

Pinner Court (Harborne) Limited

# Pinner Court (Harborne) Limited

## Inspection report

313 High Street  
Harborne  
Birmingham  
West Midlands  
B17 9QL

Tel: 01214264554

Website: [www.retirementsecurity.co.uk](http://www.retirementsecurity.co.uk)

Date of inspection visit:  
27 July 2016

Date of publication:  
21 September 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 July 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service [care at home]; we needed to make sure that there would be someone in the office at the time of our visit. The service was last inspected in June 2014 and was meeting all the regulations.

Pinner Court are registered to provide personal care. They provide domiciliary care to people who live in their own homes within a retirement complex (The providers housing scheme). There were 8 people using this service at the time of our inspection.

There was a registered manager in post and they were present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Risk management plans and risk assessments were not in place for staff to follow to ensure people were protected from the risks associated with their specific health conditions. People told us that they felt safe with the support from the staff who provided their care. Staff understood their responsibilities to protect people from potential abuse. People told us they received a reliable service and had not experienced any missed calls. The recruitment processes did not ensure that people were supported by staff who were suitable to meet their needs. Medication management and support from staff with prescribed topical creams needed to be improved.

Improvement was needed to ensure staff had the appropriate knowledge, skills and support needed to carry out their role effectively. Staff did not fully understand the principles of the Mental Capacity Act 2005; however, people told us that staff gained their consent prior to providing care and support. Care plans did not detail known risks to dietary needs of people who required support. People had access to health care professionals when necessary to maintain their health and well-being.

People told us that they had built up close relationships with the staff who provided their care and support. People and their relatives described the staff as being kind, thoughtful and attentive. Staff worked in ways that promoted and maintained people's dignity and independence.

People told us that the service was responsive to their needs and staff worked flexibly to support them. Care was planned with people's involvement but we found care plans were not always up to date with people's changing needs and did not contain person-centred information. We were advised that there was a complaints procedure in place. People and their relatives told us that they would feel confident to raise any concerns or complaints.

The quality assurance systems in place were ineffective to monitor the quality and safety of the service delivered. Staff were not involved in the development of the service. People and their relatives spoke positively about the registered manager. People had been consulted to find out their views on the care and support provided but this information was not used to drive improvements to the service.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

There were no guidance in place for staff to follow where risks had been identified associated with people's specific health conditions.

The recruitment process in place was not robust to ensure that people were supported by suitable staff.

People told us that they received a reliable and consistent service from staff.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff did not receive regular training and in some instances had not got the appropriate knowledge in respect of people's health conditions.

Staff were unclear of the requirements of the Mental Capacity Act 2005 and had not received training.

Care plans did not contain current information in relation to some people's nutritional needs. People told us their health and well-being was supported by staff.

### Is the service caring?

**Good** ●

The service was caring.

People told us that they were supported in a kind and compassionate way by staff who understood and appreciated their individual needs and values.

People were empowered to make their own decisions about their care and support.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People told us that in absence of any guidance they would approach the registered manager if they had any complaints or concerns.

Staff knew how to support people in line with their preferred choices; however, care plans did not always reflect this.

Some care plans were out of date and did not capture people's changing needs.

**Is the service well-led?**

The service was not consistently well-led.

Audit systems in place had not been used effectively to ensure the service was safe.

Staff did not feel supported in their role.

People were happy with the standard of care being provided.

**Requires Improvement** 

# Pinner Court (Harborne) Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. As part of the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with the registered manager, one duty manager and six care staff. We spoke with five people who used the service and three relatives of people.

We looked at some records including three people's care plans and medication administration records to see if people were receiving the care as planned. We sampled two staff files including the recruitment process. We sampled records about training plans, service user feedback and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

Staff we spoke with were able to describe individual risks to people and how they managed the risk whilst supporting the person. One person's care plan stated that two staff were required to help the person move, whilst we found that two staff had provided the support, there were no risk management plans in place to inform staff what to do and how to manage the risk. Staff we spoke with described what support they provided to people who had been assessed as having a specific health condition. However, there were no written risk assessments in place to guide staff of how to protect people. This meant that people who used the service were placed at risk because the provider did not have consistent safe systems in place to reduce the risks associated with their care.

The recruitment process had not always been followed. We reviewed two staff files, and found that whilst references had been sought and applications had been made to the Disclosure and Barring Service (DBS) staff had started working before the DBS clearance had been received. The registered manager advised us that their arrangement was that staff were not allowed to work on their own until the clearances had been received. The recruitment practice was not compliant with keeping people safe in line with regulations.

Most of the people we spoke with did not require assistance from the service to take their medicines. However, the administration of one person's medication was not safe. We brought our findings to the attention of the registered manager who advised us that a change would be made to improve the safe handling with immediate effect. Staff we spoke with told us they were aware of which people required prescribed cream to be applied to their bodies, records did not identify where it was to be applied and how frequently. The lack of guidance for staff about each person's needs and the significant gaps noted in the recording of these creams placed people at risk of not receiving the support they needed with prescribed creams and topical medication. In one person's care plan we saw that a particular medicine was recorded as needed but we were informed that the person does not have this anymore. Staff we spoke with told us they had received basic medication training but we noted there were no systems in place to monitor staff competencies to ensure they were safe to continue to administer medication safely. There was no evidence to demonstrate that the registered manager had conducted regular audits on the management of medicines. The registered manager advised us of their intentions to address these issues following this inspection.

We spoke with people who told us they were encouraged to have as full a life as possible while remaining safe. One person shared with us their age and said, "I still go out and about independently and staff respect this." One relative we spoke with told us, "Pinner Court is the perfect compromise. My mum has her freedom which is the most important thing to her but she also has support from staff when necessary." People we spoke with told us that they felt safe when staff entered their homes to support them with their care needs. One person using the service told us, "I feel safe all the time. In fact I've never felt so secure." Another person told us that they did not feel discriminated against because of their age and told us, "Staff don't treat me like I'm an old person who has nothing to give to society. They do not patronise me." All the relatives we spoke with confirmed that their relatives were safe whilst using the service. One relative told us, "I'm much happier now my relative is receiving care and support. I'm reassured they are safe."

All the staff we spoke with told us that they had received training in how to safeguard people from potential abuse and harm. One staff member told us, "If I saw any abuse I would report it to the manager straight away." All the staff we spoke with could describe signs and symptoms that may indicate a person was at risk of harm. Staff told us they would alert senior staff and take action in line with the whistle-blowing policy if they saw something that should not be happening and were knowledgeable about reporting their concerns to their manager and external agencies. This demonstrated that people were supported by staff who understood their responsibilities to safeguard people who used the service. The registered manager had a good understanding of their responsibilities in maintaining the safety of people.

Staff we spoke with told us that accidents were recorded as they occurred. However, we noted that there was no systems in place to report incidents that had occurred. Staff were able to describe how to respond to different types of emergencies. Staff and records confirmed that most staff were due to attend an emergency first aid training course. Staff gave us a good account of when they would contact emergency services and had the knowledge to support people to ensure they received safe and appropriate care in such circumstances.

People and their relatives consistently told us that there were enough staff to meet their individual needs. One person told us, "Plenty of staff. I never have to wait." People told us that they were supported by the number of staff identified as necessary in their care plans. Every person we spoke with told us that staff were reliable, stayed for the right duration and had never experienced a missed call. A person who used the service told us, "There is good continuity between staff." A relative we spoke with told us, "Staff always come at the right time. This service runs very smoothly." We received mixed responses from staff in relation to staffing arrangements. Staff informed us that there were enough staff during the week but during weekends they felt more under pressure to meet people's needs. We reviewed staffing rotas which confirmed less staffing numbers during the weekend. We discussed our findings with the registered manager who advised us that there were duty managers on site at the weekends who provided care and support when necessary.



## Is the service effective?

### Our findings

People and their relatives who we spoke with told us that the staff had the knowledge and skills to meet their individual needs. One person told us, "Staff who work here are selected well and well qualified." However, the majority of staff we spoke with told us that they had not received sufficient and regular training to meet the specific health needs of some people. We saw that some people's care records identified a need for staff to have specialist knowledge of their health condition. We found that staff had not received specific training. Discussions with the registered manager confirmed that there were no clear systems currently in place to identify learning and development needs of staff. The registered manager had no systems in place to determine or assess the on-going competency of staff. The registered manager advised us during discussions that training would be planned as a priority following this inspection.

Staff told us that they were not consistently supported in their roles. Staff we spoke with advised us that they did not receive regular one to one meetings with their manager to discuss work performance issues. Regular supervisions allow staff to reflect on their care practices, and enables them to care and support people more effectively. We also did not see any evidence of spot check visits being undertaken by the senior management team. These checks would be one way the registered manager could assure themselves of the competency of the staff.

Staff we spoke with told us that they had received an induction when they started working at the service. Staff told us that they had the opportunity to work with a more experienced member of staff before working on their own. We found that the registered provider did have an induction programme; however, the standards being used to inform the induction programme were out of date. The registered provider had not yet introduced the Care Certificate [a nationally recognised set of standards used for induction training of new staff] that should be completed for staff who are new to the care sector. Staff who had been recruited since this had been introduced in April 2015 had not received this support. The registered manager advised us that plans were in place to implement the Care Certificate to enhance their current induction programme.

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 told us staff asked their permission before supporting them. One person who used the service said, "Staff regularly ask me if it's okay to do something for me." Staff had limited knowledge and understanding of the principles of the MCA and what this meant for people using the service. Most staff we spoke with told us they had not received any training in MCA. One care document we viewed had 'consent forms' that had been signed by a relative of the person receiving the service. There was no evidence to support that the relative had the appropriate authority to sign for the person, or that the person lacked capacity to give their consent. In another person's care record we saw that a decision had been made in their best interest to keep

them safe. Whilst the person told us that they were happy with the decision there was no evidence contained within the person's care plan to indicate that they had given their consent, or that the person lacked capacity to give consent.

Most people we spoke with told us that they did not require assistance from staff with their food. However, we reviewed one person's care records which identified a recent and important change to their nutritional needs. The records did not contain enough guidance for staff to follow in how to support this person who may have been at risk. The registered manager advised us that the care plan would be updated to reflect the changes in the person's needs.

Staff told us and records confirmed that they supported people to access other health professionals when necessary. One staff member told us, "I arrange health appointments when and if people ask me to." People told us that staff supported them to maintain good health. One person told us, "Staff help me with my eye drops; it's a difficult job to do on your own." Another person told us, "I received wonderful support from the staff following a fall."

## Is the service caring?

### Our findings

People and their relatives told us that the staff had a caring and thoughtful approach. A person we spoke with told us, "Staff are kind and attentive." Relatives of people using the service spoke positively of the caring attitude of staff.

People were provided with appropriate information about the service in respect of a service user guide when they first started being supported by the service. This guide outlined the standard of care people could expect and the services offered.

People we spoke with told us they felt listened to and were involved in the planning of the care and support received from staff. One person told us, "I like the feeling of being in control of my own life and wishes." Staff had a good appreciation of maintaining people's human rights, including treating people as individuals and supporting them to have freedom of choice in all aspects of their daily lives. One member of staff told us, "We offer care that is personal to the person. We ask people what they want to wear and support them to make all their own choices." Another member of staff told us, "People have the right to refuse to let us in. It's important to gain trust with people."

People told us that staff knew them well. A relative who spoke with us said, "The staff know my mum well and I'm so impressed with the small personal touches that the staff do. For example my mum likes to brush her own hair and her personal appearance has always been so important to her. Staff respect this and help her to maintain this level of independence." Staff spoke warmly and compassionately about the people they supported. Whilst they could all describe individual people's preferences and life histories, care records did not always reflect this information.

People and their relatives told us that staff provided a service that promoted dignity and respect. One person told us, "Staff are always respectful to me and my home." Staff were highly motivated to offer care in a dignified manner and shared with us ways in which they worked to ensure people were supported with dignity. One member of staff told us, "I make sure all the doors and curtains are closed before providing personal care for people." Staff told us that the values and ethos of the service was very much about empowering people to remain as independent as they possible could.

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. One member of staff told us, "We must never disclose personal information about people and we should never talk about another person's business to anyone." This practice meant people could be confident that their personal information would not be shared.

## Is the service responsive?

### Our findings

People told us they had been visited by the service to discuss their care before it began. The Registered manager described the pre-admission process and records we reviewed confirmed that assessments to identify people's needs were carried out prior to a package of care being commenced.

People told us that their care and support was planned in partnership with them and we saw that people were involved in agreeing and signing their care records if they were able to. A person using the service told us, "I'm very much involved in my care plan. It's about what I want. There is a copy of it in my home for staff to read." The staff we spoke with were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs. The information described by the staff was not always written within care plans. Some care plans we reviewed focused on the task rather than the individual and lacked detail about people's likes, dislikes and life histories. We found care plans had not been reassessed on a regular basis and as a result some care plans were out of date and did not reflect people's current needs.

People told us that they would feel confident to raise any concerns they had. One person we spoke with told us, "I would soon complain if I was unhappy. I wouldn't hesitate and would go straight to the manager." The registered manager advised us that there was a complaints procedure in place. Records of complaints management were not available and we were unable to establish if people's concerns and complaints were explored and responded to in a timely manner.

People and their relatives were able to describe examples of when the service had been responsive to their daily changing needs. One person said, "Staff were wonderful to me following a fall I had. I had extra support for some time until I felt better." Another person told us, "Staff will come with me to hospital appointments. I really appreciate this." Staff we spoke with understood the importance of providing flexible support. One member of staff told us, "If something happens on the day, we will just stay over our allocated time to ensure the person is properly supported." Staff explained on these occasions they would inform their team colleagues or the duty managers to ensure other people did not receive a late service.

Although the service was not responsible for ensuring that people had activities, some people received support from staff to engage in their chosen hobbies and interests or to access the community to prevent social isolation. People told us that they were supported to access their local communities. A person using the service told us, "I frequently go to the local shops, sometimes with staff." A relative we spoke with told us, "I spend a lot of time with [name of relative]. Sometimes we will have lunch at her home and other times she comes to me. Staff understand how important this is for the family."

## Is the service well-led?

### Our findings

The registered manager was receptive of the improvements that were needed to ensure that there were effective systems in place to monitor the quality and safety of the service provided. Quality audits systems in place were not effective as identifying and managing risk or driving up improvements. There were no effective systems in place to analyse trends when accidents had been reported to prevent the likelihood of further occurrences for people. Some care plans lacked detail of risk assessments that would potentially minimise the potential of harm to people. There were no effective systems in place to ensure recruitment processes were safe. There was a lack of systems in place to check that staff competency had been assessed to provide some assurance that people were safely supported. There were no effective systems in place to ensure staff were supported, received regular training or their performance appraised to ensure that they provided a consistent service that met people's needs. Some care records did not contain current information in relation to people's individual needs. The registered manager was not aware of changes to regulations and some key developments and requirements in the care sector. The failure to keep their knowledge current meant that there was a risk that people would not be provided with support and care that complied with the regulations. In addition, whilst people's views had been sought, the information gained had not been captured for analysis or used to support with the continual drive of improvement.

These issues regarding governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

All the people and their relatives we spoke with told us that they were happy with the service provided. People knew who the registered manager was and spoke positively about the way the service was managed. A person we spoke with told us, "[name of manager] is approachable if we need her." All the relatives we spoke with confidence about the registered manager. One relative said, "The manager is very good and supportive. She communicates with me and will e-mail or pick up the telephone if necessary."

People who used the service were encouraged to provide a view of the care and support they experienced. One person told us, "We attend regular owners [people who use the service] meetings to discuss how we feel about the care being provided." We reviewed people's responses to the registered managers satisfaction surveys and found them overall to be positive. We did note that where some people had expressed their views the information had not been captured for analysis or used to drive continual improvements to the service. The registered manager advised us of their intentions to develop surveys for relatives and staff to gain additional intelligence.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. The registered manager demonstrated that they understood their day to day responsibilities.

Staff we spoke with told us that they did not always feel supported in their role. Some staff told us that communication could be better and described that on one occasion they had not been informed about a

person's changing health need prior to them going in to support the person. Staff told us that they did not feel actively involved in the development of the service. We found that staff meetings and individual supervision sessions were not planned on regular basis and there were no minutes of staff meetings maintained. However, staff told us that they worked well with their peers and were a strong team and that they felt valued by the people they were providing a service to. The registered manager advised us that it was their intentions to plan more regular staff meetings and supervisions to improve the communication concerns that had been identified.

The registered provider had an overt surveillance CCTV system fitted to the exterior of the building, the front door area and the service's office which were all parts of the building that were used by people using this service. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. However, there was no evidence that consultation meetings or other arrangements had been made with people to ensure their consent was sought for the use of the surveillance. We noted that there was no signage to inform people and their visitors that CCTV was in use. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to provide systems or processes that were established and operated effectively to ensure compliance with the regulations.</p> <p>The provider did not have robust systems in place to monitor the quality and safety of the service. Regulation 17 (1) 17(2)(a)</p> <p>The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17</p>