

Independence Matters C.I.C.

Pine Lodge

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Pine Lodge provides respite accommodation and support for up to a three people at a time, with a learning disability, autistic spectrum disorder and physical healthcare needs. At the time of our inspection one person was staying at the service.

The service consisted of one bungalow, with three bedrooms one with an ensuite shower room, communal lounges and bath and shower rooms and shared kitchen and garden facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People staying at Pine Lodge participated in activities and maintained attendance at college, day services and community hubs. Staff were skilled and received specialist training, they showed empathy, kindness and compassion and placed value on their caring roles and involvement in people's lives. People had their care and support needs met by sufficient numbers of staff.

People were offered a choice of meals and staff monitored people assessed to be at risk of poor food and fluid intake. Staff understood the needs of people requiring specialist diets and cooked food tailored to individual needs. The care provided was flexible to meet people's needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good working relationships with healthcare professionals and incorporated advice and best practice guidance into the care provided. The service worked in partnership with people and encouraged feedback. Staff told us they enjoyed working at Pine Lodge and spoke highly of the support and encouragement provided by the management team.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The care environment was clean and comfortable throughout, however, we identified some environmental and equipment risks, but the registered manager put measures in place immediately after the inspection to address and mitigate these.

The service had governance processes in place and completed internal quality checks and audits, however these had not independently identified some of the points found during the inspection. The management team was responsive to feedback and guidance provided and implemented measures to prevent reoccurrence.

Rating at last inspection

The last rating for this service was Good (published 20 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Pine Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Consisted of one inspector.

Service and service type

Pine Lodge is a 'care home' providing respite services. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 were legally responsible for how the service is run and for the quality and safety of the care provided. There were also two team managers, responsible for the day to day running of the service.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people and staff at the service to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We observed care being provided in communal areas for the person staying at the service. We spoke with

the registered manager, team manager and two members of care staff. We reviewed one person's care and medicine management records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We provided contact details for staff to share with people's families to offer the opportunity for them to provide feedback on the running of the service. We contacted some family members by email and telephone, and left messages with CQC contact details. We received one email response and spoke with one family member by telephone to source feedback on the service provided.

We asked for the service to send us some additional information on actions taken at our request, following the inspection visit. The information was received within agreed timescales.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same with a rating of good. This meant people were safe and protected from harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.
- We reviewed the service's accident and incident log and could see the service consistently completed investigations and reported incidents to the local authority safeguarding team, however we identified that the service was unclear of when these incidents needed to be reported to CQC. Guidance and clarification was provided during the inspection.
- We observed staff using tailored communication approaches to support the person to feel safe and secure at the service.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were safe to work with vulnerable people. One relative told us, "There can be a variety of staff working at Pine Lodge, but they are always familiar with [Name] care and support needs."
- Staff told us there was always enough staff on shift, however, they told us that sickness or absence was covered by agency staff which they felt impacted on consistency for people staying at the service.
- We discussed use of agency staff with the team manager who explained that any agency staff were not responsible for overseeing medicines or provision of skilled care, but were "an extra pair of hands" on the shift. This was the safeguard they had built in to reduce the risk of errors occurring due to a lack of familiarity with people staying at the service.
- The team managers planned staffing levels in relation to people's assessed needs and levels of support. For people staying at weekends, the service tried to plan activities in advance to ensure sufficient staffing levels were on shift.

Using medicines safely

- People's medicines were managed safely. Processes were in place for checking medicines in at the start of the respite stay and out at the end. Medicine administration records showed that people received their medicines as prescribed. Each bedroom contained a lockable medicine unit.
- Staff completed medicine training, and had their competencies reviewed every three months.
- The service completed medicine audits and spot checks to ensure policies and procedures were followed and any concerns identified and addressed.
- Relatives we spoke to, told us that staff checked if there had been any changes in medicines since the previous respite stay, as part of the admission and handover processes in place.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about lessons learnt during supervision sessions and team meetings.
- We observed staff to be responsive to people's needs throughout the inspection. The person staying needed tailored support in relation to their food and fluid intake, communication and medicines management to maintain their health, comfort and wellbeing during their stay. We observed staff to follow the guidance in place in the person's care records.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and demonstrated implementation of this into their practice, observed during the inspection. Staff had access to personal, protective equipment including gloves and aprons.
- The management team completed regular environmental audits and checks to ensure staff were completing cleaning tasks to the required standards. Staff had training in the safe handling and storage of cleaning products and chemicals, and designated cupboards were locked.
- The environment was visibly clean throughout, and we observed staff to complete household tasks. One bathroom had some damaged tiles making it difficult to keep this area clean, some wooden pipe surrounds were damaged, and an item of shower equipment was rusty. The service took immediate action following the inspection to address and mitigate these risks.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks to people's health and safety such as changes in behavioural presentation, management of health conditions and use of equipment. Staff reviewed and update the care plans and risk assessments regularly and put measures in place to reduce risks following incidents.
- Risk assessments were completed in relation to the premises. People had Personal Emergency Evacuation Plans, which were held in a central grab bag for use in an emergency.
- Procedures were in place for safety checks of water quality, fire safety equipment and equipment used to assist people to bathe and be moved and transferred. Some people brought their own items of equipment to the respite stay to ensure they had access to equipment tailored to their individual needs.
- We identified certain items of equipment that required maintenance and safety checks to be completed every six months had not been checked. The service took immediate action following the inspection to address and mitigate these risks. Alternative equipment was used until the safety checks had been completed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant 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

- One relative told us their family member always returned from respite "Clean, well-cared for and happy."
- Staff assessed, and documented people's needs, and preferences and planned care and activity timetables based around this. During the week, many people attended day services, college or other activities outside of the service. Staff supported people with activities at weekends, with use of the service's own transport.
- Staff worked with external bodies and professionals to manage risks in line with nationally recognised best practice, for example in relation to use of specialist equipment to assist people with their sleeping position at night. Care records contained photographs as well as detailed guidance from healthcare professionals in addition to the care plans in place on how to use and fit the equipment.
- We observed individually tailored care being provided to manage the person's nutritional and medicine needs.

Staff support: induction, training, skills and experience

- One relative told us, "Staff skill levels and their knowledge of working with people with severe learning disabilities is very good. They are always calm, friendly and understanding when we speak or meet with them."
- Staff told us they had access to regular face to face and online training courses relevant to their role, including specialist training to ensure they could meet each person's needs. The registered manager had a training matrix in place to monitor compliance, and prompt staff to book onto refresher courses.
- Staff gave positive feedback on the support in place when starting to work at Pine Lodge. They told us about the induction process, including shadowing experienced staff members to aid familiarity with people's support needs.
- The registered manager had a rolling supervision and performance-based appraisal programme in place. Staff gave examples of training opportunities they had accessed in relation to their own development goals.

Supporting people to eat and drink enough to maintain a balanced diet

- The service was familiar with people's preferences, likes and dislikes in relation to food, and people's specialist dietary requirements. Staff cooked food from scratch, using equipment to ensure food and fluids were prepared to the correct consistencies to manage assessed choking risks.
- We observed staff providing specialist care and support to the person staying at the service, to ensure they had enough time to eat their breakfast in line with guidance from Speech and Language Therapists.
- Staff completed food and fluid intake records where people were assessed to be at risk of malnutrition and

weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had a good working relationship with the local GP practice, ambulance service and learning disability healthcare professionals.
- Care records contained detailed guidance from healthcare professionals and any recommendations staff needed to follow were implemented into people's care records.
- Care records contained details to confirm that staff had supported people with all aspects of their personal hygiene including management of their oral hygiene.
- People were supported to access the local community for fresh air and exercise. Staff told us they supported people to complete walks in the local community particularly at weekends. The service had an enclosed garden which people could access and participate in activities such as gardening.

Adapting service, design, decoration to meet people's needs

- The service was designed to meet individual's assessed care and support needs. Bedroom furniture could be repositioned to accommodate items of equipment and individual preferences. The service was wheelchair accessible throughout and had accessible bathrooms and toilets with equipment in place.
- The bedrooms were neutrally decorated, and people could bring personal effects to make the room feel familiar and homely.
- The registered manager told us, they would complete a preadmission assessment before accepting a person to stay at the service and would consider their suitability in relation to the design and layout of the environment, their risk histories and levels of specialist support. The registered manager gave examples of where they had completed joint risk assessments with healthcare professionals or provided staff with specialist training prior to a respite stay commencing to ensure they could meet the person's needs.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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 had the appropriate legal authority and were being met.

- The service was not providing respite to anyone with a DoLS in place. The registered manager did give examples of where DoLS had been explored if people were displaying signs of being unsettled and trying to leave the building.
- Where applicable, people's care records contained capacity assessments. People and their relatives were

encouraged to be fully involved in the decision-making processes relating to their care. Staff worked with people using alternative methods of communication to aid understanding.

- Staff consulted with healthcare professionals and family members when making best interests decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us, "The standard of care received at Pine Lodge is very good. Staff are very customer focused, caring and understanding. [Name] is always encouraged to be as independent as possible; assisted with personal care when required; encouraged to engage with other service users and to go out in the community if [Name] chooses."
- There was a calm, caring, friendly and relaxed atmosphere, with staff regularly interacting with the person staying at the service. Staff offered encouragement and motivation, as well as reassurance and emotional support to increase the person's sense of wellbeing.
- People's diverse needs were respected, and care plans identified cultural and spiritual needs. People were supported by staff to discuss needs associated with protective characteristics.
- People were encouraged to build friendships and social networks, through attending day services, social care hubs and educational courses. Arrangements were in place for people to be driven to and from the service to enable them to maintain their usual activities and appointments during the week.

Supporting people to express their views and be involved in making decisions about their care

- One relative told us, "Pine Lodge management have involved us in the formation and approval of our [Name] care plan and risk assessments. We had an opportunity to make comments at an "open house" event at Pine Lodge earlier this year."
- We observed that people were able to choose how and where in the service they spent their time. Staff explained what they planned to do before providing support and encouraged people to express their views and opinions. Staff monitored for visual cues and nonverbal communication to ensure they were working in line with the person's wishes and preferences.
- Relatives were encouraged to give feedback on the service, and staff actively maintained contact between respite stays. Relatives told us they were able to maintain contact with the service during the person's stay.
- The management team actively liaised with relatives to get to know them, and ensure they felt able to raise any issues or concerns and provide feedback on the running of the service.

Respecting and promoting people's privacy, dignity and independence

- We observed staff to be respectful of people's privacy and dignity. Staff knocked before entering bedrooms and bathrooms.
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments. The guidance emphasised the need to support people to maintain their independence and levels of involvement in the care provided and decision-making process.

- Staff were able to explain techniques and approaches they used to maintain people's privacy and dignity when completing personal care tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information for staff to follow to support people with completion of personal care, eating and drinking, medicines and other aspects of daily activity. Care records contained a breakdown of how people wished for their needs to be met at different stages of the day and overnight.
- Communication plans were in place, providing detailed guidance for staff to ensure people were able to express their wishes, preferences and daily needs.
- Accessible communication standards were in place, including provision of information in pictorial format and use of symbols for example on information boards.
- People were supported by staff who demonstrated a good understanding of their needs, preferences and interests to give choice and control over the care provided. Staff spoke with the person staying at the service about their family, areas of interest, and plans for the day.

Improving care quality in response to complaints or concerns

- One relative told us, "Pine Lodge management and staff are very approachable. We have never had any cause to raise a complaint about the service at Pine Lodge, and do not foresee any in the future. However, we have been supplied with a copy of the complaints procedure should we need to make a complaint."
- The service had not received any formal complaints. The registered and team managers encouraged feedback from people and their families. The service had a welcome pack which included details of how to make a complaint. Relatives we spoke with told us they would feel comfortable to raise any concerns with the management team.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The care record reviewed did not contain specific end of life care plans, but did include protective characteristics such as people's cultural, religious and spiritual needs.
- The management team had identified that this was an area of the service that would benefit from further development, and access to training opportunities to support staff to feel confident to discuss end of life care planning with people and their families.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service's procedures for monitoring the condition and maintenance of equipment had not identified areas of concern found during the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team completed regular environmental audits, but had not identified some areas of concern, including environmental risks and completion of equipment maintenance checks. The service acted on the concerns immediately after the inspection visit, however, these should have been independently identified. Following the inspection, the registered manager confirmed that equipment maintenance had been added to their audits to prevent risk of reoccurrence.
- The management team and staff demonstrated a commitment to providing consistently high standards of person-centred care. People were placed at the centre of care planning and delivery. Staff told us they enjoyed working at the service, and that morale within the staff team was good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We identified that the management team were unclear about aspects of their regulatory responsibility in relation to reporting certain types of incidents or safeguarding concerns to CQC. However, we were assured that the service was fully investigating any incidents and reporting information to the local authority. Guidance and information was therefore provided during the inspection visit to support service improvement.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. One relative told us, "The management and leadership of Pine Lodge are very caring, understanding and approachable. They are well organised and correspond with us regularly over dates for new respite stays. They are very professional in their approach."
- The service had two team managers who oversaw the day to day running of the service, as the registered manager was responsible for two services. In addition to their managerial role, the team managers also completed day and night shifts to prevent respite stays from being cancelled due to staffing shortfalls, and to monitor the quality of care being provided.
- Staff gave positive feedback about the support provided by the registered manager and team manager. They said, "The managers have an open-door policy, and are very hands on completing shifts and helping out when needed."
- Staff told us there were systems in place to ensure information of importance was handed over to staff coming onto the next shift. This included use of a communication diary.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care; Working in partnership with others

- People and staff were encouraged to contribute their views on the running of the service.
- People and their relatives could provide feedback through the complaints process in place.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.
- The service worked closely with families to work collaboratively to support people to lead meaningful lives and to try to provide a "home from home" respite stay.