

Orchard Care (South West) Limited

Pine Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

We undertook an inspection of Pine Lodge and Pine Lodge Home Care on 11, 13 and 14 July 2017. When the service was last inspected in February 2016 no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified and the location was rated Requires Improvement.

Pine Lodge provides support and accommodation for up to 22 older people some of whom are living with dementia. On the day of our inspection 19 people were living at the service.

Pine Lodge Home Care is also located on the same site as Pine Lodge and provides a domiciliary care service to people living in their own homes in the Milton and Weston Super Mare areas. On the days of our inspection 57 people were using the service. The domiciliary care service provides support to people with physical disabilities, sensory impairments and mental health needs, including people living with dementia.

A registered manager was in post at the time of our inspection. Each service had a registered manager in post, one for the care home Pine Lodge and one for the domiciliary service, Pine Lodge Home Care. The registered manager of the domiciliary service was currently on a period of planned leave. The service was being effectively managed by the deputy manager and a senior staff member. 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 home is run.

The service was not consistently safe as feedback we received from people, staff and relatives highlighted that staffing levels within Pine Lodge did not always meet people's needs. People and staff said they did not have adequate time with people. We found that medicines were not always stored safely.

Safe recruitment procedures were in place, to ensure staff were employed who were suitable for the role. Staff were supported within their role through an induction, supervision and training. Staff said they felt valued and supported by the service.

Assessments were in place to identify risks to people and within the environment. These detailed guidance in how to minimise risks.

Consent to care and support was sought in line with legislation. Care documentation considered people's mental capacity. The service was compliant in the Deprivation of Liberty Safeguards.

People were supported by staff who were kind and caring. People's dignity was maintained. People were encouraged and supported to remain independent. People said that their choices were respected.

Complaints were recorded and investigated. People, staff and relatives felt comfortable in raising concerns and making suggestions.

Systems were in place to monitor and review the service. Feedback was sought from people, staff and relatives through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People, relatives and staff gave feedback that staffing levels did not always meet people's needs.

People received their medicines when required. Although the storage of medicines was not always safe.

Staff knew how to identify and report safeguarding concerns. Referrals were made to the relevant authorities if required.

Safe recruitment procedures and checks were undertaken.

Is the service effective?

Good ●

The service was effective.

Staff were supported by effective induction, supervision and training.

The requirements of the Deprivation of Liberty Safeguards were being met.

The service worked within the principles of the Mental Capacity Act (MCA) 2005.

The service supported people with their nutrition, hydration and healthcare.

Is the service caring?

Good ●

The service was caring.

Staff had developed good relationships with people.

People's dignity was protected.

People were supported to remain independent and with their individual choices.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and regularly reviewed.

People were supported to engage in activities and develop networks and relationships.

The service sought feedback from people.

Is the service well-led?

Good ●

The service was well led.

Positive feedback was received about the management of the service.

Effective communication systems were in place for staff.

There were systems in place to monitor the quality of care and support provided to people.

Pine Lodge

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.

The inspection of Pine Lodge care home was unannounced. This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection of Pine Lodge Home Care service was announced. The provider was given short notice because the location provides a domiciliary care service, we needed to be sure senior staff would be available in the office to assist with the inspection. This inspection was carried out by one inspector and one expert by experience.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the service, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection of the care home we spoke with 10 people living at the service and three relatives of people living at the service. We also spoke with five members of staff, the registered manager and one

visiting health professional. We looked at six people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment, training records, policies and audits.

During the inspection of home care service we spoke with 11 people who used the service, four relatives and four staff members. We looked at four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment, training records, policies and audits.



Our findings

Pine Lodge

The service was not always safe as we received feedback that the staffing levels in place did not always meet people's needs. The service used a dependency tool to determine the level of care and support people needed, which linked to assessed staffing need. The service provided staff at a level in line with this analysis. Despite this, people, relatives and staff told us that staffing numbers mainly in the mornings and at weekends were not at a level that met people's care and support needs promptly. One person said, "Mornings are tight, people are coming in with more needs." Another person said, "Staff seem very hurried, not very well staffed at weekends. I would like more time with staff." Another person said, "It seems that more needs by people are taking up more time which is not reflected in the staff numbers." A relative said, "Some days they can be understaffed." A visiting health professional said, "There is never enough staff." Staff that we spoke with highlighted morning staffing levels as an issue. One staff member said, "In the mornings it is quite busy, lots of people ringing their call bells. One person said, "I wish staff would sit and talk but they don't seem to have the time." Since the inspection the provider has informed us that the service is always staffed at levels that ensure the service user's safety. They said as part of their quality assurance they have not received any negative feedback from staff or service users about staffing levels

People told us that call bells were not always quickly answered during the mornings as staff were busy. People had call bells which we observed to be placed where people could reach them. One person said, "I do use my bell but they don't always come." Another person said, "Today I used it [call bell] as I had been waiting a long time for a wash, they took a couple of minutes to come though." However, one person said they did not use their call bell often but when they did staff responded quickly. We observed call bells were ringing for periods of time during the morning, on one occasion one person's bell rang for six minutes before being answered. Call bell response times were not currently being monitored. The registered manager during the inspection set the call bell system so the response times could be monitored and identify if improvements were needed.

Medicines were not always stored safely. Medicines that required refrigeration were stored in medicine fridges. The temperature of this was monitored, although this had not been done daily. The room temperature was also monitored; however, the recommended maximum temperature for the storage of medicines had been exceeded 14 times during the past three months. There was nothing documented to indicate that staff had escalated this to a senior person, which meant there was a risk that medicines were not always being stored at a safe optimum temperature and may no longer be safe to use. The registered

manager immediately took steps to address these issues.

Some people were self-administering their medicines. People had signed to consent that they wished to administer their own medicines and a risk assessment was completed. However, we found one person who was self-administering their medicines had shared theirs with another person living in the home. The provider informed us after the inspection that this had been rectified.

People were administered their medicines in their preferred way and the recording of people's medicines was accurate and up to date. People told us their medicines were administered on time. One person said, "All my medicines are brought to me."

Care plans contained risk assessments for areas such as falls, mobility, nutrition and skin integrity. When risks were identified, the care plans contained guidance for staff on how to reduce the risks. This included the level of support and any equipment required to keep the person safe. However, we found that when people had air mattresses in place to reduce the risk of pressure sores these were not always set correctly. The registered manager implemented a checking process during our inspection.

A fire risk assessment had been updated and reviewed in April 2017. Regular servicing and testing of fire safety equipment was undertaken. We saw that practice evacuations were completed. People had an individual emergency evacuation plan in place. Plans that had completed recently were detailed. These showed the level of staff assistance people may require in an emergency situation, the equipment needed, people's communication needs and how they may react. Previous plans did not have this level of detail. This was highlighted to the registered manager who immediately addressed this.

At our last inspection of Pine Lodge in February 2016 we found that referrals were not always being made to the relevant authorities when concerns were identified. At this inspection we found that a log was kept of when incidents had been referred to the local authority. Information was held on the outcome and any actions the service had taken. The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. Staff we spoke with had a good understanding of the procedures in place and the types of abuse they should be aware of. One staff member said, "I would tell the manager. I am confident things get followed up."

The service followed a safe recruitment process before new staff began employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. We highlighted to the registered manager that for one person their change of names documentation was not recorded. We viewed this information on the second day of our inspection. We saw that when the service's disciplinary procedures were required these were used and full records kept of the actions taken.

Accident and incidents were recorded and staff were clear on the procedures they should follow. We reviewed accident records and saw a detailed description of what had occurred and the immediate action taken for example if emergency services or 111 had been contacted. All accidents and incidents were followed up to ensure preventative action was taken. A monthly overview was produced to monitor for any patterns and trends to check that actions taken were effective. Where needed people had separate records in place to monitor behaviour that may be viewed as variable and unpredictable.

We reviewed records which showed regular checking and testing of equipment had been completed. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids, electrical equipment and call bells. A lift had been installed in the service since our last inspection. Improvements had also been made to the kitchen through refurbishment, new flooring and equipment. There were certificates to show testing of gas servicing and mobility equipment such as wheelchairs and bath aids.

Environmental risk assessments had been completed and reviewed regularly. These included areas such as, making hot drinks, gardening and the pet cat. Staff told us that repairs and maintenance were undertaken promptly. A schedule of maintenance work identified and planned for work to be undertaken. We saw this included repainting parts of the service. We noted parts of the service were tired and required refurbishment and redecorating.

The garden was safe and accessible. We saw people sat out in the garden enjoying the bright flowers. One person told us how they used a small greenhouse to plant her seeds.

Pine Lodge Home Care

Without exception people told us they felt safe and well looked after by the service. One person said, "I am very safe in their hands."

People told us that staffing was good, visits occurred at the scheduled time and staff had time to complete all aspects of care and support in a timely manner without being rushed. People commented that staff were well presented and always wore their uniforms and badges so people could identify them. One person said, "[Staff] are always on time, none of them have been late." Another person said, "The office ring if they are going to be late, but that seldom happens." People spoke positively about the staff involved in their care and support. One person said, "They are very pleasant and cheerful. They always respect me and my place." A relative said, "We are extremely satisfied [with the staff]." People told us that staff always checked with them that they were happy with everything before they left and also reminded them when their next appointment was scheduled.

People's medicines were administered safely. Staff received training in medicine administration and competency was assessed through observations. We saw a system in place that was open and transparent to deal with any medicine errors that may have occurred. Medicine administration records (MAR) showed the details of the persons current medicines, any known allergies and their GP details. Protocols were in place to guide staff in as needed medicines. We reviewed MAR and found no recording omissions. One person said, "They give me my tablets and I have to take it while they are here." Regular checks and audits of MAR and medicines were completed by the service.

The service had a robust recruitment procedure in place. A checklist at the front of staff files ensured that all areas of the recruitment had been completed before staff started working for the service. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Accidents, incidents and near misses were reported and recorded. A detailed description of what had occurred was reported and showed the action taken by the service. People were referred to other health and social care professionals when necessary. Such as, the GP, falls team and psychiatrist. Staff were diligent in

their reporting of incidents that may have the potential to have an adverse effect on a person so that action could be taken. For example, a staff member found a person's home to be unsecure and had reported this as a near miss so steps could be taken to ensure the person was safe.

Staff had received training in safeguarding vulnerable adults. When appropriate, the service had referred concerns to the local authority and The Care Quality Commission. Staff were aware of the policies and procedures the service had in place and had a good understanding of their responsibilities. Staff said management was very thorough and that any concerns were followed up.

Individual risk assessments were in place. These included areas such as personal care, mobility and the use of equipment. Guidance to staff detailed how to support people to remain safe, minimise risks whilst promoting people's independence. People's homes were risk assessed to keep people and staff safe. For example, one risk assessment detailed areas to be considered when accessing a person's home. Other risk assessments were in place for the environment and for safe working practices. For example, these included lone working, gardening at people's homes and accompanying people to appointments.

A contingency plan was in place in the event of adverse circumstances which may affect the service. Procedures were in place for staff to follow in the event of an emergency situation with a person such as an accident or ill health. In addition, clear guidance was in place should staff attend a person's home and they fail to respond to the scheduled visit.



Our findings

Pine Lodge

The service was effective. People told us that their care and support needs were met and staff knew them well. One person said, "I have been introduced to new staff and feel staff are well trained and know my needs." A relative said, "The staff are always very knowledgeable about [Name of person] and tell me if anything changes with her care."

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. Staff had received training in the MCA and showed a good knowledge of how they promoted the principles of the MCA in their work practice. People's mental capacity had been considered in the care planning process. Where people lacked the capacity to make a specific decision a best interest meeting was held with people involved in the person's care, such as the GP and family members.

People told us that consent was always sought before care and support was given. One person said, "Staff are so caring and always ask if they can help me before I even know I need help." We observed a staff member seeking consent from a person before pushing them closer to table. Staff also asked people's consent at a mealtime if they wished to wear a clothes protector.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. One person had an authorised DoLS. There were no conditions attached to this authorisation.

Staff we spoke with confirmed they had received an induction when they started working at the service. The induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. Records were completed of the induction process.

Some staff's induction records contained a detailed checklist which explained the areas covered in their induction compared to other induction records which did not have this. The registered manager said this would be introduced for all staff so it was clear exactly what had been covered in a staff members induction. Staff told us that they had all shadowed a more experienced staff member as part of the induction process. Staff spoke positively about their induction process. One staff member said, "I felt confident after the induction, there is always someone around to ask." However, one staff member said that their induction process had not been well organised or delivered. This persons experience was fed back and discussed with the registered manager.

The registered manager told us that supervision for staff had not been regularly occurring prior to March 2017. Supervision is where staff meet one to one with their line manager to discuss their performance and development. We reviewed staff supervision records and found from March 2017 supervision was being completed as scheduled for staff. One staff member said, "I have supervision every three months. They put a list up when we are due." Another staff member said, "I feel well supported."

Staff training had not always occurred as scheduled. Since the registered manager had been in post they had worked with staff members to ensure that all mandatory training was in date or now in progress. One staff member said, "Training is much better now. We have had a lot to do." One staff member said, "I've had loads of training first aid, dementia, manual handling, safeguarding and medication training for example." Training specific to people's needs such as diabetes and nutrition and hydration was booked for staff members in August 2017. Staff were also supported to access to further nationally recognised qualifications in health and social care.

People were supported to have enough to eat and drink. People's nutritional needs were assessed and care plans guided staff how best to provide support. For example, in one person's plan it had been documented, 'Able to eat independently, but may need help to cut food up.' We observed at mealtimes that people were asked if they needed any support and were asked if they would like further helpings. The chef at the end of the meal came and checked if people had enjoyed the meal. One person said in regards to their meal, "Yes, very nice." People's personal preferences and any dietary requirements was contained within their care plan and displayed for kitchen staff. For example, one person did not like cabbage and another person liked smaller portion sizes this was recorded in their care plan.

People's weights were monitored. When people lost weight records showed that advice was sought from the GP and that some people were prescribed drink supplements. Some people were having their food and fluid monitored. Charts that we looked at had been completed in full and staff had also documented when they had offered people food or drinks and they had refused. However, a visiting health professional said, "I don't think staff always prompt people to drink enough." Drinks were available for people to help themselves and were located in different places around the service. People had drinks within their rooms in reach and had been dated. One person said, "There are always drinks available."

People had access to on-going health care. Records showed that people had been reviewed by the GP, the district nurse, and the mental health team. A hospital pack was ready to accompany people should a hospital admission be necessary. This contained information about current medicines, medical history and communication needs. However, a visiting health professional said that whilst the service was effective at raising issues about people's health it was not consistent in ensuring practices were followed. For example, one person care around their catheter was not documented in detail within their care record. There had been occasions where it had been highlighted to the service that the recommended support had not been given. The registered manager showed us the action that had been taken and said this would be further monitored.

People told us that the care and support they received was effective. People spoke highly of the staff saying they were well trained and were knowledgeable about their care needs. One person said, "They are very knowledgeable about me." Another person said, "The carers meet my every need, I am very happy with the service."

All staff completed an induction at the service. Staff spoke very positively about the induction process. We reviewed the induction workbook which confirmed staff had received a comprehensive induction to the service's systems and procedures. A checklist at the front ensured all areas of the induction were completed before staff started working. One staff member said, "The induction was very refreshing, it showed the ethos of the service, a family feel, I could ask any questions. I like to know as much as I can before I see a person. The seniors know everything about people." Staff said that the thorough induction process meant people received a good experience when they started working. This was because staff were knowledgeable about people's needs before supporting them.

We reviewed the training records. Staff received regular mandatory training and training in areas specific to the needs of people they supported. Staff told us that training was a high priority and staff were encouraged to undertake further training to develop their skills. One staff member said, "The training is really good. It is really useful." Training was discussed at team meetings and during staff supervision to ensure people had the training they required or would like. One staff member told us about the recent training they had undertaken in dementia. They told us about the positive impact it had on the way they supported people as they had a deeper understanding of people's needs. The registered manager facilitated access to further nationally recognised qualifications in health and social care

Staff said they received regular supervision. Records confirmed this. Staff spoke very positively about their supervision saying it was useful and supportive. One staff member said, "We get very constructive feedback on how well you are doing. I feel very well supported." The registered manager and senior staff collected comments from people and observations they had made and fed these back to staff during their supervisions. For example one comment about a staff member said, 'Lovely girl, felt first meeting was lovely and would enjoy her company if long term.' Another observation about a staff member said, 'Really well done for how you dealt with a difficult situation.' Staff said that hearing this feedback was beneficial as it showed the impact for people of how they delivered care. Senior staff conducted numerous unannounced checks on staff members. This monitored that staff were delivering care to the expected standard and following procedures such as health and safety and care plan guidance. One staff member said, "We are spot checked all the time, which is a good thing."

Staff received training in the MCA. People's pre-assessment and ongoing care planning records showed that people's capacity was considered. People told us that consent was always sort from them. One relative said, "They [staff] are gentle with him and I hear them asking permission for my husband and explaining what they are doing."

People told us that staff supported them where necessary with their food and drinks. For example, in preparing their food. People said they were always offered drinks. Care plans guided staff in people's needs in this area. Specific details showed staff the support required at different times of the day. Some people used the food service provided by the organisation. One person said, "The food choices are made in advance and the food is excellent. I would give it nine out of ten."

The service supported people to access healthcare professionals when needed. This included attending

appointments with people. Staff said they knew people well and if they observed any signs that a person required further healthcare this was reported a senior staff member. One person said, "I was feeling unwell so they [staff] phoned the office and they arranged for a doctor to visit and informed my daughter. I thought this was so kind." The service had supported people and families to access further healthcare services and information that may benefit them. For example, one person who had a particular health condition was signposted to a local group that could offer specialised support. The person's family was directed to guidance about the health condition. This could aid their understanding of how to best support their family member. We reviewed a comment from another family member which said, "If it was not for all your help I would not be getting help for [name of person] from the mental health team."



Our findings

Pine Lodge

The service was caring. People told us that staff were kind. One person said, "Staff help me in a lovely way, they are very gentle." Another person said, "Staff are friendly."

We observed that staff knew people well and had good relationships with people. Staff were polite and friendly to people. For example, asking how people were and how they felt that day. One staff member said, "It is a happy home, there are good relationships between staff and people."

People told us their choice was respected. For example one person told us they can get up and go to bed when they wish. Another person said, "I like it here, there are no restrictions." A staff member said, "People have a lot of choice. They can do what they want, when they want."

People told us they were supported to remain independent and could go out as they wished. One person said, "I am very independent. I can go out if I want. I help out at the lifeboat place." Another person said, "Very much independence is encouraged." We observed a member of staff asking if a person felt able to walk that day into the dining room. In one person's care record it described how a person liked to be independent and took pride in being able to care of herself. Their care record said, 'Staff should respect this and promote her independence as much as possible.'

People's dignity was maintained. We saw one person enter a communal area who required support. A staff member discreetly asked if a person would like to change their trousers. The person agreed and the staff member supported the person to change. Another person left the bathroom and had an item of clothing tucked in, which exposed their undergarments. A staff member immediately supported the person to address this.

Visitors were welcomed. We observed several visitors to the service. One staff member said, "There are no restrictions on visitors, they can come whenever." One person said, "Yes, my son visits every day at different times."

The service had received four compliments since January 2017. One compliment said, "Your senior carer is first class. My mother is well looked after." A suggestion box was situated in the entrance hallway so people and visitors could leave any comments on suggestions they had.

People said that staff were kind and caring. One person said, "Staff are so kind and helpful, so patient. They couldn't be better." Another person said they are a, "Lovely bunch of ladies."

People spoke positively about the relationship they had with staff members. One person said, "We have a good chat and I have a great relationships with the girls." A relative said, "[Staff] are very pleasant and approachable and my Mum feels very comfortable with her carers." Staff demonstrated an in depth knowledge of people. Communication viewed between people and staff showed people were happy to speak with them about any areas of their care.

People told us that staff maintained they dignity. For example during personal care. One person said, "I feel very comfortable with the carer. They always have my towel and clothes ready."

People and relatives had left feedback on a national website where care experiences were reviewed. The service had received a high overall rating of 9.7 out of 10 and many people saying they were, 'Extremely likely' to recommend the service. Many positive comments had been left commending the staff and the quality of care provided.

The service had received an extensive amount of positive compliments. In one period, January to March 2017 over 200 compliments had been received. These included comments such as, "The girls are so efficient," and "[Staff member's name] was wonderful last week when I had an incident. She dealt with the situation so calmly and dignified," and "I don't know how you have done it but you have such a fantastic organisation."



Our findings

Pine Lodge

Care records contained an up to date photograph of people, contact details of relevant people, identified people's religious and cultural needs. People's history, previous employment and interests were described. This enabled staff to have good background knowledge of people and to discuss topics of interest with them. One care plan explained the locations where the person had previously lived and their occupation. People's routines and preferences were also described. For example another care plan confirmed the person, 'Likes tending to the garden and talking about fishing. Dislikes reality television and reading books.'

People's preferred methods of communication were described in their care plan. This included any communication aids. For example, one care plan informed staff, 'Has family photos to help [name of person] remember. Where people displayed behaviours that required particular support, strategies guided staff. For example another care plan said, 'No known triggers. Would prefer to be left alone and spend time in bedroom.'

People told us there was a variety of activities on offer at the service and that the appointment of a new activities co-ordinator had been positive. One person said, "I try to be social and join in the activities, they always ask me." Activities for the week were displayed on the noticeboard. These included arts and crafts, singing, a quiz, music for health and church services. Outside visitors were invited to the service to share areas of interest with people. A previous person had brought in items from the local museum for people to view. Books were available for people to read throughout the service.

Regular meetings were held with people and family members. A notice in the entrance hallway invited relatives and informed them of the next meeting. We reviewed the minutes of previous meetings and saw items such as food, laundry and activities. An action plan was created from the meeting to show what agreements had been made and who was going to completed them. For example, it had been raised that beds were not being made properly. An action was made to check that these were completed and to show staff individually people's personal preference of how they liked their bed made. This had been completed.

The service had received one complaint since January 2017. This had been investigated thoroughly and clear actions taken to resolve the issue raised. People and relatives said they were aware of the complaints procedure. One person said, "I would complain to the manager if I needed to." A copy of the complaints procedure was displayed on the noticeboard. People said they felt comfortable raising any concerns with

staff members. One person said, "I know I can speak to any staff."

A survey was conducted with people and relatives in March 2017. Positive comments were received such as, "All the staff are kind and caring" and "I think Pine Lodge is an excellent care home." Some comments that required further follow up had been documented on the form the action taken. However this was not consistently done. On investigation we found comments had been followed up but not always recorded. For example, one relative had raised that laundry was not being returned. The service had taken steps to ensure the person's clothes were all labelled. The registered manager said all follow up actions taken would be consistently recorded.

Daily records were kept of the care and support offered and completed with people. However, it was found that one person had very long and dirty fingernails and this had not been reported by staff. A senior staff member arranged for them to have their hands washed and their nails trimmed.

Pine Lodge Home Care

A pre assessment was completed with the person to establish the care and support they required. One person said, "We agreed together what I needed." Care plans were person centred and contained details about areas important to the person, including family members, significant events and interests. For example, one care plan said, 'Playing boules was an important part of my life.'

People's preferences were identified within the care record. This included preferences around carers. One care record said, 'I like to get up around 8am daily. I like to have my breakfast and a cup of tea before I get ready.' We saw that people were supported to achieve their aims and goals within their care plan. For example, one person was feeling socially isolated and wished to feel more part of their local community. The care plan showed how this could be achieved. The person said, 'I go to a club now as the carer takes me and pick me up.' Reviews of care plans took place monthly by telephone or in person.

People told us carers always made full use of their time and would do extra things if needed. One person said that staff, "Used their time wisely." A family member told us how sometimes their relative declined care and support. Staff would record what had been offered and the person's response. They would then use the time to complete other support for the person such as domestic tasks. The relative said, "If Mum is not up for a shower, they will find something else to do." People said the service was flexible and when they have changed appointment times the service would always try and accommodate their wishes. One person said, "They are very flexible, if I need to change the times they always fit me in."

Staff told us the service was responsive and that the registered manager and senior staff would go out of their way to enable people's changing needs to be met. One staff member said, "The care is very responsive." Staff told us how they supported people on their holidays, to appointments and to develop and sustain relationships and networks that were important to people. For example, a staff member told us how they supported a person with their dental checks as they became anxious about these appointments.

People and relatives knew how to complain if the need arose. We were told that the complaints procedure was in the service folder held within people's homes. One person said, "Gosh, no never needed to ever complain." Another person said, "What would I complain about? They are very good." The service had received three complains since December 2016. We found that complaints were investigated and recorded. However in one complaint the outcome for the person making the complaint was not always clear. In another complaint the member of the organisation who had been named in the complaint had been partially involved in resolving the complaint. The complaints policy did not specify in this situation who

should deal with the complaint. The manager recognised this was not impartial and amended the complaints policy to reflect this should the situation arise again.

Surveys were undertaken with people every six months to gain people's views and experiences of using the service. The results from the previous two surveys in July 2016 and January 2017 were positive overall. Comments included, "I am pleased with all aspects," and "Really happy." Where people had made suggestions it was recorded on the form as to action taken. Although this was not consistently done. The manager identified that the survey could be reviewed to determine if it could be simplified.



Our findings

Pine Lodge

People told us the registered manager was visible and approachable. One person said, "Yes, she is always around." A relative said, "I see the manager at least once a week."

There had been several changes within the senior management team in a short period of time. One staff member said, "There has been lots of manager changes. This has been unsettling for staff." Another staff member said, "It has been difficult for the staff team, with all the changes. It has got a lot better." Staff spoke positively about the registered manager and the changes they had made within the service. One staff member said, "Lots of things have got better, the manager wants it to be good here." Staff said they had pulled together as a team. One staff member said, "We have had to work together as a team."

Staff said they now felt supported in their roles. One staff member said, "[The registered manager] is very supportive, they are always happy to help you." There were effective systems in place to communicate with staff. This included staff meetings, handovers and communication books. Action plans had been made from meetings and signed off when completed.

A newsletter was produced by the provider to communicate items of interest about the service. This included changes within the service. For example, staff changes and improvements to the building that had been made. It contained photographs of celebrations and events such as birthdays and parties.

Systems were in place to monitor and review the quality of care on a monthly basis. Areas checked included health and safety, fire safety, equipment, care records and daily notes. These identified action that was required. For example, the July 2017 audit of daily notes showed that some entries were missing in regards to personal care and the offer of activities. An action plan from the audits was created and reviewed. Whilst a medicines audit was conducted it did not check storage temperatures of medicines so this or the issues we found with those self-medicating were not identified. The registered manager said this would be addressed.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.

The service was well-led. People and staff spoke positively about how the service was managed. Staff said the registered manager was competent and committed to providing a good service. One staff member said the registered manager was, "Very good. Fair, kind and professional." Staff said the competence, experience and caring nature of the registered manager and senior staff meant the service was person centred and had systems in place to promote high standards of care and support.

Staff told us the service was well organised. For example, staff said they received a copy of their schedule for the following week. This detailed key details from the care plan and specific care and support requests for the visit. One staff member said, "If there any changes, I get plenty of notice."

Staff meetings were held regularly. Staff told us these were useful and productive meetings. One staff member said, "We can raise any ideas." We reviewed recent minutes and saw items were discussed such as new staff, future training, new documentation and specific areas of people's care. Meetings were used as a learning opportunity for example a discussion had been held around safeguarding vulnerable adults. Regular surveys were conducted with staff members to gain feedback. We saw that positive results and suggestions had been made. A summary of the results and actions to take forward had not been completed. A senior staff member said this would be completed in the future.

Staff spoke positively about the ethos of the service and how this reflected in the care that people received. One staff member said, "There is an organic, homely feel to the service. It is top down, we have a very dedicated boss. This makes service users confident that we are well led and managed." Staff told us that retention of staff was good and staff remained working for the organisation as they were valued. One staff member said, "We are given trust and responsibility. We are listened to and encouraged to develop." This ensured consistency for people using the service and enabled good relationships between staff and people to be developed and sustained. For example, there were two people that used the service that would only receive care from particular staff members.

People and staff told us there was good communication within the service. One person said, "Communication is good." A staff member said, "The service is very good with communication." Staff said they were well informed of any changes to people's care and support needs. The service used mobile technology to communicate daily changes to staff. For example, staff had been informed that as one person had sustained a fall in their home and extra visits had commenced that day. All staff communication was logged so it was clear what messages had been given to staff and when.

The service kept a record to demonstrate the caring and responsive nature of the service. This was called the 'above and beyond file'. For example we saw when a person was in hospital the service had laundered and returned all their clothing to them. Another person had a favourite place in the local area that held special memories for them. A staff member had taken a photograph of this place and given it to them. Knowing that this would be meaningful for the person. The service had also been awarded as a top ten provider in the South West for 2016 in a regional awards scheme.

There were systems in place to monitor and review the quality of the services. These included areas such as medicines, care plans, daily records. Quality visits were undertaken by senior staff from Pine Lodge, which were both announced and unannounced. These checked compliance in areas such as accidents and incidents, safeguarding and medicines. A report was produced and any actions to be taken forward were noted. Senior staff said they well supported by the provider who visited regularly and maintained regular contact with the service. Meetings were held with other services within the organisation so managers could

share ideas and good practice.