Pinnacle Care Limited

Cherry Trees, Rugby

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

Overall summary

We inspected this service on 1 December 2014. The inspection was unannounced. At our previous inspection in July 2013, the service was meeting the legal requirements.

There was no registered manager in post at the time of our inspection, as they had left the organisation two months prior to our inspection. The newly appointed manager planned to register with us once their probationary period was completed. The manager has previously been registered with us.

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 service provides accommodation and personal care for up to 14 older people who may have dementia. Ten people were living at the home on the day of our inspection. People who lived at the home told us they felt safe living at the home. People were safe because the manager and staff understood their responsibilities to protect people from harm. We found the provider had appropriate policies and procedures in place to minimise risks to people's safety.

Summary of findings

The manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff until they knew people well.

There were enough staff on duty to meet people's physical and social needs. The manager made all the appropriate checks on staff's suitability to deliver personal care during the recruitment process.

The manager checked that the premises and equipment were well maintained and serviced to minimise risks to people's safety. People's medicines were managed, stored and administered safely.

Staff received training and support that ensured people's needs were met effectively. Staff had opportunities to reflect on their practice and learn from other staff.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity, records showed that their families and other health professionals were involved in discussions about who should make decisions in their best interests.

We saw staff offered people a choice of meals. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs.

Staff monitored and recorded people's moods, appetites and behaviours so they knew when people might be at risk of poor health. Staff referred people to other health professionals for advice and support when their health needs changed.

Relatives told us they could visit at any time and always felt welcome. We saw staff understood people who were not able to communicate verbally and supported them with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed.

People who lived at the home, their relatives and other health professionals were encouraged to share their opinions about the quality of the service to make sure improvements were made when needed.

The provider's quality monitoring system included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

Summary of findings

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.

Staff understood their responsibilities to protect people from the risk of abuse and were encouraged to share any concerns with the manager.

Risks to people's individual health and wellbeing were identified and appropriate plans were in place to minimise the identified risks.

There were enough staff to meet people's needs. The manager checked that staff were suitable to deliver personal care before they started working at the home.

There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises, equipment and medicines.

Is the service effective?

Good

The service was effective.

Staff had the relevant training, skills and guidance to make sure people received the care and support they needed.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support.

People had a choice of meals, which were appropriate to their preferences, allergies and specialist dietary needs.

People were supported to maintain their health and were referred to other healthcare services promptly when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported.

Staff were kind and compassionate towards people.

Staff respected people's privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning how they were cared for and supported and their preferences, likes and dislikes were understood by the staff.

Staff supported and encouraged people to maintain their interests and friendships.

People were confident any complaints would be listened to and resolved to their satisfaction.

Summary of findings

Is the service well-led?

Good

The service was well led.

People, their relatives and other health professionals were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements.

Care staff were confident in their practice because they were given guidance and support from the manager. The manager encouraged and motivated staff to provide a good quality service.

The provider's quality monitoring system identified risks to people's health and welfare. The manager investigated issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence.

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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 took place on 1 December 2014 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider 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.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with three people who lived at the home and two relatives. We spoke with the manager, the area manager, the cook and two care staff. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed two staff files to check staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager and area manager made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the home. Relatives we spoke with were confident that the manager and staff kept people safe from harm. Relatives told us, "I am very happy with the care here. I am content in my own mind" and, "It feels like home." We saw that people were relaxed with staff and spoke confidently with them, which showed people trusted the staff.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. All staff attended safeguarding training and learnt about the whistleblowing policy. Staff told us they were aware of the signs to look out for that might mean a person was at risk of harm. A member of care staff told us, "If I had any concerns I would speak to the manager, team leader or head office. The safeguarding team telephone number is in the hallway. I have no concerns." Staff told us they were confident any concerns would be taken seriously and appropriate action taken. We saw a safeguarding poster inside the front door which was visible to everyone. This meant the manager took appropriate measures to minimise the risks of abuse.

In the two care plans we looked at, we saw the manager assessed risks to people's health and wellbeing. Where risks were identified their care plan described how staff should minimise the identified risks. A member of care staff told us they knew people's individual risks. They told us, "If a person has a history of a high risk of falls it will be in their care plan. We are prepared and observe and check where they are, for their safety." Staff told us that one person had recently moved to a different home because their needs had changed and they could no longer ensure their needs could be met safely

We saw that staff recorded incidents, accidents and falls in people's daily records and reported them to the manager. The manager analysed incidents, accidents and falls and took action to minimise the risks of a re-occurrence. For example, when one person had fallen in their room for a second time, a sensor mat was placed beside their bed, which meant care staff were immediately alerted to an increased level of risk for that person.

One person we spoke with told us there were always enough staff. They told us, "I just press the button. They always come straight away." On the day of our inspection, we saw there were enough staff to support everyone with their needs. We saw the manager worked alongside staff at lunchtime and other busy times of day, to ensure everyone was cared for and supported according to their needs.

Care staff we spoke with told us there were enough staff. One member of care staff said it would be nice to have an additional member of care staff in the early evening, because the manager and support staff did not work at that time. The manager told us they had made a proposal to the provider for an additional member of staff for the early evening shift, to minimise risks to people's welfare.

Staff were recruited safely, which minimised risks to people's safety. The manager checked that staff were suitable to deliver care to people before they started working at the home. In the two staff files we looked at, we saw that manager obtained two written references, photographic identity documents and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions..

We saw fire and emergency evacuation procedures on posters inside the front door. A member of care staff told us they knew what actions they should take in an emergency. They told us, for example, "There is a contract for the lift. If there are any problems, the telephone number is in the office." A member of care staff told us, "There are no issues with equipment." This meant the provider had taken measures to minimise the impact of unexpected events.

There were appropriate systems in place to minimise risks to people's nutrition. The cook explained how they made sure food was stored and served safely and how they knew what to cook each day. We saw the kitchen was clean and well organised and fridge, freezer and food temperature records were up to date. The cook told us there was always plenty of food to match the four week rolling menu.

The manager had conducted risk assessments of the premises and equipment. They had identified the risk and the controls already in place and additional actions staff should take to minimise risks. Care staff we spoke with told us, "If there are any maintenance issues, we write it in the book in the office" and, "We have a log book for maintenance issues. The work is always done." We saw the maintenance person replacing light bulbs during our inspection. This showed there were suitable arrangements for minimising risks associated with the premises.

Good

Is the service safe?

A member of care staff who was the designated lead for medicines showed us how they managed medicines. We saw medicines were kept safely in a locked room. Staff kept a record of the temperature of the room and of the fridge, so they could check that medicines were kept in accordance with guidance. Staff kept a record of how much medicine was in stock to make sure medicines were available when people needed them.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. We saw changes in people's prescriptions were clearly recorded on the MARs, which ensured that all staff were kept up to date with people's needs. Controlled drugs records were signed for by two staff, in accordance with the regulations. Records showed that the manager regularly checked that medicines were stored, administered and disposed of safely. The manager told us they had booked refresher training in medicines with the pharmacist to ensure their knowledge was up to date. This meant there was an appropriate system in place to ensure people received the medicines they needed safely.

Good

Is the service effective?

Our findings

One person we spoke with told us they were happy with the way they were supported. They told us, "The staff are good." Relatives we spoke with told us, "The staff are lovely" and "The staff are brilliant, really tactile." We saw staff knew people well and supported them appropriately with their physical and social needs. We saw staff used equipment safely to assist one person to move from one room to another. Staff explained every step of the process to the person and encouraged the person to participate, which demonstrated that people were involved in how they were cared for and supported.

An experienced member of care staff told us that new staff had an induction programme which included shadowing experienced staff and getting to know people who lived at the home. They told us, "The manager asks us for feedback about the new staff, whether we have any concerns." This showed staff's competence to work with people was checked before they worked independently with people.

The staff we spoke with told us they received training that enabled them to meet people's needs effectively. A member of care staff told us, "The dementia training really helped me progress, and gave me confidence." Staff told us they had regular one-to-one meetings with the manager and felt supported. Care staff told us, "I have had a one-to-one meeting with the manager and the area manager" and "They encourage my own personal development." This meant people received care from staff who had the skills and knowledge to meet their needs effectively.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Care staff we spoke with understood the requirements of the MCA. We saw staff asked people how they wanted to be cared for and supported before they acted. One person we spoke with told us they made all their own decisions and that staff respected and supported their right to balance risks versus maintaining their independence.

Care plans we looked at included a mental capacity assessment. For one person who was assessed as not having capacity, we saw the person's representative and their GP had discussed and agreed who should make decisions in the person's best interest, in accordance with the Act. In one care plan we looked at we saw the person's representative had signed to say staff should make best interest decisions for health and personal care. We saw that people's capacity was reviewed regularly, which ensured staff were made aware of any changes in their responsibilities to support people.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. In the care plans we looked at, we saw the manager completed a DoLS assessment to make sure the care and support that was planned did not amount to a deprivation of a person's liberty. No one was deprived of their liberty or was under a DoLS at the time of our inspection. This meant the manager understood their responsibility to comply with the requirements of the Act.

At lunchtime we saw people were offered a choice of meals. Food was presented to look appetising. Staff knew which people needed to be encouraged or assisted to eat and drink. We saw staff showed one person two meals as they were not able to express their preference verbally. The person chose one meal, but did not eat it, but they did eat the sandwich staff offered them. We saw another person declined to have lunch, but they accepted a pudding when staff offered it. This meant people had a choice of food that suited their preferences. One person we spoke with told us, "There is always a choice for lunch. And at tea time we can have anything really." They told us, "Drinks are always just how I like them. They always remember." Relatives we spoke with told us, "I am here most days and the food always looks nice" and "The food is lovely. I can have a meal if I want one."

Staff sat and ate their lunch with people in the dining room so that the meal was a social event, not a task. We saw a soft meal was prepared for one person who was at risk of choking, in accordance with the advice from the speech and language team. A relative we spoke with told us, "They always remember [Name] needs soft food and to put thickener in [Name's] drinks." The cook told us they knew people's individual dietary needs and preferences because staff shared relevant information with them. The care plans we looked in included a list of people's food preferences, needs and allergies. This meant people were supported to maintain a diet that met their needs.

Good

Is the service effective?

All the care staff we spoke with told us handover of information between shifts was clear and effective. They told us, "Handover is given verbally and in each person's diary. If there are any changes, the diary refers us to the care plan. It works."

A relative told us, "[Name's] health needs are met. They organise the doctor and dentist for him." One person we spoke with told us, "The nurse came here to do a blood test" and "The girls come to the hospital with me when I need to go." Staff kept a record of other professionals' visits and their advice, which showed they were supported to maintain their health. For example, we saw one person was supported to use the pressure relieving equipment as described in their care plan.

During handover between staff shifts, we heard staff discussed people's appetites, moods, sociability. Staff discussed the advice requested and obtained from other health professionals. Care staff we spoke with knew who was currently under the care of the doctor, district nurse or dietician and the advice they had given, which meant they understood people's healthcare needs.

A member of care staff told us, "Each person has a nominated care staff as their 'best friend'. Best friends are able to speak with health professionals on people's behalf, because they know them best." This meant people were supported to access healthcare services and to receive on-going healthcare.

Good

Is the service caring?

Our findings

One person we spoke with told us, “I am comfortable here” and “The staff are just fine." “They look after me.” Relatives we spoke with told us, “It’s absolutely brilliant, a lovely home” and, “I wouldn’t want [Name] anywhere else.” A member of care staff told us, “It’s like family. We see families as our family. It’s not like a care home, it more like home.”

During our inspection, we saw people enjoyed the day’s events. We saw staff reading the newspaper with one person, which kept them informed and interested in world events. One person was chatting with a member of staff while the member of staff manicured their nails. We heard people singing, whistling and tapping along with the music in the lounge. The manager told us they believed that dementia training, that all staff attended, promoted dignity, respect and people’s rights.

A relative told us, “The staff are good. They are knowledgeable about [Name’s] needs. They explain things well.” Staff told us, “We have an initial care plan and work with people to get to know them. We sit and chat and find out what they like. We learn new things.” The care staff we spoke understood the people they were ‘best friends’ with. Care staff told us the ‘best friends’ roles included record keeping, reviewing care plans, giving the person a voice and supporting them to express their opinion about their care. A relative told us, “The staff are good. They are knowledgeable about [Name’s] needs. They explain things well.”

The provider was a member of the Care Aware Advocacy service, which showed they understood the importance of people having an independent voice. The manager told us one person had an advocate, as they have no one else to speak on their behalf. An advocate is an independent person who is appointed to support a person to make and communicate their decisions. A member of care staff told us, “[Name] has an advocate who understands [Name] doesn’t want to go out now.” This meant people were supported to make decisions about their care and treatment.

A member of care staff told us, “We learn about people’s life history and have memory bags to work with.” We saw everyone had an individual memory bag, which contained notes, photos, drawings and memorabilia from people’s previous lives. Care staff we spoke with told us the memory bags were invaluable in encouraging people to remember good times, which reduced people’s agitation or anxiety.

One person who lived at the home told us, “The staff are respectful” and “I can go and sit outside when I want to.” We saw that staff respected people’s privacy and dignity. For example, when the doctor arrived to visit one person, care staff assisted the person to move to a private space so they could discuss their health needs privately. A member of care staff told us, “[Name] declines to eat sometimes, but we have to respect her wishes and independence.”

People and staff told us relatives could visit whenever they wanted to. Relatives told us, “There is a separate room we can use when we visit” and “We come three or four times a week. We always arrive unannounced and [Name] always looks nice.” This meant that staff understood the importance of promoting people’s privacy and dignity.

Is the service responsive?

Our findings

People we spoke with told us they were happy with their care and support. They told us they spent their time in the way they preferred. One person told us, "There is always something on, singers, games afternoons, quiz, but I am happy in my room, reading or watching television."

One person we spoke with told us staff knew about their preferences and they were supported and encouraged to maintain their interests. We saw staff actively encouraging one person to continue their interest in art by making greetings cards. The care plans we looked at included people's life histories, aspirations and preferences. Care plans included a document entitled, 'All about me', which described their closest person, interests and favourite television programmes. A member of staff told us, "People tell us their preferences, or their families do, if the person can't say."

We saw people or their representatives signed their care plans to say they discussed and agreed how they would be cared for and supported. One person we spoke with told us they had talked about a plan of care when they moved into the home and staff regularly checked whether any changes were needed. They told us, "Staff always ask how I am. I signed when I first came here. I don't need to sign all the time." We saw staff kept daily living books for each person so they could assess when their needs changed and make sure their care plan was reviewed.

Monthly care plan reviews included a review of risks to people's health and wellbeing. A member of care staff told us, "People's needs change, especially when they first move in. Things change every day" and "People's tastes change, we observe how they respond." We saw that people's care plans were updated to minimise newly identified risks to their mobility, nutrition or skin condition, as appropriate to their needs. This meant the manager was responsive to people's changing needs.

The manager told us they encouraged people to attend meetings about the way the service was provided because, "It's their home." We saw minutes of the regular meetings for people who lived at the home. We saw they discussed the food and mealtimes, staffing and the other issues of interest to them. No–one had identified any changes they would like to how the home was managed. A relative told us, "We come to regular meetings. They always explain what is going on."

People we spoke with told us they knew how to complain, but they had nothing to complain about. One person told us, "There is a complaints and compliments book in the hallway, anyone can write in it." We saw a poster explaining the provider's complaints policy was also just inside front door, which meant it was accessible to everyone. A relative told us, "I know I could complain if I needed to, but I have no complaints at all."

Records we saw at the location showed the manager had received ten compliments and three complaints in last 12 months. This matched the information the provider had shared with us on the provider information record. The records showed complaints were dealt with promptly and to the complainants' satisfaction. This meant the manager listened to people's experiences and took action to improve their level of satisfaction with the service.

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. We saw that ten people had written to the manager, complimenting them on the service. A relative told us, "I know it's good here."

The manager's quality assurance monitoring system included regularly asking people who lived at the home and others, for their views on the service. The manager told us, "Staff support people to answer questions and make comments in the regular questionnaire." We saw the results of the most recent questionnaire for people, relatives and visiting health professionals. The manager had analysed the results of the survey and planned to take actions in response to people's views.

A member of care staff told us they had regular meetings for people who lived at the home and their families. They told us, "We ask people if they want to be involved in meetings." We saw the next families' meeting was planned to include festive celebrations, which made sure families felt welcome to attend. A relative told us, "We come to regular meetings. They always explain what is going on. They don't hide things." This demonstrated that the manager listened to people's views to improve the service.

The manager told us they would apply for the registered manager's post when they had completed their probationary period. The manager was mentored by the area manager during their probation and planned to study for a diploma in leadership for health and social care. They told us they understood their legal responsibilities because they had previously been registered with us . They had had obtained a registered manager's award during their previous registration. The manager had recently attended a Care Quality Commission event to hear about our new approach to inspections. This meant the manager understood their leadership responsibilities.

The manager told us their aim was to, "Achieve a happy home where all the residents are happy." Care staff we spoke with understood their roles and responsibilities and felt empowered by their training and the manager's leadership. A member of care staff we spoke with told us they felt involved because, "We have team meetings. We share ideas and discuss them as a team. The manager listens." Two members of care staff both told us, "I love working here." This showed the staff were motivated by a shared goal.

The manager kept a record of the checks they made of the quality of the care. The manager's quality monitoring system included physical checks of the cleanliness and condition of all the rooms in the home. They checked the quality of the food and of staff's practice. We saw that when issues were identified, the manager took action, for example, replacement items were ordered for worn equipment and furnishings.

The manager checked that records were complete and up to date. They checked people's care plans included all the relevant information and that staff regularly reviewed them. When the manager identified any issues in people's care plans they made a note of the actions staff needed to take to ensure care plans were kept up to date.

A director also conducted random audits of the quality of the service. For example, they checked that the housekeeping arrangements were effective, that care plan audits and medicines audits were undertaken and appropriate actions were taken when issues were identified.

We saw that people's confidential records were kept securely in the manager's office so that only staff would access them. We saw that staff updated people's records every day, to make sure that all staff knew when people's needs changed. Staff records were kept in a locked cabinet in the manager's office which meant they were kept confidentially and were available when needed. This meant there were appropriate data management systems in place.