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The Pines Residential Care Home

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**

Summary of findings

Overall summary

We carried out our inspection on 23 November 2015. The inspection was unannounced which meant that staff and registered provider did not know that we would be visiting.

The home was last inspected on 2 May 2014. We found they were meeting all the regulations we inspected.

The Pines Residential Care Home provides care and accommodation for up to 28 people, some of whom have a dementia related condition.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

The local authority had placed the home into 'organisational safeguarding.' This meant that the local authority was monitoring the whole home following concerns with certain aspects of medicines management and other practices. A local authority safeguarding officer told us that staff were working with them to address the issues raised.

We found some concerns with the condition of the premises. We noticed that some of the first floor windows had not been fitted with window restrictors. In addition, wardrobes had not been secured to the wall to prevent any accidents or incident. A risk assessment had not been undertaken to assess these risks.

Fire safety checks were carried out. However, we noticed that some of the special strips which were fitted to fire doors or frames to provide a smoke/heat resistant seal were partly missing. We noticed that the lock to the outside kitchen door was not secure. We passed our concerns to the local authority's fire safety team and contracts and commissioning team.

Infection control procedures were in place. A new sluice facility had been built. We noticed however, this room had not been fitted with racks for the hygienic storage and drying of continence equipment. In addition, this room was unlocked. There was an odour of stale urine in one of the rooms we checked and this smell permeated along the first floor corridor. Following our inspection, the manager told us that this odour had been addressed.

We checked the storage of medicines and found that medicines awaiting disposal were stored on the floor or on top of a filing cabinet because there were not enough cupboards to store medicines safely. We found that other aspects of medicines management such as administration were carried out safely.

Safeguarding policies and procedures were in place. People and relatives told us that people felt safe at the home. Staff told us that they had not witnessed anything which had concerned them and were

knowledgeable about what action they would take if abuse were suspected.

Safe recruitment procedures were followed and there were sufficient staff on duty at the time of the inspection. Staff received appropriate training and support to enable them to care for people effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements. Records showed that consent was sought from people and that their capacity to consent is considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

People were provided with support to meet their nutrition and hydration needs. The cook was knowledgeable about people's dietary requirements. We saw that assistance was provided on a one to one basis and people

Care was provided with patience and kindness. We observed positive interactions between people and staff. Staff promoted people's privacy and dignity.

Care plans were in place which documented people's likes and dislikes and instructed staff about how to meet people's needs.

A planned activities programme was in place. People were supported to access the local community. A complaints procedure was in place. No one we spoke with raised any concerns about the service. One relative said, "I cannot fault the home."

There was no deputy manager in place. The manager was carrying out all the audits and checks along with other management duties which meant she had to work extra hours at the service. The home had been through a period of change due to an ongoing safeguarding investigation. The manager said that staff morale was now improving. This was confirmed by staff.

We had concerns with the condition of the premises. We saw that certain issues had not been identified and remedial action had not always been carried out by the provider in a timely manner. We considered that these should have been carried out sooner without our input and prompting.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. You can see what action we told the provider to take at the back of this report.

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

Not all aspects of the service were safe.

Not all windows had been fitted with restrictors and wardrobes had not been secured to walls to reduce the risk of injuries. Smoke/heat tight seals on some bedroom doors were partly missing and several bedroom doors had not been fitted with fire door closures. Medicines awaiting disposal were not stored securely. We found that other aspects of medicines management such as administration were carried out safely.

The local authority had placed the home into 'organisational safeguarding.' This meant that the local authority was monitoring the whole home following concerns about the safe management of medicines and other practices.

Safe recruitment procedures were followed. People, relatives and staff told us that there were sufficient staff to look after people. This was confirmed by our own observations.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to enable them to care for people effectively.

The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements. Records showed that consent was sought from people and that their capacity to consent was considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

People were provided with support to meet their nutrition and hydration needs.

Is the service caring?

Good

The service was caring.

People and relatives informed us that staff were caring. All of the interactions we saw between people and staff were positive. We

saw staff spoke with people respectfully. Privacy and dignity was promoted.

No one was currently accessing any form of advocacy. The manager informed us that there was a procedure in place if advocacy services were required.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which documented people's likes and dislikes, so staff could provide personalised care and support. Staff were aware of people's individual needs and preferences.

A planned activities programme was in place. People were supported to access the local community.

A complaints procedure was in place. No one we spoke with raised any concerns about the service.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

We had concerns with the condition of the premises. We saw that certain issues had not been identified and remedial action had not always been carried out in a timely manner.

There was no deputy manager in place. The manager was carrying out all audits and checks along with other management duties which meant she had to work extra hours at the service.

The home had been through a period of change due to an ongoing safeguarding investigation. The manager said that staff morale was now improving. This was confirmed by staff.

The Pines Residential Care Home

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

The inspection team consisted of two inspectors. We carried out an unannounced visit to the home on 23 November 2015. This meant that staff and the provider did not know we would be visiting.

We spoke with the registered manager, four care workers the cook and housekeeper.

We talked with six people and one visitor on the day of our inspection. Following our inspection we contacted two relatives by phone to find out their views of the home.

We examined two people's care plans and checked two staff recruitment files. We also viewed training and supervision records and documents relating to the management of the service.

We conferred with staff from the local authority contracts and safeguarding teams and spoke with a pharmacy advisor who was working with the home and a care manager from the local NHS Trust.

Requires Improvement

Is the service safe?

Our findings

We spent time looking around the premises. We noticed that some of the first floor windows had not been fitted with window restrictors. Serious injuries and fatalities have occurred when people have fallen from or through windows in health and social care premises. There was an open stair case which people could access. In addition, wardrobes had not been secured to walls to prevent any accidents or injuries. A risk assessment had not been undertaken to assess these risks.

A boiler was situated in a cupboard in one of the bathrooms we checked. The pipes to the boiler were hot and the cupboard door was not lockable. This was a health and safety risk.

Fire safety checks were carried out. However, we noticed that some of the special strips which were fitted to fire doors or frames to provide a smoke/heat tight seal were partly missing. In addition, several bedroom doors had not been fitted with fire door closures. These close fire doors behind a person passing through the door and therefore help limit the spread of fire throughout a building.

We checked the kitchen and noticed that the lock to the outside kitchen door was not secure. In addition, the fly screen was damaged. We noticed a light in one area of the kitchen did not work. We were informed that this light had not worked "for months." We noticed that the fridge was rusty.

Staff told us that gloves and aprons were available to help prevent against infection. A designated sluice room had been built with a sluice machine for the cleaning and disinfection of continence equipment. We noticed however, that there was no storage racks available to dry and store the equipment hygienically. There was an odour of stale urine in one of the rooms we checked and this smell permeated along the first floor corridor. Following our inspection, the manager told us that this odour had been addressed.

We checked the storage of medicines and found that medicines awaiting disposal were stored on the floor or on top of a filing cabinet because there were not enough cupboards to store medicines safely.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We passed our concerns to the local authority's fire safety team and contracts and commissioning team.

Following our inspection the manager told us that new windows had been fitted and window restrictors were now in place. Wardrobes had been secured to bedroom walls. In addition, the manager said, "We have got a big new tamper proof cupboard for storing medication. I've told all the staff they mustn't have any medication on view." The provider also wrote to us and stated that the boiler cupboard was now lockable, fire safety seals and door closures had been fitted, a new door had been ordered and a kitchen light bulb fitted.

People and relatives did not raise any concerns about the premises. Comments included, "It's homely and

always clean and smells nice," "It's not posh, but it's homely, there's no smell. Being homely is the most important thing to [name of person]" and "It's very safe, clean and tidy. It's an old building, but it smells nice."

We read comments from relatives which had been posted on an independent national care homes review site. One relative had commented, "The staff work hard to maintain a homelike environment for the residents, and the home itself it well suited to this. The home feels like your grandparents house and successfully overcomes the overpowering clinical environment many homes have."

A pharmacy advisor had been working with staff at the home since concerns had been raised previously regarding the management of medicines. The local authority safeguarding adults team were carrying out an investigation into these concerns. We cannot comment on this investigation at the time of this inspection. We will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

We spoke with the pharmacy advisor who told us that improvements had been made with regards to medicines management. She told us that staff were working with the medicines optimisation team to ensure that all identified requirement actions relating to the management of medicines were addressed.

We looked at medicines administration records (MARs). We saw that these were completed accurately. One member of staff administered people's medicines and another member of staff witnessed the administration. The second member of staff had completed medicines awareness training. The manager told us that she was in the process of updating the medicines policy to include the new procedure for the administration of medicines.

There were safeguarding policies and procedures in place. People and relatives told us that people felt safe. One relative said, "He feels safe there, with all the familiar faces." Staff were knowledgeable about what action they would take if abuse was suspected.

The local authority had placed the home into 'organisational safeguarding.' This meant that the local authority was monitoring the whole home since there had been concerns about certain practices at the home, mainly regarding the safe management of medicines. We spoke with a safeguarding officer from the local authority who told us that improvements had been made and staff had worked "very well" with them to ensure the safety of people who used the service.

Safe recruitment procedures were followed. A Disclosure and Barring Service (DBS) check and two references were obtained before staff started work at the home, to help make sure that applicants were suitable to work with vulnerable people. We noted that the manager took immediate action when staff were no longer suitable to work at the home because of their conduct.

People and relatives told us that there were sufficient staff on duty to meet people's needs. One relative said, "There's always someone around." Another said, "I think there are enough staff." Other comments included, "Yes, there's enough, I'm sure" and "There's always someone there looking after them." This was confirmed by our own observations. We saw that care was carried out in a calm and unhurried manner.

Good

Is the service effective?

Our findings

People and relatives told us that staff were effective at meeting people's needs. They said they considered that staff were adequately trained. One relative said, "They all seem to know what they are doing."

Staff told us there was enough training to ensure that they could meet people's needs effectively. One member of staff said, "There's always lots of different training going on." The manager provided us with information to evidence that staff had completed training in safe working practices and to meet the specific needs of people, such as the provision of dementia care.

Staff completed induction training to ensure that they achieved acceptable levels of competence to care and support people. The manager had introduced the Care Certificate. This is an identified set of standards that care workers adhere to in their daily working life. One staff member told us, "I am busy doing my care certificate, I'm nearly finished."

Staff said that they felt supported and they had regular supervision. We saw copies of supervision meetings and annual appraisals. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements. She told us, and records confirmed that best interests decisions were carried out for important decisions. Mental capacity assessments had also been completed.

People and relatives told us that meals at the service were good. One person said, "The food is good – but sometimes there's too much." A relative said, "The meals are amazing." Another said, "The food is good, they've had the same lad for years." We read the minutes from the most recent 'residents' and relatives'' meeting. We read that one person had stated that the curries were not as good as her daughter could make. The manager told us, and records confirmed that she had invited the person's relative to visit the home and show them how to make a good curry!

We saw that support was provided discreetly and individuals were encouraged to be as independent as possible. Staff gave one person her own gravy boat as she liked to pour on her own gravy. Another person

had their meal from a tea plate. Staff explained that she did not like to be "overloaded with food" and ate more when provided with smaller meals. Plates of bread and butter were provided on each table. We saw people offered each other bread. One person said to another, "Come on [name of person] I know you like bread, here you go."

We saw that different coloured crockery was in place for people who had a dementia related condition. Staff explained that the contrast in colours helped people identify the food on their plate more easily.

The manager told us, and our own observations confirmed that meal times were an important part of everyday life at the home. We saw that staff had their meals with people and chatted throughout lunch. The manager said, "It's informal, it's what we do, it's just like being at home. That's what you would do."

The cook was knowledgeable about people's likes and dislikes and special dietary requirements. He had worked at the home for 23 years. There was information in the kitchen about modified textured diets, such as pureed and soft meals. He showed us the homemade smoothies he made from yoghurt, fruit, milk and cream. He explained that one person was sometimes reluctant to eat. He said that if she refused to eat her cooked meal staff would offer her bread and jam which "she loves." He told us, and our own observations confirmed that he went round after each meal to see if people had enjoyed their meal. He said, "I like to see if they are eating it and if not I'll make them something else. If they don't like something, I'll change it [on the menu] straight away."

We noted that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; saw the nurse; dentist, optician and podiatrist. We read that one person had lost weight. Staff contacted the GP who referred them to the dietitian. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of the people were being met, to maintain their health.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff. Comments included, "They are wonderful," "All of them are so lovely – so nice," "The staff are so lovely. They explained to me that it is his home and I can visit whenever I like – they treat him lovely," "He has dementia, but he's always smiling," "It's homely, caring and very nice" and "They put themselves out for the residents."

We read compliments which had been received. One relative had written to the manager and said, "[Name of person] has been looked after with care and kindness by your lovely staff under your guidance. Since she first came to you, I had comfort in seeing how well she was treated. It could not have been better." Other compliments described staff as "Excellent" and "Warm hearted."

We read the minutes from a recent 'residents' and relatives' meeting. We noted that the manager had written, "[Name of person] said she likes it here and the staff are caring."

We saw positive interactions not only between care workers and staff, but also other members of the staff team, such as the housekeeper and the cook. We saw the cook spending time with people over lunch time and observed that people enjoyed speaking to him. He told us, "I enjoy going out and talking to them, I know all their little ways."

We saw that care staff spent time talking to people over lunch time. They sat and had their lunch with people and chatted with them. One relative said, "They are all just so nice, like the other day when I went in, [name of care worker] was on her break but she was sitting and talking to Nana. It's little things like that that make all the difference."

We saw that people looked well presented. One relative said, "Whenever I go in, she looks clean and they have made sure her hair is done nicely and [name of care worker] was doing her nails. She always has got nice fresh clothes on. These are the important things."

The home had started a pen pal initiative. We read the minutes from a recent 'residents' and relatives'' meeting. The manager had stated that three people had written a short letter and enclosed a photograph and sent it to people who lived in another of the provider's homes in Durham. The manager had written, "We are delighted the new activity [pen pal] is successful."

People and relatives said that staff promoted people's privacy and dignity. One relative said, "They're very good with that [promoting privacy and dignity]." Another relative explained how her family member had unfortunately been incontinent and staff had discreetly assisted them to get changed. We noted that the manager completed care plan audits. We read that she had written on one care plan audit in relation to a daily record entry, "Use word odour instead of smelly, it's offensive to use such a word." The manager explained that she had recently spoken with staff regarding the storage of incontinence pads. She said, "I don't want them on display. Yes people may have continence issues, but we shouldn't be advertising the fact to any visitors. Incontinence pads need to be stored out of sight."

We saw that staff spoke with people respectfully and knocked on bedroom doors before they entered. They were able to give examples about how they promoted people's privacy and dignity, such as making sure curtains and doors were closed and people were appropriately covered during personal care. At lunch time we heard one staff member discreetly ask if a person wanted to use their napkin to wipe the chocolate pudding from their face.

No one was currently accessing any form of advocacy. The manager informed us that there was a procedure in place if advocacy services were required.

Good

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. Comments included, "They are on the ball, they don't miss anything," "They always contact me if anything is wrong and if [name of relative] is unwell," "They look after me well – they're great" and "She was taking funny turns and had to go to hospital, they organised that."

We read relatives' comments which had been posted on an independent national care homes review website. One relative had written, "The staff at The Pines are extremely hard working and provide dedicated client centred care to the residents. Recently during a difficult period of ill health the staff supported not only my grandad but the family too, reassuring us and updating us."

We spoke with a care manager from the local NHS Trust. She told us that staff contacted her in a timely manner if there were any issues or concerns.

There was a preadmission process in place. Staff assessed people before they moved into the home to make sure they could meet their needs. We read care plans and saw that these documented people's likes and dislikes and gave detailed guidance on how care and support should be provided.

We saw that an emergency health care plan (EHCP) had been completed in one of the care files we examined. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems. A 'Do No Attempt Cardiopulmonary Resuscitation' (DNACPR) was also in place. We saw that both important documents had been placed in a yellow envelope to ensure that staff could locate both documents easily and quickly in case of an emergency or deterioration in the person's health.

Accidents and incidents were analysed. The manager had identified any themes or trends and taken action as required. She had identified that more falls were occurring between 4-7pm and had addressed this through additional staff deployment. We noted that following one person's fall, a sensor mat had been purchased which alerted staff if the person got out of bed. We read that another person had fallen twice in two days. The GP was contacted for advice and the district nurse attended to take the person's blood, to ascertain if there was anything wrong medically. Staff on another occasion obtained a special bed which lowered to the floor to reduce the risk of any injuries should the person roll out of bed.

The manager told us and records confirmed that they were now using body maps to document any skin damage. Body maps provide a visual record of an injury.

There was a programme of planned activities. People were supported to access the local community and activities such as arts and crafts were carried out at the home. People and relatives told us that activities provision at the home was good. One relative said, "There's definitely enough going on." Another said, "They had a little party for them yesterday. Those that were able to were dancing and wiggling, it was lovely seeing them smile." On the afternoon of our visit, people were involved making Christmas crackers. We saw that

staff spent time with people interacting with them on a one to one basis.

The manager told us, and records confirmed that there was an emphasis on integrating the home with the local community. School children visited and a local activities charity were also involved at the service.

There was a complaints procedure in place. People and relatives with whom we spoke did not raise any concerns about the service. One relative said, "I've no complaints or concerns, they are wonderful." We read that one informal complaint had been documented. We noted that the manager had sent a letter of apology and actioned the concerns raised.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. She had worked at the home since 2005 and become manager in 2008. She had completed vocational qualifications in care and leadership and management.

People, relatives and staff spoke positively about her. Comments included, "[Name of manager] is excellent," "She is the reason why I chose this home and I'm so glad I did," "I think it's well led," "Her door is always open," "You can go to her with any concerns," "She's very hard working," "[Name of manager] deals with any issues straight away and gets things done. She is very supportive" and "She's a great boss."

There was currently no deputy employed at the service to support the manager in her duties. We noted that the manager completed all of the audits and checks of the service. She oversaw medicines management, completed staff supervision and appraisals; organised staff and 'resident and relatives'' meetings and completed all administrative tasks at the service. Although we had no concerns about the quality and standard of her work; we considered that the lack of a deputy manager had increased her workload and meant her spending extra hours at the home. She told us that the provider had advertised for a deputy manager to support her. Following our inspection, the provider wrote to us and stated, "A deputy manager is now appointed."

We had concerns with the condition of the premises. We saw that certain issues had not been identified and remedial action had not always been carried out in a timely manner. We spoke with the manager about these issues. She told us that she had highlighted many of the concerns we had raised. She said that she would speak with the provider and these issues. We considered that these environmental concerns should have been addressed sooner without our input and prompting.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following the inspection, the provider wrote to us and stated, "Repairs are prioritised and those with lesser priority are included in our development plan."

The manager told us that the provider visited the home. She told us that staff had his contact details so they could phone him with any whistle blowing concerns. This was confirmed by the provider who stated that he regularly visited the home including at night. There was no evidence however, of any documented visits.

The manager spoke enthusiastically about the home and about her dedication to ensuring that people were placed at the forefront of everything that she did. She explained how the home had been through an unsettled period of time due to the ongoing safeguarding investigation. She said however, that staff morale was now improving. This was confirmed by people, relatives and staff. One staff member said, "I love my job." Another said, "There is always a nice atmosphere in the home. It's like your second home even though it's your job." Other comments included, "The staff all get along well which has a good effect on the residents" and "I enjoy working here, it's like a family with the residents and relatives. We have a good

relationship with everyone." A relative commented, "Staff are always smiling and happy. I'm always made to feel welcome."

People and relatives told us that they were involved in the running of the home. We saw that surveys were carried out to obtain their views. One person had written on a completed questionnaire, "I have liked it at the Pines for a long time and I really enjoy the food and people that live with me."

Combined staff, and 'relatives' and residents'' meetings were held, so the views of all could be heard and discussed at the same time.

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 12 HSCA RA Regulations 2014 Safe care and treatment Not all aspects of the premises were safe. Windows had not been fitted with restrictors and wardrobes had not been secured to walls to reduce the risks of injury. Smoke/heat tight seals on some bedroom doors were partly missing. Several bedroom doors had not been fitted with fire door closures The storage of medicines awaiting disposal was not suitable. Regulation 12 (1)(2)(a)(b)(d)(g)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to assess and monitor risks relating to the health, safety and welfare of people and others was not fully in place. Timely action had not been taken to mitigate the risks which arose. Regulation 17 (1)(2)(b).