

St Philips Care Limited

# Pine Trees Care Centre

## 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

### About the service

Pine Trees Care Centre is a residential care home providing personal care to 35 people, some of whom are living with dementia. People are primarily aged over 65 years. At the time of the inspection 22 people lived at the service. The home was all on one floor with a range of communal areas. These included a dining space, a lounge and a conservatory.

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

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Appropriate risk assessment procedures were in place so any risks to people, staff or visitors were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received induction, training and supervision to assist them to carry out their work.

People received enough to eat and drink and suitable assistance when this was required

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities and to spend time with the wider community.

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the manager.

The manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service worked well with external professionals, and other organisations to provide good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 9 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Pine Trees Care Centre

## 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

The inspection was completed by three inspectors (two on each day). One pharmacy inspector also inspected the medicines system. A specialist professional advisor (who was a nurse), and an Expert by Experience, who was a person who has personal experience of caring for someone who uses this type of care service, assisted the inspectors.

#### Service and service type

Pine Trees Care Centre is a 'care home'. 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 who was not registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had submitted an application to be registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the manager, assistant manager, senior care workers, care workers and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 Requires Improvement. At this inspection this key question was rated as Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to suitably assess and take appropriate action in relation to some risks to do with bed rails and pressure relief equipment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were in place to reduce the risks to people and guidance was provided.
- One person's bedrail was not covered. This created a risk of injury against bedrails when a person was in bed. We were told the cover was in the wash and was refitted that day. The manager arranged to purchase additional covers to allow for laundering.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised.
- Emergency plans were in place to ensure people were supported in the event of a fire.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were always managed appropriately, particularly in relation to external preparations. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Systems for administering, storage and monitoring medicines were safe.
- Staff were trained and deemed competent before they administered medicines. Medicines were kept secure.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.
- Where necessary there were body maps to assist staff with where to apply creams and lotions.

## Preventing and controlling infection

At our last inspection the provider had failed to ensure suitable measures were taken to always prevent and control the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The service was clean and risks of infection were minimised.
- Although on the whole suitable measures were taken to minimise the risk of infection some mattresses and other pressure relieving items was not appropriately covered. This resulted in making cleaning and drying these items difficult when necessary. The manager and nominated individual told us the mattress was sold to them as 'waterproof'. The manager arranged for the replacement of a pressure relieving cushion during the inspection. An additional cover was also put on one of the mattresses.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures for example, where necessary, wearing aprons and washing hands.

## Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider had appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People said that generally they felt safe. We did receive some reports that some people "wandered," into other people's bedrooms, and this was particularly unpleasant at night. Staff would usually intervene if they were contacted by the call bell. We spoke with one member of staff, who had worked nights, and they felt the strategies the service had put in place following complaints had been mostly effective.
- People told us that if they didn't feel safe they would speak with a member of the care staff or the manager and felt sure they would help them solve the problem.

## Staffing and recruitment

- People told us that generally there was enough staff, although we did receive comments there appeared less staff in the evenings and at weekends. The staff we spoke with all said staffing was satisfactory. Staff told us that sickness absence was now less which created less difficulties.
- On the days of our visit, when people needed assistance staff responded promptly.
- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring check and obtaining references) was completed.

## Learning lessons when things go wrong

- The manager said the service learned from mistakes. For example the staff team have learned from errors made in how the medicine system had operated by ensuring counts and audits were completed. This had meant that the medicines system was now operating significantly better.



# 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 has remained the same. 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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.
- The manager said they always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The manager said the person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person's relatives could visit the service, have a look around and ask any questions about how the service operated.

Staff support: induction, training, skills and experience

- Staff had records to demonstrate they had received an appropriate induction. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.)
- Staff we spoke with said they had received appropriate training to carry out their roles so they could support people to a good standard. Records demonstrated staff had received training required according to legal and industry standards.
- Staff told us they had received positive support through supervision. This enabled them to maintain their skills, knowledge and ongoing development. Staff told us they could speak with the manager and provider if they had any concerns. Staff said they also had an annual appraisal. Records showed supervision and appraisals were regularly completed, and comprehensively recorded.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food. They told us they were offered choices around what to eat. People contributed their ideas when developing the menu for example at residents' meetings. People told us, "The food is quite good," and "We have a choice."
- Where necessary arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. If needed records were kept about what people ate and drank.
- People ate at their own pace. People chose to eat their meals in the dining room, or in their bedrooms. We observed some delay in people getting served their meals in the dining room although people did not have to wait too long. Where necessary people could receive suitable support to eat. For example, to have food

cut up, or one to one support with eating.

- A hospitality care worker was employed to primarily assist people at breakfast and lunchtime.

Staff working with other agencies to provide consistent, effective, timely care

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists, opticians and chiropodists. Where necessary this support was recorded in people's files.
- The manager said the service received suitable support from nursing teams such as community psychiatric nurses and the district nurse team.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, epilepsy nurses, district nurses, speech and language therapists and dieticians.

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

- The building was suitably adapted to meet people's needs. For example, there was a walk in shower and bath hoists.
- The care home was situated all on one floor which made it less difficult for people to move around for example from their bedrooms to the communal areas.
- The building was decorated and maintained to a good standard. Furnishings and carpets looked clean and were well maintained.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- People were encouraged to take regular exercise for example people had the opportunity to participate in gentle exercise
- People could either contact health professionals independently or received suitable support to do so.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The manager had applied for DoLS on behalf of people and kept clear records of applications and authorisations, as well as any records when authorisations needed to be renewed.
- Where people did not have capacity to make decisions, they 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.
- Where necessary 'best interest meetings' were held and a record of these were kept.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able

to make daily choices.

# 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 the same. 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

- We observed people were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "I like it here. On the whole the staff are very helpful," "The care staff are as good as gold to me," and "Staff are no bother at all." Relatives told us, "Most of the time I go home with a big smile on my face because I know (my relative) is settled there." A health care professional told us, "Staff seem to care about patients. There is nothing for concern. There has been a big improvement."
- We observed positive interactions between staff and people who used the service. We observed staff, when they assisted people, always asking them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner.
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine. People told us they could get up and go to bed when they wished. This was evident from our observations for example people came to have their breakfast at different times, and there was no rush for people to finish or be in a certain place at a particular time.
- Some people and /or their representatives said they had been involved in care planning and decisions about their future. However, some people said they had not been involved in the process or could not remember. The manager said, where possible, people were involved in drawing up and the review of their care plan. Everyone had a key worker. There was a photo of the person's key worker in their bedroom.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

# 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 Requires Improvement. At this inspection this key question was rated as 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

At our last inspection the provider had failed to ensure suitable measures were taken to always ensure suitable care planning and care records were kept. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Staff were knowledgeable about people and their needs.
- Care plans contained relevant and up to date information about people's needs. For example, the person's diagnosis and what support staff needed to provide them with. During the inspection the activities coordinator was assisting people new to the service to develop life story books.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.

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.

- Some people were cognitively impaired due to dementia. Some people had sensory impairments such as sight or hearing loss. We were told staff would read out, or verbally inform people, of relevant information if necessary (for example personal correspondence, menus, service information).
- People were shown the choices of food, at the dining table, so they could make an informed choice what they wanted for their lunch, before the food was dished up. This enabled people to make an informed choice what they wanted to eat.
- If people had sight loss the manager said, if people wished, audio books were offered to people for example through the Association for the Blind.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities organiser worked Monday to Friday, from 9-3. A full range of activities was offered such as quizzes, ball games, baking and some trips out in the service's minibus. If people did not want to participate in the group activities one to one activities were offered.

- People said they enjoyed the activities. One relative said the activities organiser had responded to a request of the family and taken one of the people who lived in the home on Mother's Day to the church, they were a member of. They had also taken the person out, at their request on their birthday. We were told a number of outings were arranged throughout the year for example to the local garden centre.
- Birthdays, cultural and religious festivities were celebrated. For example there were regular parties arranged for people, as well as community activities such as a fete. A 'dog show' was planned in the next month.
- People had the opportunity to visit local places of religious worship if they wished. The Methodist chapel visited the service twice a month. There was a Harvest Festival service during the morning of the first day of the inspection.

#### Improving care quality in response to complaints or concerns

- People who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly. One person told us, "If I had an issue I would talk to the manager first."
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home and this was also issued as part of the service user guide.

#### End of life care and support

- None of the people who lived at the service currently required end of life care. The manager said people regarded the service as their home and if any person had a terminal illness they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives.

# 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 Inadequate. At this inspection this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure suitable governance arrangements were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17

- The service did not have a registered manager. However the manager had submitted an application to be registered with the commission, and this was being processed. The manager displayed suitable skills and knowledge to manage the service effectively.
- Staff had handovers between shifts. Detailed written handover sheets were kept. Staff told us the handovers were informative. Good handovers helped ensure good communication between the team and consistency of care.
- The service had satisfactory quality assurance procedures. There were effective systems in place to identify concerns with the quality and safety of care and the environment. The manager was supported by a deputy manager and received suitable guidance and supervision from a line manager. The nominated individual, and other managers within the organisation visited the service on a regular basis to complete a wide range of audits which helped to maintain the quality of the service and bring about improvement where necessary.
- The provider had ensured that their rating was displayed at the service. The manager had notified us about events which happened in the home.
- A survey had been completed. Responses received from people, relatives, external professionals, and staff had been positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager said their office door was "always open." The manager said they tried to spend time with staff and people who used the service so they were part of the team and ensured they were aware of any problems and that these were rectified.
- People told us they liked the manager and thought the service was well managed. For example we were

told, " The manager is supportive and kind."

- Staff told us they felt listened to and that the registered persons were approachable, open and honest.
- Staff said the team worked well together. Staff told us, " We have a really good team now." All of the staff we spoke with believed there had been a lot of improvement in the last year.
- Staff told us, and we saw records to show, they had regular team meetings. There was a record of regular resident meetings, and the minutes of these recorded that people were happy with the service.
- Relatives said communication was good. For example, we were told by a relative that staff kept them informed of the person's progress, and they concluded that, "Staff are good. I have a good relationship."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong. The manager said they felt it was important to be honest and open.

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

- The service had a calm atmosphere and was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- People had regular meetings with staff. A staff member said there were discussions about what people wanted to eat and activities they wanted to participate in.
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings. All the staff we spoke with had confidence that the manager would act on any issues raised.

Continuous learning and improving care

- The service had a satisfactory system of audits in place for example in respect of the management of the medicines system, staff training, and care planning.
- The manager encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority and health service teams. For example, we received information from the local authority and district nurse teams to confirm they were happy with the operation of the service. A health care professional said, " The team has worked very hard to improve things, and things are constantly improving."
- People had opportunities to maintain positive links with their community, families and friends.