

Extel Limited

The Pines

Inspection report

29 Bishopton Close
Shirley
Solihull
West Midlands
B90 4AH

Tel: 01217443945
Website: www.cttm.co.uk

Date of inspection visit:
17 August 2017

Date of publication:
18 September 2017

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

At the last inspection in August 2015, the home was rated 'Good'. At this inspection, the home continued to be good.

The Pines provides care and accommodation for up to six people with a diagnosis of a learning disability, autistic spectrum disorder or mental health. There were six people living at the home at the time of our inspection.

There was a registered manager in post at the service. 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 atmosphere at The Pines was relaxed. We observed positive interactions between people and the staff throughout our visit. Relatives confirmed their family members were well looked after and safe in the home.

Procedures were in place to protect people from harm. Staff had received the training they needed to be effective in their roles and knew how to safeguard people from abuse. There were enough staff on duty to support people safely. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

Staff were knowledgeable about the risks associated with people's care. Detailed risk assessments and management plans were in place for staff to follow to keep people safe.

People's medicines were stored and managed safely. Regular checks of equipment took place to make sure it was safe to use. There were processes to keep people safe in the event of an emergency such as a fire.

Accident and incident records were completed and a system was in place to analyse the records to reduce further incidents occurring.

The provider was working within the principles of the MCA. Staff had a good understanding of the principles of the MCA. The registered manager had correctly followed the process and authorisations to deprive some people of their liberty had been approved in line with legislation.

We observed staff were responsive to people's needs and had good knowledge of how they preferred their support to be provided. Staff told us about people's likes and how they tailored their care to meet their needs.

Staff behaviours and attitude to their work, showed they knew people they cared for well. People's right to privacy was respected and people were treated in a dignified way.

Care and support had been planned in partnership with people and their families and in a way that met their personal goals and care needs. Care plans were person centred and contained detailed information about people's preferences and daily routines.

People were supported to follow their personal hobbies and interests and were encouraged to join in with social activities.

There was a clear management structure in place to support people and staff at the home. Staff spoke positively about their managers and told us they enjoyed working at the home.

People and their relative's service had opportunities to put forward their ideas and suggestions to drive forward improvements. The management team were responsive to the feedback provided. People and their relatives knew how to make a complaint and told us they comfortable doing so.

The management team completed regular checks of different aspects of the home. This was to highlight any issues in the quality of the care provided, and to drive forward improvements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Pines

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 checked 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 home, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 17 August 2017. It was unannounced and was carried out by one inspector.

Before the inspection visit we reviewed the information we held about the home. We looked at the statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke to the local authority commissioners. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They did not have any information to share with us.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. The information contained within the PIR was reflected during our visit.

We spoke with two people who lived at the home and two relatives during our visit. We also spoke with the registered manager, the deputy manager, two care workers and a visiting health professional.

We looked at the records of three people and other records related to how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

Is the service safe?

Our findings

At our last inspection 'Safe' was rated 'Good'. At this inspection people who lived at the home continued to receive good safe care.

The atmosphere at The Pines was relaxed. Some people living at the home were not able to tell us themselves if they felt safe. Therefore, we observed the interactions between people and the staff during our visit. We saw people were confident when seeking support and staff responded positively when people needed them. Relatives we spoke with confirmed their family members were well looked after and safe in the home.

On the day of our visit there were enough staff on duty to support people safely. A staff member said, "There is always enough of us to keep everyone safe, we provide safe care."

Staff were knowledgeable about the risks associated with people's care which included displaying behaviours that may cause harm to themselves or others. Detailed risk assessments and management plans were in place for staff to follow to keep people and themselves safe. For example, one person displayed unpredictable behaviours. To reduce this risk one-one care from a member of staff was provided. We saw this staff member positively engaged with and occupied the person throughout our visit which did reduce their anxieties.

Procedures were in place to protect people from harm. Staff had received training and knew how to safeguard people from abuse. The registered manager understood their responsibilities to keep people safe. No incidents of a safeguarding nature had occurred since our last inspection.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. New staff were recruited based on their experience and values. They were not recruited until their disclosure and barring check (DBS) and references had been received. These were then checked by the provider to ensure the person was suitable to work with people who lived at the home. The DBS is a national agency that keeps records of criminal convictions.

The maintenance records for the home we looked at demonstrated regular checks, which included fire and electrical testing, took place to make sure equipment was safe to use. There were processes to keep people safe in the event of an emergency such as a fire. People had personal fire evacuation plans which meant staff and the emergency services would know what support people required to evacuate the building safely. Staff were knowledgeable of the evacuation procedures and their roles and responsibilities should an emergency occur.

We checked and found people's medicines were stored and managed safely. Medicine care plans were in place which detailed the medicines people required and when they needed them. Only trained competent staff administered people's medicines and the registered manager observed staff practices to make sure they were competent to do so. A series of medicine checks took place so if any errors were identified prompt

action could be taken. Records showed no errors had occurred in the 12 months prior to our visit.

Accident and incident records were completed. A system was in place to analyse the records to identify any patterns or trends to reduce further incidents occurring.

Is the service effective?

Our findings

At our last inspection 'Effective' was rated 'Good'. At this inspection people who lived at the home continued to receive good effective care.

Our discussions with relatives confirmed staff had the skills to care for people well. One said, "They work with (Person) to try and make things better for their health." This was in relation to the amount of sugary drinks their relative consumed. We saw how the person had been supported to effectively reduce the amount of sugary drinks they consumed each day by the staff team.

Staff had received an induction which included working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff completed the training they needed to be effective in their roles. This included training to support them to work with people with learning disabilities. For example, learning the importance of following daily routines which reduced people's anxieties and helped them to manage different situations. The staff also had opportunities to complete additional qualifications, such as social care diplomas. This ensured they had the skills they needed to meet people's needs.

Staff received regular one to one supervision with their line manager which provided the opportunity to discuss work practices and any developmental needs. Staff attended a 'handover' when they came on duty. These meetings ensured staff had up to date information such as, how people were feeling and what they had chosen to do to occupy their time. This meant people received the care and support they needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and the provider was working within the principles of the MCA. All of the people who lived at the home had been assessed and some did lack capacity to make all of their own decisions. Best interest decisions had been made for those people which included medical treatment and where they should live. Authorisations to deprive some people of their liberty had been approved in line with legislation. Staff had a good understanding of the principles of the MCA. They gave examples of applying these principles to protect people's rights, such as, asking people for their consent and respecting people's decisions to refuse care.

People made choices about what meals they wanted at regular meetings and we saw people were offered nutritionally balanced meals during out visit. One person often forgot to drink fluids and we saw they were gently reminded by staff to have a drink. Amounts consumed were monitored to reduce the risk of dehydration.

People received care and treatment from health care professionals including psychiatrists. Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being.

Is the service caring?

Our findings

At our last inspection 'Caring' was rated 'Good'. At this inspection people who lived at the home continued to receive good care.

One person told us, "Yes, good," when we asked them about the staff who supported them. Another person put their thumb up in the air and smiled when we asked them about the staff. A relative told us, "All of the staff are very caring and patient people."

A staff member told us the home was, "A nice place to work," and the most important part of their job was to "Make sure that everyone is happy. When you see their faces light up or when they get excited, that's when you know you're doing things right."

We found staff were very caring towards people and people were treated with kindness and compassion. Staff approached people with friendliness and encouraged people to have meaningful interaction with them. For example, one person was laughing and hugged a staff member. The staff member recognised the person was happy and asked them how they had chosen to spend their day.

Staff were aware of people's right to privacy and maintained supervision discreetly when people spent time in their room or in communal areas. When a person was supported with personal care we saw staff respected their privacy and dignity by assisting them to their bedroom.

A staff member explained to us how they supported one person to be independent when choosing the clothes that they would like to wear. They told us "We hold up two choices and they pick which one they prefer." When people needed support to make major decisions such as choosing where they wanted to live, they had independent advocates to support them through the decision making process.

People were encouraged to complete domestic tasks such as, collecting their clean clothes from the laundry. We saw people's photographs were displayed on washing baskets which supported them to locate their clothing. A staff member said, "The photo means (Person) doesn't need me to help them they can do it themselves." This meant staff knew and understood the importance of people maintaining their independence.

People were supported with their personal appearance and people looked individual in the way they dressed. People's preferences had been taken into consideration in how bedrooms were decorated. For example, one person liked blue and the décor in their bedroom reflected this.

Relatives told us they were encouraged to be involved in people's care and there were no restrictions on visiting times. A relative said, "We just pop in when we want to visit."

Confidential information regarding people was kept locked so people were assured their personal

information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

We observed staff were responsive to people's needs and had a good knowledge of how they preferred their support to be provided. During our visit we saw how one person communicated using picture cards with staff when they required assistance. A staff member responded quickly to the person and provided support.

Staff told us about people's likes and how they tailored their care to meet their needs. For example, one person would only drink out of their 'favourite mug' so staff always made sure this was available to the person. This meant people were supported by staff who knew them well.

Staff offered people daily choices, including what they would like to eat and drink. Choices were offered in a variety of ways because people's communication styles and abilities were all different. For example, some people made choices by looking at pictures or pointing at different objects such as red or brown sauce.

Care and support had been planned in partnership with people and their families and in a way that met their personal goals and care needs. Care plans were person centred and contained detailed information about people's preferences and daily routines.

A keyworker system ensured people were supported by a consistent named worker. Keyworkers were responsible for personal shopping, developing care plans and completing monthly care reviews with people. Staff confirmed they had enough time to read people's care plans and signed to confirm they understood the information. This meant staff had up to date information about people's health and wellbeing.

People were supported to pursue their hobbies and interests. There was a range of social activities provided that met people's individual needs. On the day of our visit some people went to local theme park. Another person chose to stay at home and spent time colouring pictures and listening to music. Some people also attend a local college and others attended a day centre to partake in activities they enjoyed such as, flower arranging and dancing.

People had the opportunity to go on holiday. We saw people had been on holiday within the UK and abroad since our last inspection.

People had opportunities to put forward their ideas and suggestions to improve the service they received. We saw people's suggestions had been listened to. For example, one person had requested to go swimming and we saw they had been swimming on several occasions.

People and their relatives knew how to make a complaint and told us they felt comfortable doing so. The provider's complaints policy was on display in the dining area and was in picture format so people could

understand the information. No complaints had been received about the home since our last inspection.

Is the service well-led?

Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

People and their relatives were happy with how the home was run. They told us the managers were helpful and friendly. We saw the registered manager was a visible presence in the home and worked alongside the staff team during our visit. This approach ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

There was a clear management structure in place to support people and staff at the home. The registered manager felt supported and said, "If I need any help or support I do get it from head office." We asked them what they were most proud of at the home and they said, "Making a difference and seeing people happy." The deputy manager told us, "The best thing is the team work and the friendly atmosphere."

Staff spoke positively about their managers and told us they enjoyed working at the home. One said, "I feel very supported and managers are very approachable." Team meetings took place each month and staff confirmed they had opportunities to contribute items to the agenda.

The registered manager told us they had an 'open door policy' and encouraged people and their relatives to visit at any time to speak with them. We saw quality questionnaires had been sent to all people and their relatives in January 2017. The feedback had been analysed and overall, people were happy with the care they received. However, four people had commented the décor in the home needed to be improved. In response to this a refurbishment plan had been implemented and some areas in the home were in the process of being redecorated.

The management team and the provider completed regular checks of different aspects of the home. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, checks on cleanliness of the environment and people's medicines. These checks should ensure the home was run effectively and in line with the provider's procedures.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed within the home and also on their website.