The Pines Homecare Ltd

The Pines Home Care

Inspection report

39 Portchester Road
Bournemouth
Dorset
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27 March 2017

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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 was announced and took place on 27 March 2017.

There was a registered manager who had been 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 service provides personal care for people with a learning disability in their home.

Relatives told us they felt their family members were safe when receiving support from the agency. Staff knew how to recognise and respond to any signs of abuse.

Risks to people's safety were assessed and managed to minimise risks. Staff followed any risk management plans in place for people.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

Staff knew people well and understood their needs and the way they communicated. People received care and support in a personalised way. This meant people were able to increase their independence, achieve and try new experiences. The impact this had on the individuals was outstanding and had resulted in them being settled, content and calm and helped them to lead full and active lives.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People were supported to take part in activities and try new experiences and to access the community.

People received the health, personal and social care support they needed. People's health conditions were monitored to make sure they kept well.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. Staff were recruited safely and people were involved in the recruitment of staff. There were enough staff to meet people's needs.

The service was very well-managed with a clear management structure in place so that people received a personalised service.

There were systems in place to monitor and drive improvements in the safety and quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink. People were involved in food preparation.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The staff were caring.

Staff were genuinely caring and kind, they treated people with patience and were aware of their needs.

People and staff enjoyed each other's company. Staff were proud of people's achievements.

Staff provided care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People received individualised care that was tailored to their needs. The service was creative in enabling people to live as full a life as possible.

Staff were flexible and responsive to providing person centred care which improved people's well-being.

Innovative ways of involving people were used so that people were at the heart of everything.

People were listened to and their comments acted upon.

Is the service well-led?

Good

The service was well led.

There were systems in place to seek feedback from people and their representatives. Actions were taken in response to any feedback or shortfalls identified.

There were systems in place to monitor the safety and quality of the service.

There was learning from accidents, incident and investigations into allegations of abuse.

The Pines Home Care

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 was 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 27 March 2017 and was carried out by two inspectors. A day's notice was given prior to the inspection to ensure the registered manager would be available. Before the inspection surveys we sent survey forms to 14 people who used the service, 50 members of staff and to 19 community professionals. We received responses from five people, 16 staff and four community professionals. As part of the inspection we visited three people at their homes and spoke with six members of staff. The two registered managers assisted with the office based staff throughout the inspection.

We looked at people's care and support records, medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, a selection of the provider's audits, policies and quality assurance surveys.

Good

Is the service safe?

Our findings

The agency had systems to identify and minimise risks to people's health and welfare to protect people and staff from harm as far as possible.

People we visited were relaxed with the members of staff who supported them and had no concerns about their safety and welfare. Returned surveys all confirmed that people felt safe from abuse from their care workers.

The registered managers ensured that all members of staff were trained in safeguarding to protect people from avoidable harm and abuse. The training provided included knowledge about the types of abuse and how to refer concerns or allegations. Training records confirmed staff had completed this course as part of their induction when they joined the agency and received refresher training to update their knowledge. Staff could therefore identify the signs of abuse and knew how to report possible abuse to the local social services.

Another measure to minimise risk to people was a procedure for a full assessment of a person's needs to be carried out before a package of care was put in place. This included a risk assessment of the person's home environment and any risks in delivering care to that person. The records seen showed that this procedure had been followed. For example, topics covered by the assessment for one person included; independence and support levels; finances; health needs; response to fire alarm; keeping home clean; food preferences; emergency plan if I choke; family; hobbies and interests; things that make me happy; and things that make me anxious or sad. Risks were assessed and reflected in the person's support plan, managed in such a way as to maximise the person's freedom whilst promoting their safety and well-being.

Procedures and plans had been developed for emergency situations that included an out of hours and on-call system for people and staff to contact should the need arise. The emergency plans included mapping of staff to support people in the event of extreme weather, siting of fuse boxes and stop cocks of water supplies to people's properties and fire evacuations procedures.

Records of accidents and incidents were maintained and reviewed periodically to see if there were trends where action could be taken to reduce the likelihood of their recurrence. One person's funding for staff support had been reduced, which had led to some incidents. The incident forms had been used, partly to ensure that there was a consistent staff intervention plan and also to use as evidence to the funding authority about the staffing need to support this person.

Over the past two years the agency has doubled in size. The agency supported eight properties accommodating between one and four people and approximately 20 people who lived in their own home or with family members. All of the supported housing schemes had 24 hour staffing support and a dedicated staff team. The registered manager informed us that new workers would always be introduced and have a shadow shift within the particular project, with people being asked for their views on the suitability of the staff member concerned. The registered managers clearly knew people's needs and there was no evidence

to suggest that staffing levels were not appropriate. As already reported, where there were concerns about the levels of staffing support people required, the agency worked with funding authorities to address this. People we visited and returned surveys confirmed that staffing levels were appropriate to support people's needs.

Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing employment when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

Overall, medicines were managed safely. Care workers had been trained in the administration of medicines with records showing that their competency to administer medicines safely had been assessed. A system of "spot checks" by the registered manager and senior staff ensured that the staff were following the correct instructions for medicines and keeping appropriate records.

People told us they received the right amount of support to manage their medicines and had no concerns. We checked a sample of medicine administration records (MAR) and found these had been completed in full with no gaps within the records.

Good

Is the service effective?

Our findings

People's returned surveys informed that care and support workers had the skills and knowledge to give appropriate care and support.

Following recruitment, staff completed an induction training programme when they started working with the agency. This included a period of work shadowing with experienced staff. For care workers new to care, their induction led to the care certificate, a nationally recognised induction qualification.

Staff told us they were provided with appropriate training. There was a programme of core training, including safeguarding, fire safety, moving and handling, health and safety, medicines awareness and a system was in place to make sure staff were kept up to date with refresher training. For example, a care worker, who was enthusiastic about the quality of the training, confirmed the organisation was supportive as regards training, which was "regular" and "a lot". They said they had asked for repeat training in behaviour that challenges and this was provided as well as training about diabetes, as a person they supported suffered from this condition.

Staff were asked to comment in staff quality assurance surveys about the training provided. Some of the comments included; "Excellent comprehensive training", "Good overall training, much better than previous company".

People were supported by staff who received supervision through one to one meetings with their line manager and an annual appraisal. Staff said that they felt supported and that they could always speak with someone senior if they needed immediate support or advice. Comments from returned staff quality assurance surveys included: "Every time I have needed management, I have been given enough support" and, "Very supported throughout a dark time, thank you".

Staff meetings were held regularly and records showed staff were able to raise issues and were kept informed about any changes in policy or procedure affecting them.

The way people were supported complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Staff were aware about the importance of this. A member of staff commented to us: "Xxx can decide what they want to do and how". When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the 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.

People's rights were protected as the staff acted in accordance with the MCA, seeking consent where people were able to make decisions about their care and support. Staff had a good awareness of the MCA and how to put the principles in the practice of their work. For example, one person had been assessed as lacking

capacity in relation to particular areas of their life, including: medication, personal care, housekeeping, sharing personal information and health appointments. Their assessments had followed the principles of the MCA. Attempts were made to support this person to understand the issues and relevant professionals were consulted. Where they lacked mental capacity, best interests decisions had been made, again in line with the MCA and as far as possible involving them and their circle of support.

The registered manager told us that staff had been trained in 'break away' techniques but that physical restraint had never been used or sanctioned when working with people.

People were supported with their dietary needs. It was important for one person we visited to eat healthily. The person told us about how they chose what to eat, although staff would suggest ideas, and that their favourite meal was roast beef. The person's weight was monitored monthly, and there had been planned weight loss since January 2017. Another person was supported in purchasing and preparing food and drinks. They talked about how they went shopping at various supermarkets according to their choice. They went out every day to purchase milk with coins from their own purse, as they preferred to do. They told us they prepared meals together with the staff, and during our visit they prepared a hot drink independently, although the staff member provided low key, unobtrusive supervision. They were able to do this safely because a one-cup hot water dispenser had been installed, to avoid the person having to pour hot water from a kettle.

People were supported with their health care needs and staff worked with healthcare workers to support people if this was pertinent to their care. One person told us, "If I don't feel very well… they help phone the doctor".

Each person had a care passport, which was readily available, in case the person needed to go elsewhere at short notice, for example into hospital.

Good

Is the service caring?

Our findings

People we visited as part of the inspection looked comfortable with members of staff and there was good rapport between them. One person, who had just moved into one of the supported houses, told us they were happy in their new home and were pleased to have been able to move in, as this had been their plan. They said they liked the staff and commented of their key worker, "She's very nice". They were able to name most of the staff who supported them, with help from the member of staff who was with them.

Of 23 returned surveys from people using the service, 21 people had rated the support they received from care workers as good and the other 2, okay. With respect to the question, are the staff caring, again 21 people had responded good and 2 others, okay.

Members of staff communicated well with people. One member of staff was clearly able to recognise signs of anxiety in one person we visited. They were able to put the person at ease so that they became more relaxed, as the visit went on. All of the staff knew people's needs and how to support them.

People's privacy and dignity were respected. For example, one person liked to lock their room and hold their key. This was important to them because of adverse experiences at previous accommodation, where things had gone missing from their room.

Good

Is the service responsive?

Our findings

The agency provided a responsive and highly personalised service to people. Of 12 returned quality assurance surveys sent to family representatives of people who used the service, six rated the service as outstanding and the rest as good, to the question as to whether their family member was happy with the service provided. One person commented, "Impressive personalised service, client centred."

Of the four responses we received from community professionals all strongly agreed to our questions, "The care agency asks me what I think about their service, and act on what I say", "The service is well managed" and "The service tries hard to continuously improve the quality of care and support they provide to people".

To ensure the agency could provide appropriate care and support an assessment of needs had been completed, as well as risk assessments, before people were provided with a service. A care and support plan was then developed with the person (or with their relative/representative) and this was agreed before the package of care was started. People told us they had been fully involved in making decisions. The registered manager also told us that care workers were introduced and people consulted before any member of staff started working in one of the supported houses. People were therefore very involved in selecting staff who would support them in daily living.

One member of staff told us that they found the support plans clear and easy to follow, but commented, "You do need to get to know the person". People's support plans were person-centred, with sufficient detail for staff to know how to support the person without becoming overwhelmed with information. Members of staff we spoke with were very informed about people they worked with well and understood their support plans as what they said was consistent with the care plan.

Each person's care and support records were up to date and personalised to meet individual needs, preferences and wishes. For example, one person had a history of behaviour that challenged. The risks this presented had been assessed and a behaviour support plan written by their community nurse set out the behaviour and what it meant for them. It also identified triggers, early warning signs of the behaviour, how staff could support the person proactively to avoid them feeling the need to behave in this way, and how they could support the person in the least restrictive way possible when the behaviour was occurring. Staff had logged incidents which showed staff had identified triggers to each incident and that the person had soon become calm.

Another person's care plan informed that one person liked to maintain contact with their family and staff facilitated this through on line face to face software.

Another person told us about how they had been supported to become more independent, saying: "I love my home with The Pines" and "I like to be independent". They went on to say how staff were helping them learn how to do necessary household tasks, and also to manage their diabetes: "With The Pines helping me, I do my [blood sugar] levels and insulin".

The registered manager gave us examples where the agency had given care and support over and above that which they had been commissioned to provide. For example, one person who lived independently and had a minimal support plan had phoned the agency to discuss an accident at their home. Staff made an unscheduled visit to find the person needing hospital attention, which was immediately arranged. They also cleaned the person's home as the person had been bleeding and arranged for care of their pet. A returned quality review survey commented, "All the carers you employ are wonderful, caring people who usually go beyond the call of duty".

Another example provided a returned staff survey with the following statement: "A vulnerable service user with no oral communication suffered from a broken fridge freezer. A Pines' manager had a brand new fridge freezer delivered to the service user's home within 24 hours of notification. This management intervention took my breath away, it all happened so fast."

The agency was responsive in supporting people to be meaningfully occupied so that they could maintain and develop hobbies and interests, as well as developing skills for daily living. One person told us about how they had gone out to the forest at the weekend, went to a day centre several days a week and saw friends.

Another person said that they liked doing household jobs, and that they chose music to play on their iPod while they did them. They showed us the list of jobs for each day of the week, which helped them plan what they needed to do.

Another person talked with pride about community activities they were involved in, including work experience with a local garden centre and at a nearby tourist attraction. Their key worker had earlier told me how they had spent time sourcing this work experience.

People were provided with the agency's complaints procedure in a pictorial format so that they were aware of how to make a complaint. People we visited had confidence they would be listened to if they had a complaint. The complaints log showed that complaints had been thoroughly investigated and action taken to address any shortfalls. Of 23 returned quality assurance surveys returned by people who used the service, 18 people felt the agency was successful in dealing with complaints, 2 said the agency was okay and others did not respond. Two family representatives felt the agency managed complaints outstandingly, four good and only one person responding as unsatisfactory. The agency was therefore clearly responsive in the way they managed complaints.

Good

Is the service well-led?

Our findings

The service was well managed with a very positive culture and staff morale. A returned survey from a member of staff said, "The management team inspires support workers to produce their greatest abilities." All the staff we spoke with were positive about the agency and the way they worked with people.

Feedback from people receiving a service was positive with their telling us that their care and support was organised and delivered to their satisfaction. Care workers we met or spoke with had high morale, feeling they were well-supported, trained and supervised. There were also well-developed systems and procedures to ensure smooth running of the service.

A comprehensive quality assurance survey had been carried out in January 2017 involving people who used the service, staff and family members. Results had been analysed and an action plan put in place to respond to the few areas where people felt there needed to be improvement.

There were systems in place to monitor the quality of service provided, for example; spot checks were carried out by management two or three times a year for each service or package of care, monitoring forms (to check the balance of people's personal monies held on their behalf), and face to face meetings people who used the service and staff at least three or four times a year.

The management team had a clear system of delegation of duties so all areas of management were addressed.

There was learning from safeguarding investigations. For example, one person was noticed in the morning to have a mark on their head. Working with the council, the home put in place radiator guards and night monitoring. This resulted in awake members of staff being on duty at night as the person was getting up in the night and sustained the injury when no staff had been around to support the person.

Staff had a good understanding the whistleblowing policy, which was in line with current legislation

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.