

St Philips Care Limited

Pine Trees Care Centre

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Pine Trees Care Centre is a residential care home providing personal care to 35 people, some of whom are living with dementia. People are primarily aged over 65 years. At the time of the inspection 34 people lived at the service. The home was all on one floor with a range of communal areas. These included a dining space, a lounge and a conservatory.

People's experience of using this service and what we found

People, relatives and staff were all positive about the management team. Comments from people included "[Managers name] is approachable, he runs a good ship". Relatives said "[Managers name] is great, he is approachable as is [deputy's name] and they listen to us". Staff said, "I have found [managers name] to be approachable and helpful at all times".

People told us they were happy living at Pine Trees care centre and their care needs were met by caring and skilled staff. Comments included "It's much better than other homes I've been in", "The food is lovely, its clean, its spotless, my room is lovely, and nothing is too much trouble" and "The staff are always smiling".

Relatives were complimentary about the care their family members received. Comments included "We are so happy that [person's name] is here. I know [person] is safe here. When I leave, I'm not worried about [person]. She is in safe hands here. It is the best home" and "The staff are exemplary; they go above and beyond in all aspects of care for [person's name]."

Safeguarding processes were in place to help safeguard people from abuse

People's care plans were clear and up to date. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

People were supported by enough staff on duty who had been trained to do their jobs properly.

People received their medicines in a safe way.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training and this ensured all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the manager.

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

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

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

Rating at last inspection.

The last rating for this service was Good (published 16 October 2019)

Why we inspected

The inspection was prompted in part due to anonymous concerns we received about the management and leadership of the service.

As a result we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains Good based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was Effective.

Is the service well-led?

Good ●

the service was Well-Led.

Pine Trees Care Centre

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from relatives, the local authority and professionals who work with the service.

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

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with twelve members of staff including the regional support manager, registered manager, care staff, cook and housekeeper.

We reviewed a range of records. This included two people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from ten staff about their experience of working at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe at the home. They were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or senior staff.
- Relatives told us they felt people were safe using the service. Comments included "I know [person's name] is safe here. When I leave, I'm not worried about [person's name]. She is in safe hands here."
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. People told us they were happy with the care they received and believed it was a safe environment to live in.
- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance.
- When people experienced periods of distress or anxiety staff knew how to respond effectively.
- Contingency plans were in place on how the service would support people when COVID-19 outbreaks occurred.
- There was a robust system in place to provide support for people who wished to have assistance with their finances.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Staffing and recruitment

- People and their relatives told us they felt there were enough staff on duty to meet people's needs.
- The manager monitored staffing levels by using a dependency tool which determined the level of staffing need in the home. There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- The majority of staff we spoke with said staffing was satisfactory.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This

meant people always received care and support from staff they knew and trusted.

- During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staffing levels could fluctuate due to staff sickness and due to the impact of the COVID-19 pandemic. However, staffing levels were kept at a consistent level.

Using medicines safely

- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- Staff had completed medicines training and felt confident to administer medicines.
- Some people were prescribed medicines to be taken when required. People's care plans included specific protocols detailing the circumstances in which these medicines should be used.
- The provider used an electronic medicine system to record the administration of medicines. It was able to quickly identify when a medicine had not been administered to a person and would alert this to staff. This occurred during the inspection. This was investigated immediately, and the issue addressed promptly so that there was no negative impact for the person involved.
- The provider had policies in place to guide and support staff with the management of medicines and a robust system in place to provide oversight of medicines management.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. Including testing and use of PPE.

Learning lessons when things go wrong

- The registered manager was keen to learn from any mistakes, or from feedback from people who lived at the service, their relatives, staff or health and social care professionals. Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A person newly admitted to the service told us that she had a "Nice welcome and staff are so kind and supportive."
- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the home.

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

- People were complimentary about the food and drinks available. Comments included, "The food is lovely and we have plenty of drinks" and "The food is good, I've put on weight."
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. The cook was aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- We saw the cook speak to each person about the meals that were available that day. People were given choices of what to eat and drink. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

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

- People's health conditions were well managed, and staff engaged with external healthcare professionals for example GP's, district nurses, community psychiatric nurses, speech and language therapists and specialist paramedics.
- People told us that staff contacted relevant health professionals for health check-ups and if they felt unwell.
- Relatives felt that the provider was quick to identify any health issues and act appropriately. Comments included "If there are any issues about [person's name] health, staff contact us to discuss it with us."

- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff. A district nurse told us "It's all good here, staff contact us appropriately and listen to our advice and take it on board."
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and risk of falls.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary about the staff support and their skills. Comments included "They are amazing", "So kind" and "They know my [family member] well, even when [person] can be a bit up and down it doesn't faze them, they know how to support her."
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas.
- Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

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

- People were involved in the décor of "their home". People's bedrooms were personalised to reflect their individual preferences.
- The premises were suitable for people's needs and provided people with choices about where they could

spend their time. There was a garden and patio area which people could access and use safely.

- Access to the building was suitable for people with reduced mobility and wheelchairs. The care home was situated all on one floor which made it less difficult for people to move around for example from their bedrooms to the communal areas.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- The provider continued to invest in the building. Decoration to the dining room was in progress and new carpets had been ordered. People had also been involved in choosing pictures that would be on display in the home.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant 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

- We had received anonymous concerns about the management of the service. Since the previous inspection there has been a new manager in post. People, relatives and staff were all complimentary about the manager. Comments from people included "[managers name] is approachable, he runs a good ship". Relatives said "[managers name] is great, he is approachable as is [deputy's name] and they listen to us". Staff said, "I have found [managers name] to be approachable and helpful at all times".
- The manager was supported by a deputy manager and received suitable guidance and supervision from the regional support manager. The nominated individual, and other managers within the organisation visited the service on a regular basis to complete a wide range of audits which helped to maintain the quality of the service and bring about improvement where necessary.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported.
- Daily handover meetings between staff were held, so that staff on duty received up to date information on people's current welfare. There were also daily 'Flash' meetings where all heads of department met to ensure that the service was running effectively and if any issues these would be addressed promptly.
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed, and the service's performance improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The management team promoted the ethos of honesty, learned from mistakes and acknowledged when things had gone wrong.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions. Staff told us they found these meetings provided an opportunity to reflect on their care practise.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff

demonstrated a thorough understanding of people's differences and individual preferences.

- Staff view of the ethos of the service was that this was the persons home. One commented "My opinion of the overall ethos of the team is residents come first."
- We observed that staff had good relationships with people, and treated people well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior support staff when needed. There was a common theme in conversations with people, relatives and staff who viewed Pine Trees Care Centre as a 'big family' who supported and cared for each other.
- People told us they were happy living at Pine Trees Care Centre and their care needs were met by caring and skilled staff. Comments included "It's much better than other homes I've been in", "The food is lovely, its clean, its spotless, my room is lovely, and nothing is too much trouble" and "The staff are always smiling."
- Relatives had confidence in the service leadership. Comments included "If we had any worries [managers name] would listen and would sort it out. He's a good manager", "We are so happy that [person's name] is here. I know [person] is safe here, when I leave, I'm not worried about [person]. She is in safe hands here. It is the best home" and "The staff are exemplary, they go above and beyond in all aspects of care for [person's name]."

Engaging and involving people using the service, the public and staff fully considering their equality characteristics

- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through resident meetings, questionnaires and informal conversations with management. Suggestions such as obtaining a vehicle so that people could enjoy trips out, had been heard and a vehicle had been identified for the home.
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- A formal quality assurance and gaining the views of stakeholders was in progress. Staff, relatives and people using the service told us the managers regularly engaged with them and involved them in decision making.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care; Working in partnership with others

- The manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- The staff and manager were open and transparent throughout our inspection demonstrating a

commitment to provide person-centred and high-quality care. The manager acted on feedback given throughout the inspection.