

Midland Heart Limited

Pine Court

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 Court provides personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care service. At the time of our inspection 34 were receiving personal care.

People's experience of using this service

People were happy living in their apartments and using the facilities at Pine Court. They told us they felt safe and secure. They liked the staff who looked after them and felt safe and comfortable when staff supported them. Communal areas were kept safe and were clean and well maintained.

Staff knew each person well. They knew about people's likes and dislikes and their preferences about how they wanted to be looked after. People were supported to take their medicines when they needed them. People's medicines were safely stored.

People's care plans included assessments of risks associated with their care. Staff followed the risk assessments to ensure that people received safe care. Staff knew how to report any concerns about people's safety and well-being.

There were enough staff to meet people's needs in a timely way. People received personal care visits from staff when they expected them. People told us that when they used their alarms from their apartments, staff came quickly.

Staff went through a thorough recruitment process so that the provider knew they only employed suitable staff. Staff undertook training that supported them to have the knowledge and skills to do their job and effectively meet people's needs.

People received support with making their own meals and / or used the Pine Court restaurant. They told us they were very pleased with the quality of meals they could choose from.

People had access to health services when they needed them. Healthcare professionals supported staff to help people maintain or improve their health. Activities at Pine Court included keep fit exercises to support people's well-being.

People 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.

People made choices in all aspects of their lives. Staff respected people's choices and preferences and people's views were listened to and acted upon.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People had use of facilities at Pine Court such as a restaurant and a communal lounge where activities took place.

The manager monitored the quality of care and support people experienced and acted on their feedback.

Lessons were learnt when mistakes were made. For example, after a series of medications errors the management of medicines was reviewed and improved.

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

Rating at last inspection

At the last inspection we rated this service as Good (report published on 10 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 Court

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for older people with a range of health needs.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a registered manager who was registered with the CQC. However, a person who was the registered manager of another nearby service run by the provider had applied to be registered manager of Pine Court and the other service. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection visit on 7 May 2019 was announced. We gave the registered manager 48 hours' notice of our inspection visit. We wanted people to know we would be visiting, and we asked the manager to inform people, so they could set time aside to talk with us if they wanted to.

What we did

Before the inspection visit we looked at information we held about the home and used this information as

part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. We requested information from the local authority that pay for the care of some of people.

Providers are required to send us a provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with 17 people who used the service. We spoke with the manager, two senior support workers and two support staff. We looked at five people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe because they had confidence in the staff who supported them and they received the care they needed. A person told us, "I feel very safe. The staff make you safe. They know me, and I know them. Another person said, "I feel safe here because I get all the help I need." We saw that staff were always present in communal areas where people spent time. We saw staff safely support people when they supported them to walk.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff were trained how to use those systems. Staff knew how to recognise and report abuse using the provider's incident reporting system. Staff told us they were confident that if they raised any concerns the manager would take them seriously by investigating their concerns.

Assessing risk, safety monitoring and management

- People's care plans included assessments of risks associated with their care and support and information about how they wanted to be supported. Staff reviewed risk assessments after people experienced a change in circumstances, for example feeling unwell. Staff made changes to care plans to ensure people's current needs were met. A person told us, "After I had a blackout and fell they [staff] popped in more often. They were very, very good."
- People had equipment to help them feel safe. For example, people had call alarms that could carry around with them and call alarms in their apartments and communal areas. They told us that staff responded quickly when they used the alarms. A person said, "They have the cords everywhere and they come quick" and another person told us, "If I feel unwell I press my buzzer and they come quickly."
- People felt secure because they felt the environment was safe. A person told us, "I felt comfortable here as soon as I walked in. I feel safe here and secure." The provider had effective security arrangements that prevented unauthorised people accessing Pine Court. There was 24hour CCTV coverage of the outside of the premises.
- Staff advised people about staying safe and secure. A person told us, "They stress at all the meetings not to let people in we don't know. They talk about safety and security at every meeting." We saw that people's safety and security was discussed at residents meeting.
- Maintenance staff undertook regular checks of all the premises and equipment to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Every person had a personal emergency evacuation plan in their apartment, so they knew what to do in the event of an emergency such as a fire.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw that staff had time to sit and have conversations

with people; and staff responded quickly when people used their call-alarms. They were able to do because there were enough staff. A person told us, "Safe? Oh yes, there is always someone about."

- The manager and senior staff team used a dependency assessment tool to calculate safe staffing levels. They deployed staff effectively so that there were enough staff to respond to people's needs, for example if people needed additional visits. A person told us, "The pop in more if you are not very well."
- The management team planned staff rotas carefully to ensure that enough suitably trained, skilled and experienced staff were deployed. When unplanned absences occurred, these were covered staff who were on duty.
- The provider followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. People had been involved in recruitment interviews. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check and references, were satisfactory.

Using medicines safely

- Only senior support staff who were trained in medicines management supported people who required support with their medicines. People told us that staff handed them their medicines and watched them take them. Staff checked that people took their own medicines and kept records they had done so.
- The manager completed weekly audits of medicines to ensure people had the right medicines at the right times. They arranged for the pharmacist who supplied medicines to carry out regular audits of the service's medicines management. The most recent audit in March 2019 assessed the service's medicines management to be outstanding.
- Medicines were safely stored, and sufficient amounts of medicines were available.

Preventing and controlling infection

- The provider had systems in place to make sure that staff followed infection control procedures.
- The premises were clean, fresh and tidy.
- Staff had training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons when they supported people.

Learning lessons when things go wrong

- The manager carried out a review of medicines management procedures at Pine Court after a series of medication errors were made by staff.
- Previous errors included people either having their medicines at the wrong times or being given an incorrect dosage. The manager followed the correct procedures by contacting a GP, NHS 111 or the pharmacist to check whether people were placed at risk because of the errors. None were. However, successful improvements were made to reduce the risk of future errors. The manager involved the pharmacist in identifying improvements.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Training included information about health conditions people lived with, such as dementia. Staff told us they found the training helpful and relevant to the needs of people. A staff member told us, "I felt ready and confident to support people alone after the training." Another staff member said, "Training taught us what we needed to know about the residents, for example who had diabetes and who had dementia."
- New staff underwent a thorough induction, which included shadowing more experienced staff and learning about people's needs and preferences. A staff member told us, "I recall that my induction was very good. It included a period of shadowing which prepared me well."
- People told us they felt staff were well trained. A person told us, "The staff are very good. over time they have got to know me well."
- People consistently told us the quality of care and support they experienced was good. People's feedback through three monthly satisfaction surveys was also consistently good. They consistently reported that they were satisfied with the quality of the care and support.
- Staff had up to four supervision meetings a year at which their performance and training needs were reviewed. Staff told us the supervision meetings were helpful because they were able to discuss people's needs and their own development and training needs. Nearly all staff had at least a level 2 diploma in health and social care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager carried out assessments of people's needs before they came to Pine Court to ensure that the service was able to meet people's needs. The assessments identified the extent of support people required.
- The provider's policies and procedures included protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs. A person who told us their faith was important to them was supported to attend their place of worship.
- The provider supported people to understand about people's diversity by having activities that acknowledged and celebrated various cultural events. They had a policy on how to support people with issues around gender identity.
- People's care plans included information about their assessed needs and their preferences about how they wanted to be supported. Staff we spoke with displayed detailed knowledge about people's needs and preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people who required support with making their meals in their apartments. People chose

where they wanted to eat. Some had staff support them to have breakfast in their apartment and they had other meals in the restaurant. A person told us, "The food is excellent. We have two choices I have breakfast and tea in the flat and have my lunch in the dining room."

- Staff supported people who needed help to eat their meals, for example by ensuring people had manageable food portions. A person told us, "They even cut your meat up if you need it."
- Staff helped make mealtimes social occasions for people. Dining tables were laid out with linen tablecloths, table place mats and serviettes. Staff sat with people and supported those who needed help to eat their meals. They had conversations with people to support them to have a pleasant meal-time experience.

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

- Staff worked closely with other agencies such as the local medical practice, a pharmacy, district nurses and physiotherapists to make sure that they met people's needs. For example, staff ensured that people had sufficient stock of medicines and that they had the mobility aids they needed.

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

- Staff supported people to access health services when they needed them. These included a GP, dentists and opticians.
- Staff knew people well and were attentive to changes in people's health. A person told us, "If I am not well they call the doctor." Staff supported people through periods they felt unwell. A person told us, "If I get giddy they come in and check. They are very good very attentive" and another person said, "I can't fault the staff here at all. They come in at least three times a day, sometimes four if I am feeling a bit down."

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

- Pine Court was purpose built to support people to live as independently in their own accommodation and to participate, if they wanted to, in the community with other people who lived there. People told us they had made friends with other people and that they enjoyed living at Pine Court. A person told us, "I like it here I have never had it so good."

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.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were.
- Staff had training about the MCA and were aware of how this legislation affected their work. We heard staff asking people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives.
- Staff we spoke with demonstrated that they understood about the MCA. A staff member told us, "We always ask how people are because it might affect what they need." Another staff member said, "People have a right to choose and change their minds. A person who normally has a shower on a Thursday may decide not to and will want one the next day. We respect that." A third staff member said, "We always ask whether we can start to support them before we do anything."

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People all made positive comments about the staff. They used words such as "friendly", "kind", "marvellous", "nice" and pleasant to describe the staff and said that some staff "went the extra mile." A person said, "I can't find fault with them [staff]. It's a lovely place."
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support. A person told us, "The staff ask deep questions to get to know you." Staff told us they learnt about people from talking with them and from reading and reviewing their care plans. A staff member said, "We read care plans and we are involved with reviews of care plans."

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

- People were involved in decisions about their care and support. They told us they were involved in reviews of their care plans and they read the daily records that staff made about their care and support. A person told us, "Yes, I did a support plan and I sign the review sheet regularly."
- People's preferences about which staff supported them in their apartments were respected.
- People were able to express their views to the manager and staff when they wanted. A person said, "They [staff] are kind they come and have a chat if I want them to. I can't fault them."
- People had opportunities to express their views at monthly residents' meetings. A person told us, "I go to the meetings we can air our views." People made suggestions about activities they wanted to be available to them such as outings to places of interest to them and the meals they could choose from in the restaurant.

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way staff treated them. A person told us, "There are no faults at all here."
- Staff respected people's privacy. They went to people's apartments only at the allotted times and when people requested. Staff did not go into people's apartments uninvited. A person told us, "They always ring the bell when they come to the door and call out before they come in."
- Staff respected people's choices about how they spent their time and whether they participated in activities. A person told us, "I please myself here. I go out if I want to or sit here if I want." Another person said, "I could go downstairs but I prefer to keep to myself. I have my TV and books."
- Staff supported people to do as much as they could for themselves but were always on-hand to assist people. For example, people sometimes washed themselves but at other times they preferred support to do this.
- Staff supported people. Where they knew people had skills they encouraged people to maintain them. People appreciated that. A person told us, "I like to do my own cooking and cleaning it keeps me occupied. I try not to ask them I try to be independent."
- Staff supported people to restore their confidence so that they could be more independent. A person who

lost their confidence to do their own shopping was shown by staff how to use their iPad to do their shopping on-line.

- Staff ensured that people's electric wheelchairs and mobility scooters were always fully charged so that their owners could go out and enjoy their independence in the local community.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager and senior care workers involved people in planning their care and support. They ensured staff had the right skills and knowledge to meet people needs.
- Staff understood people's needs and preferences and supported people in a way they preferred. People's care plans included guidance and information about people's needs and preferences which staff used.
- Staff further developed their knowledge about people through talking with them. This meant staff provided care that was personalised and provided in a way that mattered to people. A person told us, "They know I like my bed made with hospital corners I am very particular, and they always do it."
- Staff respected people's choices and preferences. A person explained to us, "I prefer a bath to a shower, but the bathroom is upstairs, and it is time consuming for staff, but they have told me that anytime I want a bath instead of a shower I can have one."
- People were involved in the reviews of their care plan if they wanted to be involved.
- Staff knew what care and support to provide because they were provided with daily 'job cards' which summarised the support people required that day. The job cards served as prompts to support staff.
- People were supported to participate in activities if they wanted to. People who relied on staff to support them to walk were supported to attend activities. We saw people being supported to a communal area where they participated in a physical exercise class. Later, people clearly enjoyed a visit from a 'pat dog' volunteer.
- We saw photographic evidence that activities were a regular feature of people's lives. People participated in bingo, quizzes, memory games and arts and crafts. Visitors from local church groups and a primary school visited Pine Court to participate in activities with people. This served to keep people in touch with the local community.
- People experienced positive outcomes because of the support they received, often through activities they participated in which gave them a sense of esteem. A person who in the past worked in a shop was supported to take responsibility for running a shop that had been set up inside Pine Court. They opened the shop daily and ran it. This had a positive impact on the person and people who used the shop because the shop was a hub of activity where people socialised.
- Another person lacked motivation to perform daily living skills. After staff showed them how to make drinks, look after their laundry and how to perform personal care the person was able to do those things without support.
- Another person had lost their motivation about their appearance and did not socialise with other people. The manager engaged with health professionals to be involved in the person's care. The person's mood changed, and they take pride in their appearance.
- The provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

- Information was available in different formats such as large print to make it easier for people to understand. Staff supported people with communication needs by using British Sign Language and words that they and people used to develop a language they mutually understood.

Improving care quality in response to complaints or concerns

- People told us they would talk to the manager if they had a concern or a complaint.
- The manager kept a complaints log, which showed the actions they had taken to resolve complaints. Only one complaint had been made in the last 12 months which had been resolved.

End of life care and support

- People's care plans included information about how they wanted to be cared for in the latter stages of their lives and funeral arrangements.

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.

Good: 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

- The manager and senior care workers provided good leadership. Staff told us they felt motivated, well -led and that they enjoyed working at Pine Court. A staff member told us, "The management are very good. They operate an open-door policy. They listen, and nothing is too much trouble."
- The manager understood the legal duties of a registered manager and sent notifications to CQC as required. They supported staff to understand the fundamental standards of care by discussing the CQC's guidance for providers and CQC's five key questions at staff meetings.
- The provider had a quality assurance system in place to monitor the quality of care and people's experience of the service. This included three monthly questionnaire surveys of people. People's views were also sought at residents' meetings and at reviews of their care plans. This meant the provider was able to have an informed view of the quality of care that people experienced. The surveys consistently showed positive results.
- The provider's quality assurance system included a programme of audits covering a comprehensive range subjects ranging from the health and safety of the premises to checking that people's call alarms worked. This showed a good awareness and management of risks that could impact on people and staff.
- The manager's audits were checked and verified by a regional manager which showed that quality assurance systems were thorough.

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

- The manager and senior support staff planned the delivery of care to meet people's needs. They had weekly meetings to discuss operational issues and improvements that had been identified through feedback and quality assurance. Information about people's needs was shared between staff at meetings called 'team huddles. These meetings ensured a continuity of care and support from shift to shift.
- The provider promoted transparency and honesty. They had a policy to openly discuss issues with people and relatives at meetings or when relatives visited
- The ratings from our previous inspection were displayed for people to see at the home and on the home's website. Our last inspection report was discussed at staff meetings.

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

- The manager and staff team encouraged and supported people to express their views about their experience of the service. People's views were listened to and acted upon. For example, changes were made

to the choice of meals people could have in the restaurant and activities such as canal trips were planned because of people's feedback.

- Staff had opportunities to be involved in developing the service. This was through participating in supervision meetings and staff meetings. They told us the meetings were helpful and they felt confident about making any suggestions.

Continuous learning and improving care

- The manager used information derived from the quality assurance system to drive improvement.

- The results of the ` residents' surveys were consistently positive. They showed that people felt safe and were pleased with the care and support they experienced.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, such as the GP, district nurses and occupational therapists to ensure that people received joined-up care. The service had links with charities that help provided activities such as a the 'pat dog' visits.

- The service had links to other organisations such as local churches and schools which made it a part of the community. An annual fete took place to which members of the local community were invited.