

Connifers Care Limited

Pine House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Pine House is registered to provide accommodation and personal care support for up to three people who have a learning disability and may have autism or display characteristics that fall within the autistic spectrum disorder.
- Pine House is a terraced house and accommodation is provided over two floors. The ground floor communal areas comprise of a kitchen and dining room, and a sitting room. All rooms are of single occupancy. One bedroom has en-suite facilities. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.
- 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.
- At the time of our inspection, three people were living at the service.

People's experience of using this service:

- People and relatives told us the service was safe and well led, and staff provided an effective, caring and responsive service.
- People were safeguarded from the risk of harm and abuse.
- People received safe care from staff who were knowledgeable about the risks and how to manage them safely.
- People's needs were safely met by sufficient and suitable staff.
- People's medicines needs were met safely by staff who were well trained and skilled.
- The service was clean. Staff safeguarded people from the risk of infection.
- Staff told us they felt well supported and they received regular supervision.
- People told us their individual needs were met by staff who knew their likes and dislikes.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's care plans were person-centred. Staff knew how to provide personalised care.
- Staff treated people with dignity and respected their privacy. People and relatives were involved in the care planning process and their independence was encouraged.
- People and relatives knew how to raise concerns and they told us the service was responsive.
- People, staff and healthcare professionals told us they the service was well led. They told us that they found the registered manager approachable.
- The provider worked collaboratively with other organisations to improve care.
- The provider had effective systems and processes in place to ensure the quality and safety of service.

Rating at last inspection:

- Good (report published 10 September 2016).

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Pine House

Detailed findings

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

Inspection team:

- The inspection team consisted of one inspector.

Service and service type:

- Pine 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:

- Our inspection was announced.
- We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure the registered manager was at the location to facilitate our inspection.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with all three people who used the service and two relatives. We observed interactions between people and staff, and the afternoon activity.
- We spoke with two care staff, the registered manager, two directors and two healthcare professionals.
- We reviewed three people's care records, three staff records including recruitment, training and

supervision, and other records about the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff were trustworthy and they felt safe with them. A person said, "Yes, [I] feel safe here [the service], I trust them [staff]." A relative told us, "Yes, [person who used the service] is safe there because we trust the staff and they know how to keep him safe."
- The provider had processes in place to safeguard people from the risk of abuse.
- The provider had displayed a 'how to report abuse' leaflet on their display board. This leaflet was in an accessible format to meet the communication needs of people who used the service.
- Staff were knowledgeable about types and signs of abuse, and the actions they were required to take to escalate any concerns.
- Staff comments included, "[Safeguarding] is to make sure [people's] safety is maintained and protected from abuse" and "If I notice any signs of abuse I have to report it to the manager. If no progress noted then [I] will call the director and if nothing happens then [I] will call the CQC."
- There had not been any safeguarding concerns since the last inspection. The local authority and the safeguarding team told us they did not have any concerns about people's safety.
- This meant people were safeguarded from the risk of abuse, neglect and poor care.

Assessing risk, safety monitoring and management

- Risks associated with people's healthcare needs were identified and assessed. These were appropriately managed to ensure people's safety, and that their freedom was respected. For example, one person was at risk of injuring their head. This person would hit their head against the wall when they felt anxious, unhappy, angry or bored. The provider had reduced the risk by ensuring the person wore a suitable helmet, and covered the walls with material that reduced the impact.
- Staff knew the risks to people and how to provide safe care. A staff member said, "[Person who used the service] is at risk of self-harm and [harm to] others. The mitigating factors are he is on two to one [staffing]. [We] remove hazardous objects, and constantly monitor and supervise him."
- Staff told us people's risk assessments were helpful. A staff member said, "Risk assessments are detailed and updated regularly. I evaluate [person's] care monthly and look at risks as part of it."
- Risk assessments were personalised and regularly reviewed. They were for areas such as environment, personal care, medication, diet, neglect, wandering and behaviour. There were also risk assessments specific to people's health conditions such as choking. We found these were completed in consultation with healthcare professionals.
- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in regular fire drills. Staff could explain the process of how to safely support people in case of fire.
- The provider carried out regular health and safety, and maintenance checks. These included fire

equipment, water and electrical equipment to ensure people's safety. Records confirmed this.

Staffing and recruitment

- People, relatives and staff told us there was sufficient staffing in place to provide safe care. A person said, "There is always enough staff." One relative told us, "They provide appropriate care two to one [staffing], when [the person] [is] out in the community." A staff member commented, "Yeah we have enough staff on shifts. [Person] is on two to one. And that is always provided."
- The provider ensured sufficient, suitable and safe staff were recruited to support people. Staff rotas and recruitment records confirmed this. Staff files contained application forms, interview notes, proof of identity and the right to work in the UK, references and criminal records checks.

Using medicines safely

- People and relatives told us staff provided safe medicines management support.
- Staff told us they had received medicines training and their competency was assessed. A staff member said, "Yes, [I] have had training in medicines. I make sure the blister pack is for the right person, put my gloves on, give [people] medicines in the plastic cup. If unable to give medicines where he refuses, we cannot force him to take meds. Try to encourage him but if still says no, then record it, let manager know and they would contact the GP."
- Medicines were stored securely and at the temperature recommended by the National Institute for Health and Care Excellence guidelines.
- Medicines administration records were appropriately completed by staff along with the stock checks.
- This showed the provider followed proper and safe medicines management practices.

Preventing and controlling infection

- Staff were trained in infection prevention and control, and followed safe infection control procedures to ensure people were safeguarded from the risk of infection.
- The home was clean and free of malodour. There were sufficient and appropriate hand wash and clinical waste disposal facilities.

Learning lessons when things go wrong

- The registered manager learnt lessons and made improvements when things went wrong, and these learnings were shared with staff in team meetings.
- Staff knew the actions they were required to take in case of accidents and incidents. A staff member said, "If [I] notice any bruises, I would check with the person if they are in pain. [I] will inform my manager, get medical intervention, complete the incident form, and the manager will investigate it."
- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong, and learning gained to reduce the reoccurrence.

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

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

- People and relatives told us staff met their needs. A person said, "Oh yes, my needs are met." A relative commented, "Absolutely, [person who used the service] his needs are met."
- Records showed people's choices, interests and needs in relation to their healthcare, diet, communication, behaviour, and social interaction were assessed before they moved to the home.
- The registered manager met with people, their relatives where necessary, social workers, doctors and other healthcare professionals involved in their care to identify their physical, medical and behavioural health needs and abilities.

Staff support: induction, training, skills and experience

- Relatives told us staff were skilled, and acted in a professional manner. A relative said, "They are all very good at their job and are very professional."
- Staff were provided sufficient induction, specialist and refresher training to enable them to provide effective care. Their induction and training records confirmed this.
- Staff told us they found the training was varied and useful. Their comments included, "We have lots of training in dealing with behaviours that can be challenging. I feel confident in supporting people with challenging behaviours" and "I was provided with health and safety, medication, moving and handling, first aid, safeguarding [training]. [I] was provided all these trainings before I started working. I have completed the Care Certificate training, too." The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Records showed staff were provided with regular supervision and an annual appraisal to enable them to do their job effectively. A staff member said, "Supervision is given every month. Support is very important when working in care. I find them useful, we discuss about any support you need, [people's] care, are we happy at work."

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us the food was good. A person commented, "I enjoy the food. My favourite meal is rice pot. I get enough food. I like a cup of tea in the morning, staff help me prepare it." A relative said, "The food is really good. [Person] has benefited from the food. He is on a special and a healthy diet. It is done in a healthy and structured way."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely.
- Staff knew people's dietary needs, and their likes and dislikes. Staff comments included, "We have to be careful with [person] as he eats fast and [is] at risk of choking" and "[Person] likes [cultural specific food]. He likes to eat with his hands. He also likes pasta, and porridge and cereals for breakfast, tea and biscuits."

- People prepared their food menus with staff's help. The menus contained food pictures to enable people to make decisions regarding what they ate and drank.
- People's food and fluid records, food menus and weight charts showed they were supported well to maintain a balanced diet that promoted healthy living.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare agencies and professionals to ensure people received effective, consistent and timely care. Records confirmed this.
- Healthcare professionals told us the service provided effective care to people. A healthcare professional said, "[Staff] follow all procedures regarding medication review and patient [people] care."
- People had achieved their healthcare goals with staff's consistent support and ongoing healthcare professionals' involvement. For example, one person who smoked excessively wanted to stop smoking. Staff sought healthcare professionals input and supported the person to gradually stop smoking. The person had now stopped smoking and this had positively impacted upon their physical and mental health. Their cholesterol was now in control and they felt less anxious. Another person, with staff's consistent support, had lost excess weight as per their health goals, and this had improved their general wellbeing.
- This showed people were appropriately supported to live healthier lives.

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

- People and relatives told us the home was well maintained. A person said, "I like my room, this place feels like home." A relative commented, "[The management] are always upgrading the place. it is up-to-date and well maintained."
- The home's design and decoration met people's individual needs. During the inspection, we observed people accessing their bedrooms, garden and other communal areas with ease and comfort.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection, we observed staff encourage people to make choices and asked their permission before they provided care. Staff were knowledgeable about people's right to choose. A staff member said, "We encourage [person] to make decisions, give him choices, use sign language and pictures. It is important that we ask them before we support them."
- People's capacity was assessed before they moved to the home and their care plans stated whether or not they had capacity to make decisions. People who were subjected to DoLS had approved DoLS authorisation certificates in their files. People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.

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

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

- People and relatives told us they liked the service and they found staff caring and helpful. A person said, "I like living here." A relative said, "Oh yes, they are caring and helpful."
- During the inspection, we observed meaningful interactions between people and staff. Staff were sensitive to people's needs, listened to them patiently, and supported them with compassion. The home had a pleasant and warm atmosphere.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- People's care plans stated their needs in relation to their gender, culture and religion. This enabled staff to meet people's needs in relation to their protected characteristics.
- A staff member said, "We respect [person] cultural food and his religion. He doesn't eat beef so won't give him beef. He goes to [place of worship], we support him to put his [cultural clothes] on. People have sexuality needs, so when they express that, we encourage them to go to private space wherever they feel safe. It is their right and we respect that."
- The provider promoted lesbian, gay, bisexual and transgender (LGBT) people to use their service. Following the inspection, the provider told us they had invested in rainbow lanyards for staff to use to promote their commitment to work and support LGBT people.
- A staff member said, "We respect [LGBT], give them the support they need. We cannot discriminate [against] them just because of their sexuality."
- People were encouraged and supported to maintain relationships with their loved ones. Relatives told us there were no restrictions on visiting hours and they felt welcomed by staff.

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

- People were involved in making decisions about their care. People and records confirmed this.
- Relatives told us they were involved in the care planning process. Their comments included, "We work together and discuss about my [relative's] care. It is going very well. Communication is very good with [staff]" and "Yes, [I feel] very involved. They ask my opinion."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful. A person said, "[Staff] respect me."
- Staff assisted people to learn independent living skills and promoted their independence. A person said, "I choose my clothes when [I] go shopping with staff. I chose what I am wearing today." A staff member said,

"[Person] does everything by himself when he has shower. We supervise and prompt him. He brushes his own teeth and encourage him to do it properly."

- On the inspection day, we saw staff respected people's privacy, encouraged their independence, and provided care in a dignified way. A staff member said, "[Person] likes spending time on his own, so we respect his privacy and give him space."

Is the service responsive?

Our findings

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

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

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

- People and relatives told us staff supported them to plan their care that met their personal needs. Records confirmed this. People's care was regularly reviewed. A relative said, "I have been part of [person's] care reviews. They call me when his review is due."
- People told us they liked their bedrooms and had chosen the wall colours. On the inspection day, we found the bedrooms were personalised as per people's choices. One person commented, "I like my room. This place feels like home." A relative told us, "I think [person who used the service] room is fantastic. I planned it with him."
- Staff knew people's likes and interests, and how to provide care that met their wishes.
- A staff member said, "[Person] likes to go to parks, sensory activities, travelling. [We] take him to [a centre] for sensory activities." During the inspection, we saw this person's bedroom had sensory lights and equipment that aided positive communication.
- People and relatives told us the provider offered a range of activities that met their interests and health goals. Each person had a weekly activity plan of physical, sensory, individual and group activities as per their choice. Records confirmed this.
- A relative said, "They take [person] out and about every day, he goes to the [centre]. He communicates and mixes with other people. It is good for him."
- On the inspection day, we saw people were supported with indoor and outdoor activities. For example, two people had gone for a cycling session. In the afternoon, we saw staff and people prepared a birthday party. People and staff joined the person's birthday celebration where they had party food, a birthday cake, and enjoyed the music.
- People were supported to plan trips and staff accompanied them on holidays. Records and holiday photos confirmed this.
- People's care plans were person-centred and gave staff information in areas such as people's background history, likes and dislikes, healthcare needs, care outcomes, and how they would like to be supported.
- The care plans stated people's communication needs, preferred communication methods such as sign language, objects of reference and pictures, and instructions for staff on how to communicate effectively.
- This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- People met with staff monthly to plan and evaluate their care and future goals. Records confirmed this. A staff member said, "I am [person] keyworker, I review his care every month." A keyworker works closely with people, their relatives and health professionals to ensure people's individualised needs are met.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns. A person said, "If I am not happy about something I would speak to the manager and he always listens to me." Relatives' comments included, "[Person who used the service] loves it over there, he has been there for six years, we have never had any problems" and "Not so much a complaint. Found some dust in his room and pointed it out. I told staff and they addressed it straightaway and since then I haven't found dust again. It was early last year."
- The provider had a complaint's policy, and the procedure was displayed on a notice board for people who used the service, visitors and staff's easy access.
- The provider had systems in place to record complaints and address them in a timely manner.

End of life care and support

- The provider had a policy, and systems in place to support people with end of life care and palliative care needs. Where people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in people's care plans.
- Currently, no one was being supported with end of life care and palliative care needs.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives spoke positively about the service. They told us they were happy with the service and would recommend it to others. A person said, "I am very happy here. I don't want to move to anywhere else. This is my home." A relative commented, "Yes, I would recommend this service. It is well managed. [Person who used the service] is very happy there and so am I."

- People and relatives told us the registered manager was approachable and dedicated to improving care. A relative said, "[Registered manager] lets us know if we need to know something. The communication is very good. [Registered manager] is very approachable and helpful. Things important to [person who used the service] care is done right away. He is very responsive that way."

- The commissioning authority and healthcare professionals told us the service was well led and the registered manager ensured people received high-quality care.

- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

- The registered manager had several years of experience of working with the people the service provided care for. They demonstrated a good understanding of the care delivery requirements and managerial responsibilities.

- On the inspection day, we saw the registered manager interacted with people who used the service and staff in a positive manner. We saw the registered manager listened to staff's queries attentively and supported them with their queries with patience. We observed an open and positive culture in the home where people and staff were able to voice their opinions and wishes comfortably.

- Staff told us they were well supported by the registered manager. A staff member said, "I enjoy working here. Yes, very supported, we work very well as a team. [Registered manager] is great, anything that I am not sure I just consult him and he explains. I give him five stars, he always listens to me. He is very approachable. [I] feel valued by the company. I am happy working here, progressing well and learning new things."

- The registered manager carried out regular monitoring and auditing checks to ensure people received person-centred and high-quality care.

- Records showed audits and checks were carried out for care plans, risk assessments, medicines administration records, healthcare appointments, staff training, health and safety, complaints, accidents and finance.

- The provider carried out a compliance audit twice a year. These audits were carried out by the compliance director, head of audits and a registered manager from the provider's other service. The registered manager

from the other service was invited to be part of the compliance audit as it enabled them to learn the process and it enabled their development. Records showed the areas that required improvements were identified. Audit action plans showed appropriate actions were taken to address the identified gaps and issues.

- This meant the provider had effective systems in place to ensure the safety and quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were processes in place to engage with people, relatives, healthcare professionals and staff to encourage learning and improving care.

- People attended monthly residents' meetings where they were asked for their views, feedback and if they had any concerns. Records showed confirmed this.

- Staff told us they were asked for their views and opinions. Monthly staff meeting records showed they discussed people's care, events, the support staff required and how to improve care.

- One of the directors told us that to engage with staff at strategic level, to involve them in improving care, they had invited two staff from each service to attend the directors' meetings. A staff member said, "We have been asked to attend the directors' meeting. It is really good to know what changes are going to be brought in, how can we improve care."

- The provider carried out annual surveys to get the views of people who used the service, their relatives and staff. The last annual survey results showed people and their relatives were happy with the service. A relative said, "We get questionnaires, they do ask us for our feedback."

- The provider developed engagement projects with the public and the community. These projects encouraged and enabled communication between people who used the service and the community which led to positive experiences.

- For example, the service had been working with a local community recycling project to raise awareness amongst the people who used the service in relation to recycling and the positive effects recycling has on environment. A person who had chosen to participate in this project told us they liked working on the project and they took pride in the project.

- The registered manager had arranged a fundraising event for a cancer charity organisation. This event was organised in consultation with people who used the service. The service had invited relatives, and people who used other services run by the provider and their relatives, and staff to the event. At the event, the staff and people who used the service would prepare different cultural food for the guests. Any donation made by the guests would go towards the cancer charity organisation. At the event a representative from the cancer charity would also give a talk on the impact cancer has on people and the support available for people with cancer and their relatives.

- The service had joined the National Dignity Council and the registered manager was the service's dignity champion. The registered manager told us this would enable them to actively work towards putting dignity at the core of care. The National Dignity Council campaigns for, and supports Dignity Champions to influence and shape services that puts dignity at the heart of care.

- This showed the provider had creative ways to engage and involve people, relatives, staff and the community in shaping the service.

Working in partnership with others

- The registered manager worked in partnership with several community organisations, police community support officers, local authorities and other healthcare professionals to improve the care delivery and people's lives.