

Quality Home Care (NW) Limited

Pinewoods Homecare

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Pinewoods Homecare is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting three people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There was an extremely strong, person-centred culture. People received care from very caring, compassionate and highly motivated staff who were proud to work for the service. People and their relatives experienced a positive and inclusive approach to their care and were encouraged to give their feedback to help improve the service.

Feedback from people and relatives was overwhelmingly positive. They consistently praised the exceptional caring and supportive nature of the staff at Pinewoods Homecare. People and their relatives told us the support from the service had increased their confidence, wellbeing and independence.

People received exceptional care that was tailored to their needs and wishes. People had their privacy, dignity and confidentiality observed by staff, and they were encouraged and supported to be independent.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including the use of equipment to assist them to move. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident any concerns they raised, would be reported and investigated by the management team.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Staff had been recruited safely and there were enough staff to effectively meet the current packages of care which supported people's needs.

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. People's independence was truly respected and promoted. People felt staff supported them to have a good quality of life.

The service was well-led. There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People, relatives and staff told us that management were approachable.

Audits and checks were completed regularly to monitor the quality and safety of the service. There were clear processes in place to drive improvement and to continually develop the service in line with people's needs.

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

Rating at last inspection

This service was registered with us on 11/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

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.

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?

Outstanding ☆

The service was exceptionally 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.

Pinewoods Homecare

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 12 January 2022 and ended on 13 January 2022. We visited the office location on 12 January 2022.

What we did before inspection

We reviewed information we had received about the service since registration. 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and two relatives. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this.
- A log of accidents and incidents was kept and actions to reduce the risk of further incidents were recorded.

Using medicines safely

- People were supported to manage their medicines safely from trained staff. Staff followed specific guidance in relation to each person's support required to manage their medicines.
- Medication Administration Records (MARs) showed people received their medication as prescribed. These records had been audited regularly by the registered manager and any identified concerns had been appropriately addressed.
- Staff had received medicines training and had been assessed as competent.

Staffing and recruitment

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People received support from staff in sufficient numbers to meet their care and support needs safely.
- People were supported by a consistent group of staff. People valued having regular staff as they felt staff got to know them well. One relative said, "They [care staff] know [person] as well as me, or more than me at times."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments from people included, "I'm very safe. They [care staff] are well trained and go out their way to support me. They are very good at what they do," and "I never believed good care existed, but this service has changed my view."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the manager and other essential agencies.
- The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.

- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. People we spoke with confirmed this.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff were suitably trained and competent to carry out their roles. Training records confirmed this. One relative commented, "Staff are well trained. They [care staff] get specific training in relation to [persons] needs."
- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.
- Staff received formal support through supervisions and appraisals.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- People's care plans gave staff clear information about their individual needs and preferences relating to food and drink.

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

- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. One relative said, "They [care staff] picked up on symptoms of [person] and raised the concerns with healthcare professionals. [Person] was given timely access to medication because of this."
- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- There were effective systems in place for staff to escalate any concerns they had about people's health to senior staff, ensuring appropriate input and advice from relevant health professionals was sought.

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

- People's needs were assessed before they started to use the service to ensure their support needs could be met. This information was used to create people's personalised care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People we spoke with confirmed this.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives were overwhelmingly positive about the care and support they received. Comments included, "They [staff] are very caring. They are outstanding and very attentive. Their main concern is if I am ok," and "Pinewoods have changed our lives. I've never been able to switch off and have a rest before; they are outstandingly caring".
- There was an extremely strong, person-centred culture. People received care from very caring, compassionate and highly motivated staff who were proud to work for the service. Staff demonstrated a real empathy for people they worked with and nothing was too much trouble, whether that be changing call times, or completing additional tasks.
- Every staff member we spoke with showed a passion for providing outstanding outcomes for the people they supported and were proud of the difference they made to people's lives. One person told us the service had changed their life and improved the lives of their family. A relative told us "We couldn't ask for more. They [staff] do exactly what we need. [Person] is well looked after and I don't know what we would do without them."
- A relative told us the support from the staff and registered manager had led to their loved one being more settled, happier and led to improved health. The relative said staff go out of their way to find things that interest the person, for example on national girl guides day they built a tent and toasted marshmallows. The registered manager also employed a care worker who was trained in life saving and swimming to support this person with hydrotherapy sessions. This support was supplemented by the registered manager at no extra cost to the person.
- The registered manager ensured people were safe and supported with their needs. During the COVID-19 pandemic one person who was vulnerable to the virus was supported to continue safely accessing the community and activities they loved. The registered manager paid for care staff to learn to drive the family car so the person could access more day trips. One relative commented, "It's an extension of me not a care agency."

Respecting and promoting people's privacy, dignity and independence

- People received sensitive support to maintain their privacy, dignity and independence. Respect for privacy and dignity was at the heart of the service's culture and values and was embedded in the way staff delivered people's care.
- Staff promoted people's independence very effectively to help them maintain their skills and well-being. One person said, "They [care staff] encourage me to go out and take the time to support me to do it. They make sure I have everything I need. Its had massive impact on me and my family and they've improved our

lives".

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

- People benefitted from the person-centred culture and ethos within the service. People were very much involved in their care plans, which were very specific to their individual needs. The registered manager responded promptly to feedback, suggestions and requests from people and staff.
- Staff were highly skilled at helping people to express their views and respecting their wishes, preferences and choices. We received positive feedback that showed care staff were highly responsive to people's requests, and made sure people got the support they wanted. One person told us, "They [staff] go out their way to support me. They are very good at what they do".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received an extremely responsive and personalised service. Person-centred care was at the heart of everything the service did. One relative said, "The care is very person-centred. The staff know [person] more than me."
- People's care plans provided in depth information on people and their needs and underpinned the excellent physical, emotional and spiritual care given by staff
- Respect for protected characteristics was embedded in the values of the service. Staff worked creatively to ensure people received the support they needed especially in relation to their health. There were multiple examples where staff quickly identified and responded to people's health concerns.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social and educational activities. Staff supported people to access the community to engage in meaningful activities that impacted positively on their lives.
- People and relatives all spoke highly of how the service had improved their lives and those of their families, which in turn helped to improve relationships.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people.
- People told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and management were responsive to issues they raised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified. Staff were aware of these and supported people in these ways.
- The registered manager told us they could provide information to people in different formats if required.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had an end of life policy in place to provide support to staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible.
- Staff teams worked effectively together and were built around meeting the needs of people. A staff member told us, "We [care staff] have time for service users. We are not rushing in and out so we get to spend time with people. We get time to take people out. It's a very person-centred service."
- People and relatives told us the service was "well run" and outcomes were "beyond expectations" One person said "It's very well run. I'd give the manager awards if I could. Moving to the service was the best thing for [person] and us as a family."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager completed checks and audits which identified concerns and actions needed to improve.
- Spot checks were taking place to ensure staff practice was consistent with the values of the registered provider.
- The registered manager was aware of their regulatory requirements including what events they needed to notify CQC about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. Relatives told us that staff were excellent at keeping them involved and involving them in their family member's care and support.
- Staff were encouraged to contribute to the development of the service through meetings and supervision.
- When referrals to other services were needed, these referrals were made in a timely way.

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

- There was an open culture within the service. People told us the manager and staff were open and honest with them.
- The manager had discussed concerns raised with people and their relatives.

