Hodge & Wilson Ltd

The Pines Residential Care Home

Inspection report

106 Vyner Road South
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Tel: 01516537258

Date of inspection visit:
24 October 2018

Date of publication:
06 December 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 October 2018 and was unannounced.

The Pines Residential Care Home 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 Pines Residential Care Home accommodates 24 people in one adapted building. At the time of inspection there were 22 people living in the home. The home has three floors with the first two being used as living accommodation for people using the service. The third floor was for use by staff. Each bedroom has an en-suite with private toilet and basin.

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. The home had a registered manager in post.

During our inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 12 safe care and treatment, specifically surrounding medication management. We found that the storage and disposal of medications, homely medication, topical medication and recording was not managed safely.

The manager at the home undertook a series of audits and checks of the quality of the service provided to people. People and their relatives were consulted in a variety of ways. However we identified audits of medications had not identified the issues found. An external audit by a pharmacy had been carried out in 2017 and inspectors identified the same issues during the inspection.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

There was a safeguarding policy in place and staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager immediately.

Care plans and risk assessments were person centred and they detailed people's wishes and how they needed to be cared for. The care records we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly reviewed.

We saw that the home's environment and their rooms were nice, clean and well kept. There were ongoing improvements being made to the home's communal areas. There was also a series of health and safety checks in place to ensure the building was safe.

An accessible complaints procedure had been developed and people had been provided with a copy of the complaints procedure for reference. People told us they knew how to complain in the event they needed to raise a concern.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. infection control standards were monitored and managed appropriately. There was an infection control policy in place to minimise the spread of infection, all staff were provided with appropriate personal protective equipment such as gloves and aprons.

The staff were friendly, welcoming and we observed good relationships were maintained with people living in the home with a kind and respectful approach to people's care. The registered manager was a visible presence in and about the home and it was obvious that she knew the people who lived in the home well.

We found that robust recruitment practices were in place which included the completion of pre employment checks prior to a new member of staff working at the service. Staff received a comprehensive induction programme and had regular training and supervision to enable them to work safely and effectively.

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 always safe.

Medicines were not managed safely.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

There were robust recruitment and disciplinary processes and policies in place.

Is the service effective?

Good

The service was effective.

Systems were in place to liaise with GPs and to work in partnership with other health and social care professionals when necessary.

The service was working within the principles of the MCA and DoLS.

Staff supported people with their nutrition and assisted people to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

We observed that people's privacy, confidentiality and dignity was maintained.

We observed staff to be caring, respectful and approachable.

People told us they were supported to express their views and were listened to.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed enough or provided individualised information about people's support needs.

Systems were in place for managing and responding to formal complaints.

People told us that they would be comfortable speaking to either the staff or registered manager if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Medicines audits were not effective.

The registered manager was clearly visible and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

The Pines Residential Care Home

Detailed findings

Background to this inspection

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

The inspection was prompted in part by notification of incidents that had occurred within the home.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of unsafe medicines management. This inspection examined those risks.

This inspection took place on 24 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector, one medicines specialist advisor and an assistant inspector.

We looked at the Provider Information Return (PIR) the provider had sent us. 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.

Before the inspection we asked for information from the local authority and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During our visit we spoke with three people who used the service, two people's relatives and three members of staff. We also spoke with a visiting speech and language therapist. We looked at care notes for four people who used the service, medication storage and records, four staff records, accident and incident report forms, health and safety records, complaints records and other records for the management of the home.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living in the home and every person we spoke with said yes. Staff showed a good awareness of safeguarding processes and those staff we spoke with told us they had no concerns about the service. Staff spoken to were aware of the appropriate pathways in which to raise concerns. One staff member described how they would raise a concern with the registered manager and how this can be taken further.

We looked at the records relating to any safeguarding incidents and we saw that the registered manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC.

However, during the inspection, we looked at the medication and records for 18 people and identified concerns surrounding the management of medicines.

We found that the storage and disposal of medications was not managed safely. Examples included were controlled drugs had been signed as returned to pharmacy in the previous month however they were still in the medicines cupboard. We saw that controlled drug stock checks were only performed when a person was on controlled drugs otherwise these were not routine. We found expired packs of oramorph liquid in the controlled drugs safe that had been opened and used over three months earlier. Oramorph liquid has a three-month shelf life once opened and so was significantly out of date. We also found controlled medications being stored for one person despite the person no longer being in the care of the home and there were large stocks of paracetamol being held by the home.

We found that Zapain that is a prescription only medicine was available in the home as a homely remedy. A homely remedy is another name for a non-prescription medicine available over the counter in community pharmacies, used in a care home for the short-term management of minor, self-limiting conditions. There were no records to show that a GP had approved the use of homely remedies for the people living in the home. The Zapain on the homely remedies list was being used by care home staff for personal use with staff names recorded on the administration record. This was brought to the manager attention who immediately stated investigations and inputted actions.

We found no record that people who needed 'as and when' medications such as pain relief had been prompted. Topical medication (creams and ointments) records were not in place and there was no evidence of effective and regular administration of 'as and when' topical medicines. When we asked staff whose responsibility it was to apply and record applications we got conflicting information.

Medicines administration record (MARs) had medicines administration times indicated by meals as in breakfast, lunch, teatime and night. There were no early morning administration times resulting in medicines to be given before breakfast (e.g. alendronic acid lansoprazole, levothyroxine), being given at the same time as other medicines during/after breakfast. Where people had altered sleeping patterns, there was no documentation to enable medicines to be administered outside of scheduled times on the MARs. There

was an unverified practice in the home to withhold calcium products (Evacal D3) on the same administration time/day as Alendronic acid. This could be avoided by staggering the administration times of the two medicines. There was no record to say that this was approved by a GP.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw the premises was safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked regularly and there was a fire evacuation plan that had been reviewed and updated. A personal emergency evacuation plan had been written for each of the people living at the home. These were reviewed regularly. They were readily available at the entrance to the home. We saw that all the risk assessments relating to the home and the equipment were in date.

The kitchen had a five-star food hygiene rating from the Food Standards Agency and during our inspection visit, we found all areas of the home were clean and tidy. We saw staff made use of appropriate protective equipment, such as disposable gloves and aprons. The registered manager had a process in place that monitored accidents and incidents.

Risks to people's safety and well-being were identified, such as the risks associated with moving and handling, falls, pressure areas and nutrition and plans had been put in place to minimise risk. Ongoing examples of the home identifying and minimising risk included people having equipment in place to reduce the risk of pressure area breakdown.

We looked at the recruitment processes and found that there were appropriate systems in place. We found that recruitment files included photographic identification of the member of staff. We saw completed an application forms and references. We saw that all staff in the home had a Disclosure and Barring service (DBS) check completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We saw that there was sufficient staff on duty and this was reviewed by the registered manager who used a dependency tool to ensure there the right number of staff on duty to safely support the people living in the home.

Good

Is the service effective?

Our findings

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 with appropriate legal authority. 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 whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was working within these principles. People's care files contained mental capacity assessments which detailed their ability to make decisions about various aspects of their day to day lives. We also saw evidence in care documents that people who were able to had been involved in discussions regarding their care. This showed that people's legal right to consent to their care had been respected.

However, during the inspection we identified that the documentation saying relatives had power of attorney was not always available. Power of attorney gives a representative of a person the authority to act in specified care related or all legal or financial matters. This meant that we could not be certain that those making decisions on behalf of a person living in the home had the legal right to do so. This was brought to the registered managers attention who immediately put actions into place to make sure the appropriate proof was gathered.

We saw that the staff received a comprehensive induction programme when they first joined the home. A programme of staff training and development had been produced for staff to access which covered a range of areas such as induction and what training the service identified as mandatory training. We saw that the staff had received training that included safeguarding, moving and handling and health and safety. There was evidence of a robust supervision and appraisal system in place for the staff group and supervisions had been carried out at regular intervals throughout the year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

Skills staff developed included the ability to use the tele triage service, the aim of which is to reduce unnecessary hospitalisation. This helped individuals to stay settled in their familiar surroundings, supported by staff they knew. The aim of tele triage is to avoid unnecessary hospital admissions by using medical equipment such as blood pressure machines and technology such as iPad/other electronic device to contact a 24hr service that will be able to triage any injury. The staff who are responsible for this had received training from the health service.

The registered manager and staff had clear links with other professionals such as GP's services, speech and language therapists (SALT), district nurses and other local agencies. On the day of inspection, a speech therapist and language therapist who had regularly visited the service commented that they felt the care was good and everything was fine. The staff interviewed said that there was good collaboration between themselves and other health professionals. One staff member said, "We are encouraged to use and call outside agencies such as tele triage and we are encouraged to be proactive and not hold back."

People at risk of malnutrition had their dietary intake monitored by staff to ensure that they received enough nutrition to maintain their physical well-being. We observed staff supporting people with their eating and drinking and this was done in a calm and respectful manner. We spoke with the chef who was able to tell us about peoples likes and dislikes and how they get to know about the dietary needs of each person in the home.

We observed lunchtime in the home and saw that the people were able to choose where they wanted to sit to eat their meals. The dining area was nicely set up for the people if they wished to eat there. The dining experience for people was observed to be pleasurable and sociable.

The registered manager had a number of new schemes that were either in the process of being complete or complete. One example of this was a bistro café that sat outside the main building. The people who use the service in collaboration with staff and relatives talked about this space as a good idea to spend quality time together. Observations from the day noted that staff talked to people who use the services about the up and coming opening of the bistro café.

Good

Is the service caring?

Our findings

The people who use the service were cared for and treated with dignity and respect. On the day of inspection, we observed that staff demonstrated good knowledge of people's individual needs and knew the people very well. Comments from people using the service included, "There is a good rapport with staff", "The staff leave here then come back because they say the care is so good" and "We have a laugh and good times."

In another instance one person who uses the service who had particular caring needs around dementia. This was evident and clearly written in the person's care plan. Staff were observed delivering high quality care to the person and were taking into account their needs from the care plan. Staff were observed speaking with one of the people at the service about their particular hobby and they were encouraging him further. This was corroborated within his care plan and his likes and dislikes.

One person we spoke with who uses the services was asked about any improvement they may like to make and they commented that their bed was uncomfortable. The staff explained to this person why they needed this type of mattress and this jogged their memory and they remembered the reason. This was also corroborated in their care assessments. However, we observed the staff saying to this person they would look into the mattress and see if anything could be changed or altered.

We observed that confidential information continued to be kept secure either in the offices or medication room. This continued to protect people's right to confidentiality.

Information available for people who received a service from The Pines Residential Care Home in the form of a 'service user guide'. This included an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'service user guide' also included information people's rights to complain and information on staffing. We also saw that this document was available in different formats and in different languages. This meant the provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Each person we spoke with confirmed they were able to communicate with their care staff and engage with office staff directly if needed. One person told us "I am very happy with the surroundings and the management, they are very good at listening" and another person told us "I have never asked for a change but yes they do listen and the management try make my room as homely as possible."

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This meant we could observe staff interactions with people who were unable to verbally communicate. We saw staff were good communicators and was able to engage with empathy and respect. They interacted with people with a caring, patient and friendly approach.

Good

Is the service responsive?

Our findings

The Pines Residential Care Home had a clear written complaints policy a version of this was included in the 'service user guide' given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. We asked people if they felt comfortable raising any concerns and each person we spoke with said yes. One person told us "If I mention anything they will sort it out or improve it for me. I don't like the tea recently and they listened to me" and one relative stated "They are good at responding to small things. One of my father shirts went missing and they sorted it out."

We looked at four care files and saw the processes followed when a referral was received. This included initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. People spoken with confirmed they had been involved throughout the assessment and care planning process and this was evidenced via consent forms. Relatives we spoke with on the day of inspection said that they were involved in their care plans for their relatives and that even the small details were taken into account. One relative told us "They are good and responsive to queries. You can speak to someone in charge nearly every time. The care is very good and staff and management respond to his need. They tailor the support for my dad."

Care plans included information regarding moving and handling, nutrition and hydration and continence. We also saw how the care plans were specific to the individual, examples included how a person prefers to stay in bed, and specific instruction for communication due to a health issue. Care documents also showed how the registered manager and staff worked in partnership with the community team to support people with shared care to reduce any risk of pressure area breakdown. One relative told us "They are good and six months ago my mother was not very well but the staff adapted the care to suit her needs."

We found 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been competed appropriately, were original documents and were clearly noted on the care file. No one living in the home was receiving end of life care at the time of inspection. The home had completed the "Six Steps" programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way.

The home had recently employed an activities co-ordinator and they held meetings with the people living in the home to see what they wanted to have available. The activities co-ordinator also liaised with the chef regarding information gathered about the likes and dislikes of the people living in the home. We saw that there was an activities programme available and people were supported to participate or their choices were respected if they did not want to. One person told us "The staff will listen to me and help me watch whatever football is on as I like to watch all sport."

Requires Improvement

Is the service well-led?

Our findings

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. The manager had been registered since June 2016. The registered manager understood their responsibilities in relation to the service and to registration with CQC.
From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager had different methods in place to monitor the quality of the service being delivered. These included quality questionnaires, reviews, meetings and audits. We discussed with the manager that the medication audits had not picked up on the concerns we identified. We also identified that an external audit had been carried out by a pharmacy on the medication management in 2017. We found that the concerns raised had not been addressed and we identified the same issues during the inspection. This was discussed with the registered manager who told us they had been concentrating on the quality of other parts of the care provision for example care plans.

We saw that a survey had been completed by relatives or next of kin of people living in the home and these all came back with positive ideas. The relatives are encouraged to voice ideas for the home and what changes could make it a better place to live in. From the current survey the gardens where mentions and to make it more accessible clearing the leaves and changing the flags. The registered manager displayed the survey for anyone to view and read.

We spoke with the provider who was able to provide evidence of oversight of the service in the form of meeting minutes and improvement plans. We were also given information on future plans for a new auditing system. The provider was able to provide evidence following the inspection of actions they and the registered manager were taking to address the issues we had identified throughout the course of the inspection regarding the management of medicines.

The service had policies and procedures in place that included complaints, end of life care, dementia, confidentiality, equality and diversity, medication, whistle blowing, safeguarding, recruitment and GDPR, this is a regulation on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA). These policies were regularly updated and this meant staff had access to up-to date guidance to support them in their work.

We asked staff if they were supported in their role and we were told yes. Staff commented that they knew their roles and that the registered manager promoted an open and positive culture for them to speak. The staff we spoke with said that they were proud to work at The Pines Residential Care Home. One staff member said, "I love it here and it is a good standard of care." The staff commentated that each member of the team was treated equally. One new member of staff said, "The manager has already asked me what I

want to do with my career and is very open and made me feel part of the team." Staff were encouraged to share ideas and be open about how they feel. Staff team meetings happened approximately every three months and staff were able to voice opinions and suggest how to do things differently or better.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.