

Tracs Limited

Pinetrees

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Pinetree's is a residential care home that provides accommodation for up to 6 people who require personal care. At the time of our inspection there were 5 people using the service.

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

At the last inspection in November 2015, the service was rated Good. At this inspection we found that the service remained Good.

The service had a registered manager in post. 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.

People continued to receive care and support in a way that maintained their safety. People had plans of care that had been developed in partnership with them to guide staff in reducing the known risks to people. Appropriate action was taken when people were identified as being at risk of harm. People could be assured that they would receive their prescribed medicines and that staff had been subject to robust recruitment procedures. The service learnt from incidents and accidents and took action to minimise the chance of these occurring again within the home.

People received care from staff that had received the training, supervision and support that they needed to work effectively in their role. People were supported to maintain good nutrition and to access healthcare services. People's needs were assessed prior to moving into the home to ensure that the service was able to support them appropriately. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care from staff that knew them well and consistently treated people with respect and dignity. People were encouraged and supported to maintain contact with people that were important to them.

People were involved in developing their plans of care which enabled people to receive care and support in line with their preferences. People knew how to complain and could have confidence that their complaints would be managed appropriately. People were supported to be active members of the local community and to pursue their hobbies and interests.

There was a system of quality assurance in place overseen by the provider, area and registered manager

which was successful at ensuring people consistently received good quality care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Pinetrees

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.

This inspection took place on 4th December 2017 and was unannounced. The inspection was carried out by one Inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. 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.

During this inspection we spoke with two people living in the home and five members of staff including the registered manager of the service. We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of three people and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

Prior to this inspection we had received safeguarding concerns from one person's family about the care a person had received whilst living at Pinetree's. These safeguarding concerns were investigated by the local authority and a protection plan was in place for the provider to follow. We found that this protection plan had been followed. The systems in place related to the assessment and management of behaviours that may challenge services had been strengthened within the home. Staff were confident in the action that they should take if they felt people were at risk of harm. One member of staff told us "If I ever have any concerns about someone's safety I report it straight away to the manager. I also know how to whistle-blow or tell CQC." Where safeguarding investigations had been allocated to the provider to complete these were done in a timely manner and the learning from any investigations was used to develop the service.

People were supported by sufficient numbers of staff that had been subject to appropriate pre-employment checks. Many of the people living in the home received one to one care during the day. The service was reliant upon agency staff to ensure that there were sufficient numbers of staff working within the home. However, interviews were planned to recruit permanent staff. One member of staff told us "There are always enough of us on duty; we can follow people's schedules and make sure they can do their activities without any problems."

People could be assured that they would receive their prescribed medicines safely. One person told us "The staff look after my medicines and bring them to me every day." Staff had received training in the safe administration of medicines and had their competency assessed prior to administering medicines independently.

Accidents and incidents were reported and analysed by senior staff and action taken to reduce the likelihood of accidents or incidents reoccurring. The provider had implemented an incident management analysis tool that had been introduced to monitor all accidents and incidents at an organisational level. This was to identify any trends so that control measures could be put in place to reduce the risks of repeat accidents and incidents.

The home was well maintained and cleaning schedules were completed to ensure that all areas of the home were clean and protected people from the risk of infection. Staff who prepared meals within the home had received food hygiene training and the home had a five star food hygiene rating.

Staff knew what action they should take to maintain people's safety. Risks to people had been assessed and were reduced through their plans of care. One member of staff told us "I read everyone's care plans so I know how I have to support people to keep them safe." People had detailed plans of care and risk assessments to guide staff in maintaining their safety. We observed that staff provided care in line with people's individual risk assessments. For example, people who required one to one support to maintain their safety received this care. We also saw that staff provided consistent reassurance to one person who was known to become unsettled if they received inconsistent responses from staff.

Is the service effective?

Our findings

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. The pre-admission assessment process had recently been strengthened by the provider to ensure that they were able to meet the care needs of anyone who may live in the home. Staff completing preadmission assessments liaised closely with other professionals and family members involved in people's care.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. DoLS authorisations had been granted and were requested again by the provider prior to them expiring.

Staff received the training; support and supervision that they needed to work effectively in their role. One member of staff told us "I have done an NVQ since I started here and regularly have to refresh my mandatory training. I wasn't allowed to work in the home until I had received training." Staff received regular supervision from the registered manager to support them in their role. There was a clear induction programme for new staff to ensure that they were supported when first working in the home so that they had the skills and competencies that they required to provide effective care to people.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. Staff worked closely with people's allocated healthcare professionals such as psychiatrists to coordinate their care and support. People were referred promptly to healthcare professionals when staff noted any changes in their care needs. For example, staff had identified that one person's mental health had deteriorated and referred them to the mental health team.

People were supported to eat, drink and to maintain a healthy balanced diet. One person told us "The food is nice. We get to choose what we have." People were encouraged to be as independent as possible in their meal preparation. We observed that one person had been supported to prepare their breakfast in a kitchenette that was located in their bedroom.

The home was designed around the specific needs of the people living at Pinetree's. People had been supported to personalise their bedroom and the communal areas of the home were large and free from hazards that may pose a risk to people. One person was supported in their own self-contained flat in the home to support them in developing their daily living skills. The provider had further developed the garden area to provide a secure self-contained area that people were able to access freely.

Is the service caring?

Our findings

People were supported by staff that knew them well. People had developed positive relationships with the staff supporting them. One person told us "I would tell the staff if I was unhappy about anything; I trust them and know that they would help me."

Staff supported people to plan their day in a way that minimised their anxiety. For example, one person had a pictorial schedule of their activities in their room because staff knew that this aided them in feeling calm and enhanced their sense of wellbeing. We observed that people were relaxed in the presence of staff and that staff took a genuine interest in people's day and engaged them in positive interaction.

Staff supported people to follow their interests and to explore new hobbies. One person told us "The staff take me out every day. I get to choose where we go and we get the bus together." One person showed us their room in the home that they had been supported to personalise. This person told us "I love jigsaws, I buy them with the staff and then when I have too many we do a boot sale and sell some to make more space."

People's privacy and dignity was respected at all times. One person told us "They [the staff] always knock on my door before they come into my room." Staff were able to describe how they promoted people's independence and maintained their dignity. One member of staff told us "I always encourage people to do as much as they can for themselves. For example, one person when they moved into the home relied upon incontinence pads. We worked with them and supported them to use the toilet and now they use the toilet on their own and do not use incontinence pads. It means that they have more dignity and are more independent." People were also encouraged to participate in household tasks to support them in developing daily living skills. One person told us "I help with all of the cleaning. I like hoovering best." It was evident that this person took pride in helping to maintain the home.

People were encouraged to express their views and to make choices. People had been supported in developing their plans of care to ensure that they were reflective of their preferences. People had allocated key workers who were responsible for coordinating their care in the home. They had meetings with their key worker each month to set goals to ensure that their care was personalised and provided in line with their individual preferences. For example, one person had expressed an interest for exploring work opportunities. This person had been supported to attend a local work placement open day and to make pottery. They were awaiting confirmation of a permanent position at this work placement.

Is the service responsive?

Our findings

People were supported to plan their care and support in partnership with their keyworkers. The provider also employed specialist staff to support the planning and coordination of people's care and support. For example, the provider employed an autism lead and a behavioural support specialist who provided advice to staff on strategies for caring for people in the home. People had been supported to develop positive behavioural support plans to provide guidance for staff in supporting people who may display behaviours that challenge services. These support plans were designed to support staff in reducing the known triggers that causes people in the home to become unsettled and to display behaviours that may challenge services. We observed staff using these strategies throughout our inspection which contributed to reduced incidents and an enhanced sense of wellbeing for people.

People had detailed plans of care in place to guide staff in providing their care; this ensured that staff had the information they needed to provide consistent support for people. There was information about people's past lives, hobbies and interests which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

People were supported to maintain links with their family, friends and the local community. People were supported to attend community activities outside of the home such as swimming at a local swimming pool and attending religious and cultural festivals. Staff arranged for one person to use a swimming pool at a specific time so that they were the only person in the pool to maintain their safety.

The provider had a system in place to manage and respond to people's complaints appropriately. No complaints had been received since our last inspection however, the registered manager and staff were confident in the action that they should take to record and respond to complaints.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, people were supported through pictorial schedules and the menu within the home was displayed using pictures to ensure that this information was accessible to people in the home.

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager had been recently appointed to a new role within the organisation and a new manager had been recruited who told us that they would register with CQC to become the new registered manager. The registered manager was still available to support the management of the home whilst the new manager was being inducted.

There continued to be a strong system of quality assurance that was overseen by the registered manager, area manager and the provider. The provider had an effective quality assurance system in place to monitor the quality of the service provided by the home. This included regular audits completed by the providers' quality team. Audits covered key areas such as the environment, health and safety, staff training and people's plans of care. When areas for improvement had been identified these were targeted and improvements were monitored.

Throughout the inspection it was evident that the manager and registered manager knew people well and that people were confident in approaching the management team and comfortable in their presence. The management team encouraged an open and reflective culture. Team meetings were used as an effective forum to share any learning from incidents or safeguarding investigations. Staff were encouraged through their supervisions and team meetings to share any concerns and these were addressed in a timely manner by the management team.

The management team worked in partnership with people, their relatives, and professionals involved in their care and community resources. For example, staff liaised closely with people's allocated mental health workers, commissioners and healthcare professionals to coordinate people's care and support. People were encouraged to share and set measurable targets to enable them to achieve their aspirations. The service worked with locally community resources to remove barriers to people accessing these. For example, one person living with autism who was known to remove their clothing due to sensory stimulation but had a passion for swimming, was supported to access the pool at specific times so that they could still swim safely and maintain their privacy and dignity. The management team liaised closely with the swimming pool to facilitate this access.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.