supervisions and appraisals had been changed and they were considering increasing the amount of staff supervisions.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food. One person said, "They [staff] always ask us what we want; the food is really nice."
- A relative told us, "[Person's] is able to choose from meals that are available; they never go hungry."
- People received choice and were offered alternatives if they did not like or want what was on the menu. We observed this happening in practice during our inspection.
- Staff sat and ate their meals with people to create an inclusive experience for everyone.
- People's specific nutritional needs were met. The service consulted with Speech and Language Therapy (SALT) for advice on how to meet people's needs when risks had been identified. Food was prepared and served in line with people's needs and preferences.

Staff providing consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff attended a handover before each shift commenced to share information and discuss people's needs

to provide timely and consistent support.
●The staff worked well with other services and professionals and referrals were made in a timely way.

Adapting service, design, decoration to meet people's needs
●The layout of the service was designed in a way that allowed people to move around freely as they wished but also kept people safe.
●People's room were personalised with their own belongings. People were actively encouraged to choose the design and décor of their own rooms.
●There was equipment in place to help people stay safe where it was required, for example, the use of grab rails and hoists in bathing and toileting areas.

Ensuring consent to care and treatment in line with law and guidance
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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

●People were encouraged and supported to make decisions for themselves.
●Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
●The heads of home ensured that where people were being deprived of their liberty, applications for authorisations were made to the Local Authority to ensure that this was done lawfully.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
●People told us that staff treated them in a kind and compassionate way. One person said, "The staff are caring and good, they help me a lot."
●A relative said, "The staff are very good with [person's name] and know about their needs and behaviours; they [staff] do it so well."
●We observed caring interactions between people and staff. For example, some people were very curious about our presence during the inspection. Staff explained to people the purpose of our visit and reassured people if they became anxious.
●Staff adapted their communication methods as they supported different people. For example, one person used Makaton and we observed staff signing with the person to meet the person's needs.

Supporting people to express their views and be involved in making decisions about their care
●People were encouraged to make choices for themselves. One person said, "I make decisions and recommendations about my care and the staff help me to see if what I want is possible."
●Care plans recorded people's specific preferences and relatives we spoke with told us that the staff respected people's wishes and this happened in practice.
●A relative told us, "We are part of [person's name] care planning and it is recorded what they like and don't like."
●People had advocates who came into the service to help support them to make decisions about their care and support needs.
●People were involved in resident's meeting and we observed a meeting taking place during our inspection. People were given the opportunity to participate and share ideas and thoughts about various topics and subjects. People's suggestions were recorded and respected.

Respecting and promoting people's privacy, dignity and independence
●Staff told us how they upheld people's dignity and privacy. One staff member said, "I listen to people and I am patient. I always knock on people's doors before entering as it is their home, not mine."
●We observed staff speaking with people and asking them about their personal care needs. This was done in a discreet manner. We observed staff knocking on people's doors and the doors of the communal bathrooms and toilets before entering. This supported what staff had told us.
●People were encouraged to be as independent as possible. For example, at lunch time, we observed one person being encouraged to eat independently and support was offered and given when it was appropriate.
●Staff encouraged people to maintain their daily living skills within the service. For example, we observed

people returning their used crockery and cutlery to the kitchen after lunchtime and people helped out in the kitchen with tasks including washing up and making drinks for themselves and visitors.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good:□People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

●Staff were aware of people's likes, dislikes and preferences. Care plans reflected this and staff used this information to care for people in the way they wanted.

●Personalised plans were reviewed regularly and people and their relatives were invited to reviews. One relative said, "We always get invited to reviews undertaken by The Pines and other relevant meetings that concern our relative."

●People had access to activities and hobbies that were important to them. One person said, "I go into town on my own, I like to do this. I see my family when I am out and I also bring back things for the staff and people here; I like to help out."

●Staff supported people to plan their activities in line with their wishes and encouraged people to be actively involved within the community. One person told us, "I choose what I like to do and [staff member's name] helps me. I do voluntary sports work and I always try to get people who have a learning disability involved."

Improving care quality in response to complaints or concerns

●People told us that they knew how to make a complaint and could tell us the names of the people with whom they would speak should they need to raise a concern or a complaint. During our inspection, we observed a meeting taking place and staff reminded people about the complaints procedure and how to use it.

●Relatives we spoke with also told us that they knew of the complaints procedure and would speak to the management team if they had any complaints. One relative said, "I have never had cause to use the complaints procedure but I would feel very comfortable going straight to the heads of home."

End of life care and support

●At the time of the inspection, there were no people in receipt of end of life care.

●Records we viewed documented some elements of end of life care planning but not everyone had their wishes recorded. We discussed this with the head of home who told us they would ensure that everyone would have the opportunity to have their end of life needs and wishes recorded if they so wished and this would be applied consistently for all people using the service.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager was not always visible within the service, accessible to staff or people or working effectively to gather and utilise feedback to improve the quality of care people received.
- Staff we spoke with told us that the registered manager did not always have a visible presence within the service. Comments we received included, "We don't see the manager very often", "I would go to the director if I had an issue" and "The registered manager is never really around".
- A relative we spoke with told us, "I don't really see the registered manager often, I think they are based at head office now." On the day of our inspection, the registered manager was not available as they were on holiday.
- The director of the service visited the site during our inspection and spent some time discussing the future plans for the service.
- The two heads of home were available on the day of inspection and spoke with dedication and commitment about providing high quality care for people saying, "We just try to motivate people on the ground."
- Staff spoke highly of the heads of home. One member of staff said, "The head of home is really good, they really try to stay on top of everything." Another staff member said, "My line manager who is the head of home is very reliable and they get stuff done."
- Staff and relatives told us that the director was more readily available and was approachable. One staff member said, "[Director's name] is nice; he is approachable." A relative said, "It is a friendly company and we are on first name terms with managers and staff but also the two owners/directors of Castlehaven care."
- The heads of home understood the service's obligation under Duty of Candour and acknowledged that this was everyone's responsibility but told us that, where necessary this would be formally addressed by the registered manager.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider did not always meet their regulatory requirements.
- By law, notifications need to be submitted to the Care Quality Commission (CQC) when certain events occur in the home, such as if a safeguarding referral is made or if a person passes away. Some notifications

had been submitted; however, we found some concerns had been identified as safeguarding incidents and reported to the Local authority, had not been reported to us. This meant we were unable to effectively monitor the service and check the appropriate action was being taken to keep people safe.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

●We discussed this with the heads of home and the director at the time of the inspection who informed us that they were not aware that these events were notifiable. The heads of home had stated that they had not been given access to the tools that they required to be able to submit the notifications, but would request that they be delegated this responsibility to prevent this happening again in the future.
●We requested that we be sent these notifications retrospectively. At the time of this report, we had still not received the notifications.
●It is a legal requirement that the latest CQC inspection report rating is displayed at the service. This is so that people and visitors can be informed of our judgements. On our arrival at the service, the previous inspection ratings were not on display. We brought this to the attention of the head of home who addressed this with immediate effect and the ratings were displayed in a conspicuous place.
●After our inspection took place we received information of concern relating to staffing. We followed up on this information and analysed the working rotas that we asked the heads of home to send to us. We found evidence to substantiate the concerns that were brought to our attention. This showed us that the management of the service did not consistently address risks.
●The heads of home were clear about their roles and day-to-day duties but recognised that they had limited management responsibility and therefore were not always able to address the shortfalls that we identified both during and after the inspection.
●Audits were completed regularly as a mechanism of monitoring safety and quality performance.

Engaging and involving people using the service, the public and staff
●People were encouraged to engage in resident's meeting where they were given the opportunity to discuss ideas and share their views about the running of the service.
●Staff told us they received appraisals and supervisions which they used as a platform to discuss their own developmental and training needs.
●The director of the service told us that they were considering adopting an employee of the month scheme for staff that were recognised as 'going that extra mile'.
●The service had developed good links within the community and some of the people who resided at The Pines were well known through using local amenities such as cafes and shops.

Continuous learning and improving care
●The director spoke with us about plans to extend the service, developing a twelve-bed independent living service on the same grounds as The Pines. The infrastructure for the building was in place and the finer details were in the developmental stage. The building would also offer a day centre facility with a gymnasium that would also be available for members of the community.
●The service had recently employed a Human Resources officer who was taking responsibility for the running of this aspect of the service. The heads of home both told us that they saw this as a positive step as they believed that the person in this role would be able to support the heads of home address some of the shortfalls that were identified as part of inspection process such as staffing and administration work.

Working in partnership with others
●The service worked well with other professionals and we saw records where health professionals had visited people.

●The head of homes told us that they worked with other organisations to improve care and support for people. This included being part of the Shropshire Partners In Care group which is an organisation that works with services providing support and information with a main objective of improving standards of care.

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 18 Registration Regulations 2009 Notifications of other incidents Safeguarding notifications had not been received. This meant we were unable to consistently check the safety of the service. Regulation 18 (1) (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not adequate to meet the needs of the people using the service. Regulation 18 (1) (a)