

Autism.West Midlands

# Pinetrees

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 04 October 2018 and was unannounced. At our last inspection completed in March 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Pinetrees is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to four people in one adapted building. At the time of the inspection there were four people living at the service.

The care service has 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.

A registered manager was in post. 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.

The registered manager and staff team strived to ensure people were able to play an active role in the community and to lead full and active lives. A range of work, volunteer and leisure opportunities were arranged in partnership with people taking into account their strengths and personal interests. People were fully involved in the design and review of their care.

People were supported by a staff team who understood how to protect them from abuse. Care staff managed risks to people in a positive way. People were protected from harm while their independence was maximised. People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines safely and as prescribed. People were protected by effective infection control procedures.

People 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.

People were supported effectively to eat and drink sufficient amounts in a way that supported their health. People were encouraged to be involved in monitoring and maintaining their day to day health.

Staff supported people in a way that was kind and caring. People's privacy was respected and their dignity was promoted and upheld. People were encouraged to be as independent as possible and were supported to maintain important relationships.

People were able to raise complaints and concerns were listened to and responded to appropriately. The registered manager had developed an open and transparent culture within the service where people were respected and everyone was free to share their views. People were fully involved in the development of the service.

A range of quality assurance and governance systems were in place and these were being developed to make further improvements. Care staff had been equipped with the skills they required to support people effectively. Further improvements to training and development were planned.

The provider engaged with the wider community and other organisations in order to drive improvements to the lives of those being supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Pinetrees

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 October 2018 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. They can advise us of areas of good practice and outline improvements needed within their service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with two people who used the service and one relative. We spoke with the registered manager, the Autism and Practice manager, the team leader and three care staff. We carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

# Is the service safe?

## Our findings

People told us they felt safe with care staff and protected from abuse and mistreatment. One person told us, "I feel safe...staff make sure I have enough money". Staff we spoke with were able to describe signs of abuse and how they would report any concerns. The provider and registered manager had systems in place to ensure any safeguarding concerns would be reported and investigated in order to ensure people were protected.

People also told us they were protected from the risk of accidents and injury. One person told us, "I have a bell in my wardrobe to call for help if I fall. It makes me feel safe". Care staff we spoke with understood the risks to each person living at the service and how to support them safely. This included managing risks that arose when people displayed behaviours that demonstrated distress or that could challenge others. We saw risk assessments were in place identifying the potential risks to people and how staff should provide support to help keep people safe. A range of checks were also completed within the premises and environment to ensure risks were minimised to people. We also found where people were able to make decisions about risks, for example related to activities they may undertake, they were fully involved in these discussions and any decisions made wherever possible.

Where incidents had arisen, such as those regarding people's behaviours, these were reported and reviewed to see if any steps could be taken to further minimise risks moving forwards. The registered manager also ensured learning was taken from known national incidents and applied within the service to minimise risks. For example; they had taken precautions to minimise fire risks relating to emollient creams due to incidents that had arisen in other services.

People were protected by sufficient numbers of care staff who had been recruited safely. We saw the ratio of care staff to people meant people's needs could be met in a prompt and responsive way.

We looked at how the registered manager ensured medicines were managed safely. We saw medicines were stored securely. We saw medicines administration charts (MARs) were completed and the amount of medicine stated on these records matched stock levels in the service. We saw medicines were administered safely and as prescribed.

People were also protected by effective infection control measures. Good standards of hygiene were in place; including within the kitchen areas.

# Is the service effective?

## Our findings

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.

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 MCA. The authorisation 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.

We found the service promoted people's capacity and ensured alternative ways were considered to assist people in making decisions and providing consent before decisions were made on their behalf. A relative said to us, "[My son] has choice in everything he's able to have choice in". We saw where people did not have capacity to make specific decisions, their capacity was assessed and decisions made in their best interests in line with the requirements of the law.

There had not been a requirement to make any applications to deprive anyone of their liberty in order to protect them from harm. Where situations arose that may have resulted in a deprivation of liberty, these were carefully considered by the registered manager. They always sought to implement the least restrictive measures wherever possible and sought appropriate guidance from the local authority where required.

Care staff told us they felt the training available to them was good. One staff member said, "The training is fantastic". Another said, "We do regular training". They told us how some training was being made more unit based so it reflected real life scenarios more closely. They said, "It becomes more fun". We saw care staff had effective skills while supporting people in the service. We saw competency checks were completed to ensure that care staff were implementing their training in practice and that they had the required skills.

Care staff told us they received good support from the registered manager. A member of staff told us, "[The registered manager]'s approachable with anything". They told us they were able to have regular one to one meetings with their line manager and were given any support they needed. The Autism and Practice manager told us how an enhanced training programme was being developed that would further develop the skills of the staff team and improve the care provided to people.

People told us they were happy with the food they received at the service. One person told us they chose their food for the week and if they wanted something else staff would support them with this. One staff member told us, "It's [the food] whatever they want". They explained "Sometimes you get home and you don't fancy [what you've planned to eat] so you have something else, it's the same here". Another staff member told us, "Rather than a fixed evening meal at the table, people eat where they want and when". We

saw this practice in place during the inspection. We also saw people were supported to access culturally appropriate food when this was a preference.

People were supported to monitor their own health needs and were supported to take choice and control around decisions about their health. One person had written their own 'health action plan' which clearly stated how they wished to be supported with their health needs. Another person was being supported to access services that would provide education and knowledge around healthy eating. This assisted them to make their own decisions about healthier choices in their diet to improve their overall health. We saw people were supported to regularly access healthcare professionals such as doctors, dentists and chiropractors.

People were enabled to be fully involved in the development of the environment within the service. The living room had people's personal items such as photos, memorabilia and DVDs present. People had recently had their bedrooms decorated. One relative told us, "[My son's] just had his bedroom decorated and he chose everything". We found people had private spaces they could go to when they wanted and were able to utilise the outdoor space for leisure time or meals. One staff member told us there were weekly 'people's meetings' held. They told us if there was any planned work to be done in the environment this would be discussed at these meetings. Staff told us the environment had improved. One staff member told us, "It's become more homely". Another told us how the registered manager had taken boards and notices down in the kitchen that contained information for staff. They said, "You wouldn't have it in your own home" and told us this was done to make the environment more homely. The registered manager told us further work was planned to improve the environment for people living at the service.



# Is the service caring?

## Our findings

People told us they were happy living at the service. One person told us, "It's wonderful, fantastic living here". A relative told us, "[My son] is so happy living there". Staff we spoke with spoke passionately about their job and demonstrated a deep understanding of people's needs and preferences along with a desire to improve people's quality of life. One staff member told us, "Every day I embrace when I come to Pinetrees as it's special". We saw positive interactions between people living at the service and care staff that demonstrated a mutual trust and respect. Care staff told us the registered manager led the culture in terms of ensuring people felt valued and important. One staff member said "[The registered manager] does that really well...giving [people] a voice".

We saw care staff provided choice and control in addition to caring support to people living at the service. One person had undergone a recent medical procedure and required additional support for a temporary period. This had been fully discussed with the individual and support provided had been agreed in partnership with them. We saw care staff were able to recognise when this person was distressed and provided sensitive support and reassurance to help relieve the person's anxiety. We saw a competency check that praised a staff member for the choice and control they had given to a person when they were choosing decorating materials for their bedroom. We also saw from care records that one person had appeared unhappy at their drama class. Care staff had recognised the person wasn't happy and sat down with the person to discuss their concerns and if they wished to continue with the activity.

People were supported with different forms of communication to enable them to make choices about their care. One person for example was supported to make decisions about weekly activities using a picture board. This meant people could be fully involved in decision making.

We saw this approach in terms of encouraging choice and control within all aspects of care provided at the service. We saw people's independence was promoted as far as possible and they were empowered to live as full a life as they wished. People were supported to be involved in all aspects of daily living both within the service and out in the community. This included personal care, household tasks, shopping, going to work, community activities and leisure opportunities.

People's privacy was respected and their dignity was upheld and promoted. We saw care staff were respectful in their communication with people and respected their space, for example by knocking before entering their room.

People were supported to maintain relationships with those who were important to them. Visitors were able to visit the service without any unnecessary restrictions. People were supported to maintain contact with relatives. One person was supported to speak with a relative via an internet video calling service on a weekly basis in order to maintain contact that was important to them. Another person had been supported to have a rose bush planted in the garden as a memorial to a relative who had passed away.

## Is the service responsive?

### Our findings

People were supported to be fully involved in decisions about their care and developing their care plan. Care staff all told us they felt care was highly personalised to people's needs and we saw this reflected in care plans and the care practice we observed. One member of the staff team said, "Everyone was involved in their care plan". They told us, "It's very person centred. Whatever they want they have... Nothing's too much trouble". Another member of staff said, "Coming to work here, it's very person centred". Staff told us they spoke with people about their individual goals and identified anything they wanted to achieve. For example, one person had wanted to give up smoking so care staff supported them to achieve this. We saw care plans contained detailed information about people's likes, dislikes, their care needs and how care staff should support them effectively. For example; we saw comprehensive information about signs a person may be distressed and how staff could allieviate their anxieties effectively. We saw care staff carrying out instructions outlined in the care plan and achieving a positive outcome for the person.

People attended weekly meetings where they could talk about any concerns they had about the service and also talk about what they wanted from the week ahead. One staff member told us, "We sit down and try to involve them in planning". They said, "It's brilliant really. I like the approach of [the registered manager] and [the team leader]". We saw people were fully involved in reviews of their care and family members were involved in care planning and decision making appropriately.

We saw healthcare professionals had sent letters of thanks and compliments to the service about their knowledge of people's needs and how they supported the professionals to deliver effective care. A doctor had said, "[Staff] were knowledgeable about the patients they are caring for and very much helped us to perform a thorough assessment".

We saw care staff had identified people's special interests and supported them to participate in associated activities as much as they desired. We saw personal items relating to these special interests within the service in communal areas such as lounges and in people's bedrooms. We saw care staff had also identified things that were important to people, for example, following structures and routines. Care staff had effectively supported one person to plan activities going into next year which gave them a positive point of focus. Care staff understood what was important to the person, including understanding when they would book and collect tickets and who would be supporting them to do this on specific dates. Another person had also been supported to request some volunteer work that was related to their area of special interest.

People were supported to access a range of opportunities that enabled them to live as full and active a life as they wished and to engage with the wider community. A relative told us, "If [my son] wants to do something they try to make sure he does it". We saw one person was supported to attend and maintain a work opportunity. The location of their workplace was changing therefore staff were providing support with travel training to enable them to continue working. Staff told us how another person was well known in the community due to their daily outings to local shops. They said, "He's a pillar of community, all the neighbours and shops know him". We were told by staff the service organised an annual fete and this person was able to invite people from the local community to attend. Another person was supported to be a

'project manager' and organise a tea party for the wider organisation. They were quoted by the organisation as saying, "My role as Project Manager involved me baking three cakes, I also helped to sell cakes, make bunting and arrange the venue...I really enjoyed the event and feel really proud". Their relative told us how much value the person had placed on the event and said, "As far as [my son] was concerned, that was his project". People were supported to take part in regular activities such as going to the gym or going for a curry. Staff understood the importance of working with people to build their confidence and engagement. We saw staff had considered people's preferences around trips away and worked with them to facilitate trips they would enjoy. One person had returned from a weekend away at a hotel that specialised in breaks for those living with disabilities or health conditions, during which they had won a fancy dress competition.

At home, people also were able to live their lives in the way they wanted to. One person told us, "We have a big garden and lovely neighbours". Another person told us, "[Person's name] and I watch the Grand National together". We saw people were able to move freely around their home and to use it as they wish. One staff member told us how the registered manager had promoted people's independence within the home. They told us how small changes such as removing passwords from the computer made available for people to use meant they had more freedom in their own environment. We found people were involved in planning a Christmas meal at home with people and care staff. Staff we spoke with understood the need for flexibility in order to respond to people's changing needs and preferences. One staff member told us, "You have to have flexibility when you work with people". Staff told us the registered manager supported them in accessing whatever was needed to support people effectively. One staff member said, "If they show an interest in something it generally happens within the week". Another said, "Whatever [people] want to do, staff support with it". A third said, "We asked for a BBQ and the next day we had it".

The registered manager had ensured people and relatives felt comfortable raising any complaints if required. A relative told us, "Any issues we've had we've gone straight to [the registered manager] and it's done". There was a system in place for receiving, investigating and responding to complaints. We saw where concerns were raised in feedback surveys and not through the formal complaints system, these were also identified and addressed. We saw an example where the registered manager had made contact with family members to obtain further information in order to resolve the concern and make improvements within the service.

## Is the service well-led?

### Our findings

People told us they were happy living at the service. People knew who the registered manager was and appeared relaxed and comfortable in their presence. We saw relatives had given positive feedback in recent feedback questionnaires and one relative told us, "[The registered manager] is like a new broom, he's amazing". They also said, "I know if I said to [the registered manager], I need to talk to you, they'd make himself available". We saw people were fully involved in the development of the service. They were spoken to regularly both informally and through meetings about their care and the wider service. We saw where people raised concerns or provided feedback, this was heard and responded to appropriately. The registered manager encouraged feedback and used this as an opportunity to make improvements within the service. They sought opportunities to involve people in the service. For example, one person had recently been involved in interviewing new care staff. The provider also has ensured maximum involvement wherever possible. For example; a relative of a person living at the service is on the board of trustees and work opportunities at the provider's head office are opened up to people.

Care staff also gave positive feedback about the registered manager and the involvement of the staff team. One staff member told us, "[The registered manager's] come and and turned it around. He's been fantastic". They told us, "[The registered manager] has improved morale 110%. We're really lucky to have [them]. It's not like coming to work". Another staff member said, "I can't say enough about [the registered manager], he's brilliant!". They told us, "If you take something to [them, they are] on it straight away". A third said, "We respect [the registered manager] and he respects us". They said, "We have a top of the range manager, a top of the range team leader and we all work together". Staff told us they worked together effectively as a team and we saw this during the inspection and reflected in the care people received. Staff felt comfortable raising issues and concerns and were confident they would always be listened to and concerns acted upon.

A range of audits and quality checks were in place to ensure the quality of care and support provided to people was good. The provider also ensured central audits and quality checks were completed to ensure the registered manager was providing effective leadership and management of the service. We saw where issues had been identified these had been addressed immediately. We identified one issue with the documentation for a staff member's references during the inspection. The registered manager took steps to liaise with the provider immediately to resolve the issue and to take steps to improve systems in order to prevent reoccurrence. The registered manager was continually seeking new ways to develop and improve the service. They proactively volunteered to take part in pilots the provider was conducting around improving quality assurance and governance across the organisation. The Autism and Practice manager spoke to us about a range of improvements being made to training and quality monitoring systems. For example; with more comprehensive quality checks and training that was enhanced and tailored to the needs of people living at the service.

The provider and registered manager were committed to contributing both to the wider community and using learning to improve services for people. For example; one person living at the service completed a talk with staff from Autism West Midlands outlining their needs due to living with Asperger's syndrome. The provider had recently completed work with the local police around more effective questioning techniques

for people living with Autism. The Autism and Practice manager had completed, at the time of the inspection, a talk to local authority representatives around the importance of staff awareness and training for people on the autistic spectrum. Work had also been done by the provider to influence practices at a local airport to better support those living with Autism while travelling. The CEO, a registered manager and a trustee of the provider have been contributors to a regular publication 'Good Autism Practice' (GAP) which is produced in partnership with the British Institute of Learning Disabilities (BILD) and a local university. Recommendations from articles within this publication can be seen in the care practice within the service; for example, with the importance placed on social contact and activities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.