Diamond Care (UK) Limited

PineHeath

Inspection report

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Ratings

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

Overall summary

This inspection took place on 15 and 16 January 2015 and was unannounced and carried out by one inspector.

Our previous inspection of 25 April 2014 identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. One of these was with regards to the absence of personalised risk assessments which were required to assess and reduce risks specific to individuals (Regulation 9). During this inspection we found risk assessments in place appropriate to the individual. We were satisfied that this regulation was no longer being breached.

The second breach found during the April 2014 inspection related to the incompletion of body map charts and repositioning records (Regulation 20). This inspection found there were still gaps in the charts of people who required repositioning to prevent or ease pressure areas. We also identified that the recording of

Summary of findings

the administration of topical creams needed improvement. The provider was still in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the flooring needed attention as it had deteriorated and become unstable in some communal areas and had been in this condition for some time. One person's bathroom had cracked floor tiles that had lifted from the floor base. These issues presented safety risks to people living and working in the home and required remedial action. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified a strong, unpleasant odour on the ground floor on both days of our inspection. The manager was aware of this, but the situation hadn't been remedied. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

PineHeath is a residential care home for people who do not require nursing care. It is registered to accommodate 42 people, but at the time of this inspection 37 people were living here.

The acting manager who was present at the April 2014 inspection had subsequently applied for registration as the manager of the home with the Care Quality Commission. This had been approved. A registered manager is a person who has registered with the CQC 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.

People were happy with the service they received. There was a positive, friendly and open culture within the service. People were treated considerately and respectfully. The manager and staff were approachable and sociable with people living in the home. People were encouraged to share their views and participate in day to day matters in the home. The service sought to include everybody to the extent that they wanted to be included.

The service accessed the support of health professionals when necessary. When people's needs changed action was taken to ensure their changed needs were met by staff. Staff were confident they had the skills and experience to support people safely. The manager or senior staff members were also available for assistance and guidance when required. People were sure they were safe with the staff and that staff knew how best to assist them and how and when they liked to be supported.

Summary of findings

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 consistently safe.

The condition of the flooring in some parts of the building resulted in hazards for people living and working in the home.

Staff were well acquainted with requirements in relation to keeping people safe from avoidable harm and knew what actions needed to be taken should any type of abuse be suspected.

There were enough staff to meet people's needs. The manager had a system in place to monitor the amount of staff required. Arrangements were in place to ensure that people were assisted by adequately trained staff.

Is the service effective?

Good

The service was effective.

People received timely and effective care from staff competent in their duties. Where people required the support of health professionals this was organised promptly.

People were supported to have enough to eat and drink and were complimentary about the food. Where people required additional support with their nutrition this was provided and monitored to reduce risks to people's health as far as possible.

Is the service caring?

Good

The service was caring.

Staff were kind and looked after people well. Relatives were also positive about the way their family members were supported.

People or their relatives were involved in making decisions about their care. Informal discussions took place periodically where people were able to discuss what was important to them about the manner in which staff supported them.

Arrangements were in place that ensured staff respected people's privacy and confidentiality.

Is the service responsive?

Good

The service was responsive.

People's views were respected and they were supported to follow their interests and individual faiths.

People's care needs were assessed and reviewed on a regular basis.

Summary of findings

The manager dealt with complaints in a timely and effective way which ensured that issues raised were resolved to the person's satisfaction.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Improvements were required to ensure that records accurately reflected the care provided.

The acting manager at our last inspection in April 2014 had subsequently become the registered manager. They had fostered an open and positive culture in the home which people living in the home, staff and relatives all benefitted from.

PineHeath

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 15 and 16 January 2015 and was unannounced and carried out by one inspector.

Prior to this inspection we reviewed information we held about the service and the provider. We also contacted health care professionals who were familiar with the home to obtain their views about the service provided to people.

During this inspection we observed interactions between staff members and people who used the service. We also spoke with six people who lived in the home, the relatives of three other people, four care staff, two catering staff, the activities co-ordinator, a visiting health care professional and the registered manager.

During this inspection we looked at five people's care records. We also looked at medication records and practices, staff recruitment files and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

Our previous inspection of 25 April 2014 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010. Personalised risk assessments were not in place to give staff guidance on how to reduce risks to people's safety. During this inspection we found that the necessary risk assessments had been completed. These covered a variety of situations which could present a risk to the person's welfare or safety. We were satisfied that improvements had been made and that this Regulation was no longer being breached.

We found that some areas of the premises were poorly maintained which meant there was a risk of injury to people and staff. Some of the flooring was in urgent need of upgrading to ensure the environment was safe for people to live and work in. The flooring in the kitchen and dining room was old and difficult to clean effectively. Where the flooring was worn in the dining room, a large patch had been repeatedly repaired with layers of tape. This meant that the surface was uneven and soft. This patch was in a well-used area of the dining room and presented a risk to people with reduced mobility and staff carrying plates who could trip over in this area and injure themselves. One person's bathroom floor was in urgent need of replacement. This was because the floor tiles were cracked and the grouting at the base of the toilet and between the tiles had disintegrated. This made the flooring difficult to clean. The corridor leading to the activities lounge, which was in a separate building, was made of concrete. Several areas of the floor contained holes where the concrete had degraded, the edges of which were sprayed with yellow paint to alert people to the hazard. Staff always escorted people along this corridor to ensure their safety. Like the dining room floor, this had been in a poor state of repair for a considerable time. These issues represented a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted a strong, unpleasant smell in one area of a downstairs corridor that was evident on both days of our inspection. This had been raised with us as a concern by a visiting health professional prior to the inspection. We also received a complaint about this from a visitor to the home shortly after the inspection. The manager was aware of this ongoing issue. However, it had not been addressed. This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the staff had received training on how to identify abuse and what action to take. Those we asked about abuse were able to describe what types of abuse existed and what actions they would take if they had any concerns. Training was being arranged for those staff where it had become due. The manager was aware that they needed to report any allegations directly to the safeguarding team at the local authority and take advice from them before initiating investigations themselves. People we spoke with told us they felt safe at the home. One person told us, "There's no need to worry about anything wrong here. They look after us properly." Another person said, "Safe? Gosh yes, I feel completely safe here."

People we spoke with told us that there were enough staff to assist them and they didn't have to wait long. One person told us, "Usually we have enough staff here. Sometimes they're a bit busier than at other times, but it's nothing to complain about." Most of the staff we spoke with felt that as long as everyone turned up for their shift the current staffing arrangements were sufficient. There had been some staff sickness over the New Year period which had meant that on occasions the home had been short staffed. However, staff attendance had improved. We noted that on the first morning of our inspection the home was particularly busy and call bells were ringing fairly constantly. However, the second day was less hectic. Afternoons were generally less busy as many people participated in activities. The manager told us that they had discretion on staffing numbers and would increase staffing numbers when new people were admitted to the home or when people's needs increased.

We reviewed the records of staff recruited in the last six months. Staff were employed only when the necessary checks had been completed on their backgrounds.

Staff administered medicines to all but one person living in the home. One person had chosen to take their medicines themselves. We saw that an assessment had been carried out to ensure that this person could safely manage their own medicines. People we spoke with told us they received their medicines when they needed them. One person told us, "I had a bit of a toothache last week. They soon got me

Requires improvement

Is the service safe?

something for the pain whilst a dentist appointment was sorted out." Medicines were kept securely and administered to people by trained staff. The senior carer on duty demonstrated to us the processes they followed to ensure people were given the correct medicine at the correct time. The medicines fridge was monitored to ensure the temperature was kept within a suitable range to make sure that the medicines were safe to give to people. However, the room temperature required similar monitoring to ensure that medicines retained their effectiveness and stability.

Good

Is the service effective?

Our findings

One person told us, “They know what they’re doing when they help me out.” Another person told us, “I don’t need too much help myself. But they know enough to spot when I’m not at my best and need a bit more help sometimes.”

Four of the care staff we spoke with had been working at the service for less than a year. Three had previous care experience before coming to work in the home. The staff member new to care spoke positively about their induction and how their training had ensured they felt equipped to carry out their role effectively. They had undergone three supervisions with the manager or deputy manager where they were able to discuss their progress which they had found helpful.

Staff told us they received regular supervisions and that they had undertaken dementia training in December 2014. One staff member told us how they used tips they had learnt for communicating with people living with dementia. Staff we spoke with did not feel that, other than refresher training which was due in some cases, they needed training in additional areas.

People told us that staff always asked their permission before carrying out any care tasks and we observed this ourselves during our inspection. There was a policy and supporting procedures in place to provide staff with guidance on how to support people who may lack capacity to make decisions about their care and support. The manager and staff were aware of their legal responsibilities to protect the rights of people who did not have capacity in line with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). The manager had submitted one DoLS application for review to the local authority in December 2014 and was currently awaiting a response.

We spoke with the kitchen staff on duty and reviewed menus. They told us that due to the needs of people living in the home they currently catered for vegetarian, diabetic and pureed diets. Food was usually cooked from fresh. We were told how different foods had been tried and proven popular. Kippers were one of the choices for the tea that evening and people we spoke with were looking forward to them. All of the people we spoke with were positive about the food at the home. One person told us cheerily, “I’m putting on weight here, that’s for sure.”

During our inspection we found that a drink was always within peoples reach. Where risks to people’s food and drink intake had been identified, steps were taken to ensure people were adequately supported with advice from and referrals to health professionals organised as necessary. One person receiving respite care had been supported by professional visits but required a nutritional plan to be written so that it was clear for staff to see what support they required. However, they were being cared for appropriately. Food and fluid charts were in place and we saw from the numbers of entries in the charts that people were frequently being offered food and drink.

People’s day to day health needs were being met. From the care plans we reviewed we saw timely requests for GP visits and speech and language therapists when people’s needs changed. Community nurses attended regularly to care for people who required nursing interventions, for example for pressure area care. We noted that recurring appointments were planned for well in advance. A visiting podiatrist was at the service on one day of our visit and they had attended to several people that day. We spoke with one relative whose family member’s health had deteriorated recently. They were complementary about the care the staff provided and the support the home was arranging from health professionals.

Good

Is the service caring?

Our findings

People we spoke with were positive about the way staff supported them. We spoke with one person who had a short sleeved top on who told us they had been warm but were now cold. They told us, "One minute I'm hot, the next I'm cold. But they don't mind helping me when I change my mind about clothes." Another person who had been receiving respite care at the home and was going home that day said, "Staff are very caring here. They've looked after me marvellously."

Another person who was also receiving respite care told us they had been to the home for respite care on previous occasions, but had also been to other homes. They told us "…But this is the best place I've been to. Staff are kind and cheerful and that's what matters to me."

We observed that staff, although busy, did not rush people into making decisions about what they wanted to do. Staff were patient and took their time to ensure the person was satisfied with the support they had received before they went on to assist someone else.

The service's caring nature extended to people's relatives too. On the first day of our inspection a relative was bringing their family member in to live in the home, initially on a trial basis. The relative was unaccustomed to care homes and was finding the whole situation worrying and they were concerned about whether the service would be able to support their family member with their lifestyle preferences. The manager spent considerable time with the relative re-assuring them that their family member's needs could and would be met by staff. We observed staff speaking with the person and their relative and a warm welcome was given to them both. A relative had recently written in to the service to thank them for the care provided to their family member. The relative had added, "I would be at a loss without the support and friendship shown to me."

We found that people, or their relatives where appropriate, were involved in the way that their care was planned and delivered. In care plans we saw that people's relatives had been consulted about the care their family member received if the person didn't want to or was unable to participate themselves. Relatives told us that communication from the service was good. One relative told us, "I've no concerns, they're on the phone quick if there are any problems."

Information was provided to people and sought from them during resident meetings. We viewed the minutes of the last meeting. The main focus was on asking people how they were and asking if they had anything they wanted to raise. People were informed about staff changes and told about new staff who were joining. Their views were sought on the food provided and whether they had any requests or suggestions. The minutes showed that everyone's views had been sought individually.

In the activity room we noted a 'dignity tree' on the wall and asked the person who was responsible for arranging the activities about this. They told us that periodically some sessions were dedicated to asking people about what was important to them in the way that they received support in the home. People discussed in an informal way how they wished care to be provided to them and their views and comments had been used to populate the tree. These sessions provided useful feedback to the manager on the strengths of the service and where there was room for change. This was a useful way of helping people express their views in a relaxed, less formal environment.

People told us they had plenty of choice in where they spent their time. Some people preferred to stay in their rooms, but the majority of people enjoyed spending time with others in communal areas. One person told us they liked to sit in the dining room because it was quieter and they read or chatted with staff going about their daily tasks at the same time.

We found that people's care plans were kept secure so their confidentiality could be maintained. Care staff ensured people's doors were closed when personal care was being provided. However, we did observe a visiting podiatrist attending to people's feet with their bedroom doors open and advised the manager of this who dealt with the matter promptly.

One person in the lounge had become upset about something. A staff member invited them to leave the lounge and go for a walk with them and tell them what was wrong. This had the effect of settling the people remaining in the lounge whilst giving the person who was upset time and privacy to talk about how they were feeling. A few moments later we saw them smiling and chatting with the staff member.

Good

Is the service responsive?

Our findings

People were asked on an individual basis whether they wished to join in the daily activities planned in case they hadn't seen the details on the noticeboard.

Detailed records were kept about people's social histories and their interests. They were compiled with the person or their relatives if appropriate. The activity co-ordinator told us they needed to understand about people before they could plan events that would be of interest to them. Most afternoon activities were held in the large activity lounge. We were told that usually about a dozen people attended afternoon events. Efforts were made to ensure that people with varying abilities were supported in the same session so that people didn't feel left out. For example, some people would be playing scrabble or dominoes and some would be reminiscing about prompted historical events. Some people came along just to watch what was going on. Everyone could be included in some way if they wished to attend.

The service hired minibuses to take people out to local garden centres, pubs, coastal trips and local markets during warmer months. The pantomime 'Cinderella' had been performed by staff members at Christmas which had proved very popular. People had participated in the making of scenery and costumes. A more ambitious production was intended for this year.

People told us that the service was flexible in relation to meal times. We observed two people having a late breakfast. One of them told us, "I'm having a late breakfast because I slept in today. I sleep so well here." The other person said, "They're pretty flexible here. I often prefer a later breakfast. It's no problem." They told us that kitchen staff would keep their lunch back for them if they didn't want it at the usual time.

People's individual faiths were supported. A monthly Sunday service was held at the home. Arrangements were made for some people to receive holy communion. Some volunteers came in regularly to read people bible stories, which were well received. Important services for the coming year, for example Easter, had been arranged. One person told us, "I've always been a church-goer, I'm so pleased that the pastor can come and see me here too."

We found that arrangements were in place to ensure that people's right to vote was protected. The manager personally spoke with people and asked whether they wished to vote and made arrangements for people to receive postal votes as required.

People's care was regularly reviewed. We looked at the care plans for three people in detail. They had been reviewed and updated appropriately. Where people's needs changed we saw that timely action was taken to obtain advice and input from relevant health care professionals. We saw that people had been asked whether they preferred male or female carers. People we spoke with about this told us their wishes had been respected. Newer staff we spoke with told us they had found people's care records particularly informative when they started working in the home, but still referred to them now when necessary.

One person had completed a survey in June 2014 and had said that they didn't like the way their personal care was carried out. The manager had discussed the person's concerns with them in depth and re-wrote the person's care plan. The person had documented the way in which they wanted to receive care. The instructions written by the person for staff were laminated and added to the care plan. The person was satisfied with this outcome.

Information was available on the noticeboard about how people could make a complaint if they wished to do so. People we spoke with told us they had no cause for complaint. One person said, "I've never had a need to complain, but if I did I would have no hesitation in doing so." Relatives too were positive about the service. Two relatives we spoke with both said that they had complete confidence in the care their family members received and had no cause for complaint as their loved ones were happy living in the home.

We reviewed the complaints received by the service over the last year. Where concerns had been raised the manager had responded quickly and detailed the actions they had taken to remedy the concerns. None of the complaints had been repeated or escalated any further. This indicated that where complaints were raised that the action taken was effective in resolving the matters.

Requires improvement

Is the service well-led?

Our findings

Our previous inspection of 25 April 2014 identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010. We found that body map records and repositioning charts had not been accurately completed. During this inspection we found improvements in the recording of body map records. However, we found there were still some concerns regarding the accuracy of some people's records. Charts that were in place that were used to record when people had been re-positioned were not always being completed. Although we saw that some of these people had been re-positioned by staff, we could not always establish whether people had been repositioned as required.

We found that the recording of the application of topical creams was inaccurate and unclear. Where people required the application of more than one cream at different times of the day the same cream chart was being used. For example, some people required one cream to be applied both morning and night and a second cream for a different skin condition to be applied only when required. The chart did not specify which cream had been applied at any one time. We also found there were several gaps in the recording of cream applications. Consequently Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010 was still being breached. This corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the service management had been aware of the issues regarding the unsafe flooring and odour in one corridor, no effective action had been taken to remedy these concerns.

There was a positive and open culture in the home. People living in the home, relatives and staff were supportive of the manager. Their office was centrally located and their door was left open so that people were encouraged to pop in. During our inspection we observed people living in the home, their relatives, staff and visiting health professionals dropping in to discuss matters with the manager.

Communication between the manager, staff, people living in the home and their relatives was good. One relative told us how their family member's health was changing and how the manager had spent a lot of time with them discussing how best to support the person. "[The manager] is great, I know I don't need to worry too much as she knows what needs to be done to help [their family member] and I know she'll get it done." Another relative told us they had "…complete trust" in the manager.

Staff told us the manager paid attention to their concerns, queries and suggestions and acted when necessary. We looked at minutes of full staff and senior carer meetings and noted that open conversations took place. The meetings were positive and constructive in that decisions were made and implementation of improvements and changes agreed and arranged.

The manager was aware of the types of events affecting people's welfare or safety that needed to be notified to CQC, so that if necessary, action could be taken. We had received fewer notifications than expected over the last year. For example, no reportable injuries had been notified to us. We reviewed all records of accidents and incidents sustained over the last year and were satisfied that no reportable injuries had occurred. There were substantial records of accidents and incidents of a very minor nature, but this assured us that were more serious incidents to occur, they would be reported to us.

Systems were in place to monitor the quality of service people received. Some checks were carried out monthly, some quarterly. However, these premises checks had not identified the urgency of the work required. A audits were evaluated and, where required, action plans were in place to drive improvements. For example, following a monthly medication check the manager had written an improvement plan which was due to discussed and implemented at the next senior care staff meeting. At the time of this inspection most audits were up to date, but care plan audits were a few months behind. The manager was aware of this and had set time aside to carry out this audit during the next week.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Premises used by the service provider had not been properly maintained because flooring in several areas required replacement or substantial maintenance. Regulation 15(1)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not in place to ensure that accurate and complete records were kept to show when people had been repositioned or creams had been applied. Regulation 17(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way because effective action had not been taken to control the spread of infection. Regulation 12(2)(h)