Care Quality Commission

Devon County Council

Pine Park House

Inspection report

Pine Park Road
Honiton
Devon
EX14 2HR

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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 Park House is a care home that provides personal care to a maximum of six people with a learning disability. People who use the service live at home with their families and are admitted for planned short breaks (respite). This service helps supports people to continue to live at home with their families. 23 people and their families currently use the service. There were five people staying at the service when we visited. Two people went home in the morning, and two more people arrived in the afternoon.

The home is situated in a residential area on outskirts of Honiton. It is a two -storey adapted building with three bedrooms on the ground floor and three bedrooms upstairs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People enjoyed staying at Pine Park House and felt safe and well cared for. There was a happy atmosphere with lots of laughter and good-humour. People were supported by a small group of caring and compassionate staff they knew well and had built trusting relationships with. People were supported to express their views, and care was organised around their individual needs. Staff promoted people to be as independent as possible and upheld their right to privacy.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received effective care and consistent support from experienced staff with the right skills to meet their needs. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required.

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

People received personalised care to meet their needs. They took part in activities and pursued their hobbies and interests. People enjoyed a variety of social activities which included in house activities, trips out, social events, and attendance at day services.

People were protected from abuse by staff who were aware of the different types of abuse, and ways to protect people. People received their medicines safely and on time.

The service was well led by the registered manager and their deputy. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. The provider had systems in place to monitor the quality of care provided and made improvements in response to their findings.

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

Rating at last inspection
The last rating for this service was Good (report published 8 February 2017). At this inspection the service remained Good.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good** ●
Is the service effective? The service was effective. Details are in our effective findings below.	**Good** ●
Is the service caring? The service was caring. Details are in our caring findings below.	**Good** ●
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good** ●
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good** ●

Care Quality Commission

Pine Park House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector.

Pine Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. Also, because the registered manager manages two services and we needed to be sure they would be available to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with four people to ask them about their experience of the care provided. We looked at three

people's care records and at one person's medicine administration records. We spent time in communal areas and observed staff interactions with people.

We spoke with the registered manager, local resource manager, and with five care staff. We looked at systems for recruitment, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home. We received a response from two of them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People appeared to feel safe with the staff who supported them. One person said they felt safe and said, "It's good." There was a friendly and relaxed atmosphere, and people spent time with staff and enjoyed their company.
● The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.
● Staff had regular safeguarding training and knew about the different types of abuse. They Staff felt confident any concerns reported would be listened and responded to. Where potential safeguarding concerns had been identified, the provider worked in partnership with other agencies to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● People had risk assessments to promote their safety, independence and social inclusion. For example, a person's risk assessment showed they needed one to one staff support in the community and disliked crowded areas.
● People lived in a home which was maintained to a safe level. Staff undertook health and safety training. Daily checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. Also, testing of equipment such as an epilepsy monitor in readiness for a person's visit.
● To promote people's well-being, staff were trained to use positive behaviour support methods to reassure people who became anxious and agitated. Where a person was prescribed a medicine 'as required' to reduce their anxiety, staff had never needed to use it, as other methods worked so well.
● The registered manager encouraged staff to report incidents and to learn from errors. For example, when a medicine error occurred where a staff member forgot to give a person their tablet, daily handover records were updated to remind staff which people needed medicines each day.

Staffing and recruitment
● There were enough staff to meet people's needs. People were supported by a small team of experienced staff they knew, who understood their needs. Any sickness or leave was covered from within the team.
● People and families booked their stay in advance with the service. This helped the service plan to ensure they had the skills and staffing levels needed. All staff worked their hours flexibly to meet people's requests. For example, weekend respite visits were popular, so staffing levels reflected that.

Using medicines safely

- People who needed help to take prescribed medicines were supported by competent staff. Staff received training in the safe administration of medicines. They were assessed to check they had the knowledge and skills to safely administer medicines to people.
- Each person brought their own medicines with them when they arrived for their stay. These were checked in by two staff to ensure they were familiar with each person's medicines and any changes. Staff kept clear records of all medicines administered.
- Staff knew what support each person needed to take their medicines. For example, that a person liked their tablet placed in their hand, so they could put it in their own mouth.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- The service was clean and odour free and staff followed daily cleaning schedules.
- Staff had access to personal protective equipment such as disposable gloves, aprons and alcohol gel to prevent cross infection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience
● People were referred to the service via the health and social care team who determined how much respite care they needed, according to each person's individual needs and circumstances.
● Assessments were comprehensive and involved people and families. People's care and support needs were regularly reviewed and updated each time they visited.
● People were supported in accordance with up to date guidance because staff received regular training to make sure their knowledge was up to date. One staff member praised training they had received on supporting people with autism. Another staff member said, "We go on every course imaginable."
● Staff were experienced and knowledgeable about how to meet people's individual needs. Care records showed the service took account of evidence - based practice assessment tools. For example, in relation to assessing people's moving and handling, nutrition, falls risk and skin care needs.
● A new member of staff had recently completed an induction programme to enable them to provide safe care, which they said was "brilliant." They had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences.

Supporting people to eat and drink enough to maintain a balanced diet
● People received meals in accordance with their wishes. Menu planning was based on peoples' needs and preferences. Staff discussed meals each week with the people staying and made a menu in accordance with their choices.
● People were encouraged to participate in meal preparation. For example, one person liked making lasagne, and others enjoyed baking cakes. People enjoyed themed nights where they tried dishes from other countries, such as Chinese and Italian foods.
● Where people needed special diets or consistency of their food modified because of swallowing difficulties, staff had received appropriate training to manage these safely. For example, one person needed staff to supervise them during mealtimes, and to eat their meal in a quiet environment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People accessed healthcare services. Care staff monitored people's on-going health conditions and made sure people attended their health appointments whilst they were staying at Pine Park House. Staff ensured people followed health advice, for example, to continue an exercise programme recommended by a

physiotherapist, to help improve their mobility.
● Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. Where new health concerns were identified, this meant these could be addressed before the person returned home, which was helpful for families. For example, seeking advice about whether a person might manage their medicine better if it was in a liquid form.
● Each person had a 'hospital passport' which provided hospital staff with key information about the person, their medical history, preferences and communication needs.

Adapting service, design, decoration to meet people's needs
● The ground floor area of home was accessible for people who used wheelchairs. For example, ramps were fitted so people could go outside. One room had a ceiling hoist fitted for people who needed it. People using the first floor need to be able to use stairs, as the staircase was not suitable for a stairlift, which was included in people's assessments.
● A display board showed photographs of which staff were on duty and symbol signage showed the weather. Symbol signage was also used on bathroom and laundry areas, so people could find their way around the home independently.
● Recent improvements had been made to enlarge a shower area and make it more accessible and to upgrade ensuite facilities. Following this, staff noticed a person could not access the mirror, which was too high. So, they arranged to have an additional mirror at a suitable height fitted for them.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found they were.

● People were able to make day to day decisions about their care and support. Staff supported one person to get a bowl and choose which cereal they wanted for breakfast.
● People had their capacity assessed to determine their ability to make decisions about some elements of their care. Staff worked with other professionals and family members to make sure decisions were made in the person's best interest. For example, about use of a door sensor to alert staff if a person woke up at night, and the use of a lap belt another person used for safety, to prevent them falling from wheelchair.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people had been visiting the home for many years and had built strong relationships with other people and staff. People and staff cared about each other and enjoyed spending time together. Our observations showed people were happy and relaxed around staff. At suppertime, two people and two staff ate a meal together and talked about their day. One person smiled and raised their glass to say "Cheers." Relatives praised the service. Comments included; "House feels welcoming, friendly staff," "I can relax when [person's name] is on respite as I know she has the best care and staff are fond of her." Staff said, "Its lovely here, home from home, we get attached to people," and "There is a really good vibe here."
- Staff worked with people in a non-judgemental way and adapted to people's changing needs and abilities to ensure everyone was treated with value and respect. For example, a person was going home, but the person due to collect them was late. When they arrived, they tried to rush the person to leave. Staff intervened and explained they needed to wait patiently until the person was ready to leave. This was because the person needed to follow a strict routine before going home for their wellbeing.
- People's religious and cultural needs were captured in personalised care plans. Staff kept a note of everyone's birthday and sent them a card to wish them a Happy Birthday.

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

- To support people to communicate and express their views, staff did accessible communication training. For example, about the use of Makaton which uses signs and symbols, objects, pictures, and a picture exchange communication system (PECS).
- People's communication needs were captured in detailed care plans including any visual, hearing needs and how to recognise and understand their non-verbal cues. For example, any key words, objects and whether they could use Makaton or PECS.
- Where people were unable to speak, staff observed the person's body language, facial expression, vocal sounds and reactions to understand their wishes and preferences. One person we met used PECs to choose their preferred breakfast cereal and drink.
- People's care records celebrated their positive attributes in sections entitled, "What people like and admire about me" and "What is important to me." For example, that a person was mischievous and liked to indicate they wished people to leave by waving goodbye. Also, they appreciated staff leaving things where they put them.

Respecting and promoting people's privacy, dignity and independence
● People's privacy was respected. Each person had their own room, and people could enjoy company of others, or spend quiet time, as there were plenty of communal spaces to choose from.
● People had developed friendships with others who used the service. For example, two people liked to plan their respite stay at the same time, so they could enjoy spending time together. Both enjoyed music and disco dancing in the conservatory.
● Care records captured what people could manage independently and what they needed staff support with. For example, that a person could remember who people are and where things were kept but needed staff assistance with daily living tasks.
● Staff promoted people to increase their independence and develop new skills. For example, learning to shop, cook, help with laundry and keep their room clean and tidy. During their stay, staff accompanied a person to visit a supported living service, as part of their preparations towards independent living.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, because staff knew them well and responded to their individual needs. For example, staff rearranged the living room temporarily because that was how a person currently staying liked it.
- People chose their preferred room, wherever possible, when they came to stay, which helped them settle in quickly. When we visited, staff were getting a room ready for a person's stay. They had hung a personalised sign on their bedroom door and put their things in their room, ready for them to unpack when they arrived.
- Staff tried to ensure they supported people to continue with any planned activities during their stay. For example, horse rising, swimming and attendance at college and day care services. Occasionally, the service helped support people and families by providing an additional stay. For example, where a family member became unwell or was in hospital.
- People had opportunities to socialise, make new friends and participate in a range of activities. One person enjoyed watching a programme about trains and engines. They joined in, using sign language during their favourite bits. People enjoyed going into the local town, restaurants, coffee shops and visiting a nearby park. They used local transport and a minibus for longer trips out. A large games room provided a pool table, ice hockey, and space to do arts and crafts. In the lounge area, people were enjoying using a 'smart TV' to access movie channels, U tube and playing computer games.
- Photographs captured images of what people enjoyed. For example, doing cross stitch, making key rings and creating a new game with stones and buttons. People's art work was proudly displayed all around the home. Other photographs showed people relaxing in the garden and enjoying a windy day. There was a large garden for people to enjoy, with a seaside area with a beach hut for people to enjoy. People liked to help with weeding, planting and cutting the grass.
- Since we last visited, the service had introduced person centred electronic records. Personalised care plans gave staff information about each person's needs, their likes and dislikes. For example, that one person liked to fall asleep with a DVD playing and another person enjoyed keeping a diary and writing lists. Care records captured the care people received, how they spent their day and about their wellbeing.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

● All information in the home was provided in formats which supported people to understand their care and wider issues. For example, Makaton, PECs, pictures and symbols. Notice boards had written information in easy read format about raising concerns and dates of house meetings. A display board used pictures, signs and symbols to help people make daily meal choices.

Improving care quality in response to complaints or concerns

● People were given information about how to raise concerns or make a complaint in an easy read format. Staff encouraged people to raise any worries or concerns day to day and at regular meetings.

● The registered manager or deputy manager was very visible around the home, so people could raise worries with them at any time.

● Concerns or feedback were viewed as opportunities to improve. For example, a family raised concerns about poor broadband coverage upstairs. In response, work was undertaken to boost the signal. This enabled the person to keep in regular contact with family members, and benefitted staff using portable electronic devices for record keeping.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager had an open and accessible management style and led by example. Staff were encouraged to "think outside the box" and identify ways to improve peoples' experience of care. Staff expressed confidence in the registered manager and their deputy, who they said were open and easy to talk with. One member of staff said, "[Name of registered manager] is only ever a phone call away."

● Relatives praised the quality of care at the service. Written feedback included; "Pine Park is the most wonderful place on earth. He absolutely loved it there," and "Knowing that [person's name] was safe, well cared for and happy meant everything to us and gave him excellent preparation for this next stage of his life." Health and social care professionals said, "Staff are really responsive, thorough, and advocate for the individual," and "Staff are flexible, helpful, they communicate regularly and appropriately."

● Staff were motivated and enthusiastic about their work. They worked well together as a team to support people and felt valued for their contribution. Staff were happy in their work and demonstrated a real sense of pride in the service. They developed close relationships with people, which helped to create a happy environment.

● Staff were encouraged to use their skills and talents to enhance people's lives. For example, doing art and craft projects, cookery and gardening, and providing other staff with advice on autism and on using electronic care records. One staff said, "Everyone pitches in," another said, "It's very organised."

● The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. They contacted families to make them aware of any incidents and actions taken in response.

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

● The registered manager was in day to charge of two respite services. The divided their time between the two services and were available by telephone for support and advice. They were supported in the role by a deputy manager, so staff always had management support.

● The registered manager was visible around the home and had an excellent knowledge of the people who visited and their preferred routines. This enabled them to constantly seek people's views and ensure the staff worked in accordance with people's preferences and lifestyle choices.

● Regular audits of care records, the environment and medicines management were carried out and any issues addressed. Staff had daily handover meetings and used written handover records to keep them up to date with who was arriving, going home and any key information such as people's appointments or times they needed their medicines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and staff were included in decisions made in the home and were able to make suggestions at meetings and day to day.
● People had regular meetings. One person made staff aware their TV/DVD equipment was not working, so staff ordered a replacement one. People planned outings and activities, for example, they requested a barbeque, so they could eat in the garden. Minutes captured ways in which people participated in the meeting, so people's non-verbal contributions were also recorded.
● Daily records included a series of symbols, so staff could capture people's moods. For example, whether a person had enjoyed an activity. Photographs were also used to capture people's experiences and share them with family.
● At a staff meeting in July staff discussed a suggestion about add a goal to each person's care plan so staff could identify ways to help promote their independence. Goals agreed included helping a person order and pay for their own drink in a local café and getting another person more involved in brushing their teeth.

Continuous learning and improving care; Working in partnership with others
● People received the care and support they needed because staff worked with other professionals, family members to make sure they kept up to date with any changes in people's treatment and support needs.
● The registered manager kept up to date with developments through meeting with other registered managers within Devon County Council, to share good practice ideas. Also, through the national skills for care, social care institute for excellence (SCIE) and National Institute for Health and Care Excellence (NICE) websites. They received updates about regulatory changes through monthly newsletters from Care Quality Commission. An improvement plan captured ongoing improvements. For example, the introduction of stretching goals for each person towards further independence.
● Staff participated in discussions and reviews of people in their local community. For example, attending one person's school reviews. They worked closely with colleges and day services to make sure young people accessed appropriate adult services to promote their independence after leaving school.