Diamond Care (UK) Limited

Pineheath

Inspection Report

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Summary of findings

Overall summary

PineHeath is a home providing accommodation for up to 42 older people. There were 34 people living in the home when we visited. The service provides residential and nursing care to older people, some of whom live with dementia. PineHeath does not have a manager who is registered with the commission.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The acting manager told us there were some people living in the home who needed to be assessed in relation to their capacity and therefore an authorisation might need to be arranged. We found that PineHeath needed to make improvements to ensure it was meeting the requirements of the DoLS.

People told us they felt safe in the home and we found that there were policies and procedures in place to protect people from harm. People told us they received care which met their needs and promoted their well-being and we saw that staff were trained and understood people's requirements.

People's care and support needs were recorded but information about risks to their health and well-being was not available. This meant people's risks were not managed appropriately and staff could not follow effective risk assessment management policies as they were not in place. You can see what action we told the provider to take at the back of the full version of the report.

We found that people's repositioning charts and body maps were not updated or fully completed by staff, therefore it was not clear if people had received the care they required. You can see what action we told the provider to take at the back of the full version of the report.

The service followed current and relevant professional guidance about the management of medicines, and staff had sufficient training to enable them to manage people's medicines safely.

We observed that people were treated with dignity and respect by staff who were caring and considerate.

We viewed records and observed staff's practice which showed that people's nutrition and hydration needs were identified and monitored where necessary.

The provider had asked for the views of people about the quality of the service they received via a questionnaire. However they had not yet received people's responses to help identify areas of the service that needed to be improved. Improvements were needed to assess the service.

People in the home and staff, as well as other health professionals, commented on the significant improvements made by the acting manager in creating a compassionate and cohesive staff team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the information provided in the risk assessments for people in the home lacked the necessary details to enable staff to manage those risks effectively.

There were body maps and repositioning charts that had not been properly completed nor information recorded, which could put people's skin integrity at risk .

People were protected from abuse because staff had been trained and knew the procedures in place that had to be followed.

The service was consistently managing people's medicines in a safe way. Medication was administered to people by the senior staff in the home, as prescribed by the GP.

There were sufficient staff on duty to meet people's needs.

A 4 star food hygiene rating had been given to the home's kitchen in 2013 meaning that people's food was stored, prepared and cooked in an hygienic environment.

Are services effective?

Improvements were needed in the home regarding areas such as one of the windows and guttering. The acting manager said a refurbishment was due but was not able to give us a date of when this had been planned.

We saw that staff had undertaken training and had the skills and knowledge to meet people's needs. They told us they were supported through induction, regular supervision and the management team in the home.

Although only one person out of seven we spoke with said they had been involved in their care plan, we saw three care plans that had been written with the person and/or their relative. There was information that showed people's preferences and choices were recorded and evidence that these had been respected by staff. Staff spoke knowledgeably about people's care and support needs.

Health professionals told us the staff at PineHeath monitored people's health and referred them appropriately to their services.

Summary of findings

Are services caring?

We saw that staff, people in the home and relatives spoke with kindness and respect with each other. One person in the home said: "I love it here, I really do. My room is just like I want it to be and full of all my bits. I can't ask for more."

People told us they had a choice of meals and where they ate them. This could be in their room or in the dining room.

Are services responsive to people's needs?

Most people were aware of how to complain if they needed to and would speak with staff or the acting manager if necessary. There was a book by the door so that people and their relatives or visitors could write about any minor concerns. There were no entries in the book.

People told us there were 'residents' meetings but we found no evidence of these meetings having taken place. The acting manager said a meeting would be held in May 2014.

We saw activities taking place during the inspection and people told us they were very happy with the activities co-ordinator.

Are services well-led?

At the time of our inspection, the home did not have a registered manager in post. However, staff, people in the home and other professionals said the new acting manager had made improvements and was respected by everyone.

A questionnaire, for those in PineHeath to assess the quality of their care, had been sent recently. However, the acting manager was awaiting the responses so that a report could be written about the findings and any actions to improve the service could be made.

The premises and equipment were checked to ensure people were safe.

Summary of findings

What people who use the service and those that matter to them say

People in the home were very happy and told us the acting manager had made a real difference to their lives. They told us she spent time with them and was very approachable.

We saw that there were many visitors who came to the home and they were welcomed and known by name by staff.

One person said their laundry was: "… always returned clean and well-presented", their room was: "… kept well cleaned" and the staff worked hard.

One person told us they were: "…absolutely fine" and could think of nothing they would improve in the home.

Pineheath

Detailed findings

Background to this inspection

We visited the home on 25 April 2014. This was an unannounced inspection, which meant the provider was not informed about our visit beforehand. Our inspection team was made up of a lead inspector, a second inspector and an expert by experience. The expert by experience was someone who had an understanding of residential care services.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The last scheduled inspection for PineHeath took place on 15 October 2013. The home was compliant in the three essential standards inspected.

Prior to our inspection we reviewed historical data we held about safeguarding incidents in the home and reviewed incidents that the provider had informed us about.

We began by talking with the acting manager about the new inspection process and outlined the key questions that would be inspected during the visit.

During the inspection we talked with seven people who lived in the home, spoke with seven staff and the acting manager. We looked at three people's care plans and other supporting documents. We observed staff when they interacted and provided care to people. We looked at information about people's medication and the way medication was administered. We checked information about the mandatory and specialist training that staff had received.

Are services safe?

Our findings

We looked at three people's care files and saw body maps for two people that showed details of injuries or bruises they had sustained. However, there was no information to show if these bruises and injuries had improved or healed. One showed there was a spinal area of red skin caused by the arm of the chair. The acting manager confirmed that there was no information available to show what had been done by staff to ensure the injury did not happen again to the person. We noted that repositioning charts for people were not being fully completed making it difficult to assess if people had been repositioned as needed. We informed the acting manager of this. Evidence for one person showed they had only been turned during the night and the names of the two staff who should have turned them had not been recorded. This meant there had been a breach of the relevant legal regulation (Regulation 20) as the provider was not maintaining an accurate record of the care people received. The action we have asked the provider to take can be found at the back of this report.

We saw that there were only corporate risk assessments completed, which included moving and handling, and falls. Although they were both very important there were no individualised risk assessments to cover such things as taking people out for activities; how staff should deal with anyone with behaviour that might be difficult or the possibility of people choking when being assisted to eat meals. The acting manager said that there were only corporate risk assessments and this meant staff and people who used the service were not protected or kept safe. This meant there had been a breach of the relevant legal regulation (Regulation 9 (1)(b)) and the action we have asked the provider to take can be found at the back of this report.

Staff told us they had undertaken training in safeguarding of vulnerable adults and records confirmed that was the case. Staff knew what constituted abuse and what they would do if an allegation was made. We were shown the home's policies and procedures about safeguarding, which were comprehensive and contained information about how to raise a concern.

We saw evidence that staff had undertaken training in the Mental Capacity Act 2005 (MCA), Mental Health Act 1983 (MHA) and the Deprivation of Liberty Safeguards (DoLS). There were comprehensive policies and procedures in place so that staff had the information available if people who could not make decisions for themsleves, needed to be protected. The acting manager told us that there were some people who lived in the home who needed to be assessed as to their mental capacity so that the appropriate best interest decisions or authorisations could be put in place. Minor improvements were needed to ensure the home was meeting the requirements of the Deprivation of Liberty Safeguards.

Six people we spoke with told us they felt safe and secure in the home. One person told us they left their bedroom door open at all times when they were in their room, but ensured they closed their door if they moved far from their bedroom. Five other people told us they chose to leave their bedroom doors open all the time.

We saw a sufficient level of staff on duty, which meant that people had their needs attended to swiftly. Call bells were responded to in a timely manner and people told us that staff cared for them with respect and did what they asked them to. One person we spoke with said, "Staff are generally there if there is anything I want or need". The acting manager said there were a number of staff vacancies to be filled therefore the number of people who lived in the home had been temporarily reduced from 42 to 34.

We found that the tiles in two toilets were cracked and the seals to the floor and wall had come adrift. In another two toilets we found evidence of faecal matter on the rims. This increased the risk of infection to people because the toilets they used could harbour bacteria. During the inspection we found the home did not smell fresh or clean, and it did not improve during the day. The acting manager said there was a vacancy for a cleaner at the present time. Improvements were needed to protect people and maintain high standards of cleanliness and hygiene in the home.

We found appropriate amounts of equipment in the home for staff to use to meet the needs of those who lived in the home and this was generally well maintained. Those people that required pressure care equipment, for example pressure cushions, profiling beds and bed rails, had this in place and we found that it was well maintained and in working order. We found an adapted bath, which enabled those people who chose to have a bath to do so. We also found that two shower rooms had recently been refurbished and retiled to facilitate people to have a shower in pleasant and safe surroundings.

Are services safe?

The local NHS Commissioning Support Unit had undertaken a medicines management visit and checklist for handling controlled drugs in the home on 12 August 2013. There were a number of actions that had been suggested but the acting manager said the report had only been available to her recently. However some of the issues raised had already been addressed by the previous registered manager. We found that medicines were stored safely and in appropriate trolleys. We saw that most medication was provided by the local pharmacy in single dosage dossett boxes and people in the home were protected because medication was administered in line with their prescribed medications. We checked the numbers of tablets and other prescribed medication, including controlled drugs, and found they reconciled with the number recorded as being in stock.. There was evidence that staff had undertaken medication training through skills for care and they confirmed they had been shadowed annually to update and ensure their competency. All care staff confirmed that only senior care assistants or managers administered medication to people.

One person we spoke with said their prescribed medicines were administered by staff in the home but took other supplements themselves, which maintained their independence. We saw that in one file there was information that showed a topical medication to be used, 'as directed' but there was no further information about how frequently it should be applied. From other information available in the person's skin integrity care plan, we found that the cream should have been applied in the morning and in the evening. However we found that on 17 out of 23 days only one application of the cream had been applied and noted that signatures of the staff who had applied the medication were not correctly entered. Improvements were needed to ensure the person was not at risk of their skin breaking down.

A 4 star food hygiene rating had been given to the home's kitchen in 2013 meaning that people's food was stored, prepared and cooked in an hygienic environment.

Are services effective?

(for example, treatment is effective)

Our findings

Although only one person we spoke with said they were aware of having discussed their care and how their needs should be met, there was evidence in the files of three people that they, and their relatives, had been part of the process. We saw that in each of the three files we looked at that people had been asked if they preferred male or female care staff for personal care. We saw all stated they wished for a female member of care staff for personal care, although one person said they were happy for male staff to assist them with eating their meals. We saw in the daily notes that people's choices had been adhered to.

Those people that could do so, told us they were always asked by staff about their decisions. One person in the home told us, "They know that I like to be as independent as I can." We saw that staff encouraged people and supported them in a positive way to remain active.

We found that the staff liaised with other professionals to ensure people's health and well-being was maintained. On the day of our visit, we saw that a local GP and district nurse had been into the home to attend to people's health care issues. We spoke with the health professionals who said the staff in the home monitored people's health and where changes occurred they referred them appropriately for GP or District Nurses support. This meant that people were supported to maintain their health and had access to other health professionals where necessary.

Staff told us that they felt supported through supervision, appraisal, and the management team in the home and were able to raise issues with them when required. We spoke with seven staff who all said that since the acting manager had taken over, the atmosphere within the home had changed and was more relaxed. One member of staff said, "We all provide a good standard of care and work together, I would have no issues in speaking to the [acting] manager about anything. She is very supportive." We were also told, "The feeling has improved greatly since [the acting manager] took over. I feel supported and can always access help, whenever it is needed." Another member of staff said, "I have been taken under people's wings, they all look after me and I have learnt a lot. I really like it here." During the inspection the acting manager continued with appraisals that had been pre-arranged with care staff. Staff told us they received regular supervision as well as yearly appraisals and could talk to the acting manager at any time. This meant staff had the support necessary to meet the needs of people who lived in the home.

Evidence was seen that staff were due to receive training such as ethnicity and diversity, infection control, and challenging behaviour in May 2014. Staff told us that the provider was supportive in providing required training and that this meant they could meet people's needs.

Improvements were needed in some areas of the home. For example, in one person's bedroom, we found that the double glazing to one pane of glass had condensation, which affected their ability to see clearly from this part of the window. We also found that a break in the guttering meant that water was running down the windows on both the ground and second floor. Although this had not caused an issue for people, it increased the risk of damp affecting the walls. We noted that this had happened in another person's bedroom, where we saw evidence of plaster having fallen from the wall and the wallpaper having bubbled up. The acting manager stated that there were due to be major refurbishments but was unable to say when they would be.

With the number of people who lived in the home who had mental health needs, minor improvements could be made to help aid orientation and promote people's independence, such as a different colour décor for the upper floor and identification of their rooms by, for instance, door colours or personal motifs.

Are services caring?

Our findings

People told us that staff were friendly, kind and caring. We saw positive examples and noted the way staff checked regularly on people who were in their rooms and took the time to speak to them about subjects they enjoyed. Where people could not communicate verbally, we saw they smiled when staff approached them. People also told us that staff asked how they wanted their care delivered (when appropriate). We observed and heard that staff checked with people that they were happy, for example at meal times, and during the day. One person said, “Staff are very good, friendly and helpful.”

We saw that people were offered a choice of meals and people told us they were asked to make their choice the day before and that the food was very good. One person said, "There is always a good choice of food and they will always find something else if I don't like any of the three choices." We saw that time was taken so that people had the support they required to eat and drink adequate food and fluids. Our conversations with catering staff evidenced that people were given a range of meal options and that, if they did not want what was on offer, then an alternative could be given.

People we spoke with told us they could choose to eat in their own bedrooms or the dining area. One person told us they did not like to eat with the other people in the home and ate in their own bedroom. It was evident that this was a regular occurrence as they had their own vinegar and salt in their cupboard. The person did comment that, “…the food is good.” Another person told us that, “…the food varies with who is on duty but if you don't fancy anything on offer they will find an alternative.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Most people said that although they had never had reason to complain they knew how to and said that they would speak to the staff or go direct to the acting manager. Two people we spoke with said they had been given the information about how to make a complaint. One person said, "They said if you wish to complain about anything, don't tell others, tell us." We looked at the complaints log and saw that the last time a complaint had been made was in September 2013. This had been dealt with appropriately and the outcome had been agreed by the complainant. The acting manager showed us that there was a book in the foyer so that people could raise a concern if they wanted. There were none recorded at the time of the visit.

Although we were told by some people in the home that they held residents meetings with an open agenda, one person said that they were not aware of this. There were no details of minutes available and there were no details advertising the meetings in the home. The acting manager said there would be a meeting held in May 2014. Improvements were needed to ensure people were aware of meetings and given copies of the minutes.

We looked at three care files and found they contained details of the care and support people needed in the home. There was information about people's choices and preferences such as size of a meal on the plate and individual activities. However, there was only very basic information about people's life history, which would have given staff a better insight into the person. There was written evidence that people's needs were reviewed with them and/or their relative to make sure information was up to date.

We spoke with the activity coordinator who told us they discussed with people and their families what their likes and dislikes were. Individual records of activities people were involved with were maintained by the activity co-ordinator and were seen during the inspection. We saw in one person's life history that they had enjoyed playing bingo and noted that they had been encouraged and assisted to do so in the home. This meant they had access to activities that had been important to them. During our visit we saw that a local Charlie Chaplin entertainer had come into the home. Many people told us they looked forward to this activity. People told us there were regular, planned activities run by an activity organiser. They said that although they were encouraged to attend and take part they could choose not to. One person said, "[name], who runs the activities is brilliant." There was an activities room which was large and spacious with tables and chairs, and enough room for people who required wheelchairs. We were told that a visiting chiropodist and hairdresser also catered for people's needs.

During the inspection we saw that friends and relatives of people who lived in the home were welcomed by staff. There was a signing in book that meant staff were aware of who was in the building.

Are services well-led?

Our findings

The home did not have a registered manager in post at the time of our inspection.

There was evidence that 'residents' questionnaires had been sent recently and the acting manager told us she was awaiting the responses before writing a report and action plan. This meant that a quality assurance system had been put in place but the outcome had yet to be collated.

The home had quality checks in place to ensure that the premises and equipment remained safe and fit for purpose. Pressure care and continence audits had been completed and appropriate referrals to other health professionals had been made. However the acting manager was aware that other audits of the quality of the service had not been undertaken and was in the process of putting systems in place to complete them. We noted that the acting manager had only been in post since 28 March 2014. Improvements were required because areas of practice needed to be identified and improved on.

Everyone we spoke with in the home praised the new acting manager and commented that the general atmosphere had improved significantly since their arrival. One person said, "The new [acting] manager is very, very good." Another said, "The new [acting] manager is a real people person, she'll come in and sit down and talk you." It was evident that staff were more supported and motivated since the new acting manager had been in post. One member of staff said, "The new [acting] manager has the full respect of all the staff, we all pitch in and help out, we are more of a team."

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 (1)(b) HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. How the regulation was not being met: The registered person did not ensure the welfare and safety of people who use the service as there were no individualised risk assessments.

Regulated activity	Regulation
	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: People were not protected against the risks of unsafe or inappropriate care because repositioning charts and body maps were not updated or fully completed.