

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	

Overall summary

This unannounced inspection took place on 6 & 9 November 2015. This residential care service is registered to provide accommodation and personal care support to people with learning disabilities and autistic spectrum disorder. At the time of our inspection, two people were living at the home and one other person was receiving respite care (short term support).

There was a registered manager in post at the time of our inspection. 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 said that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they

Summary of findings

needed. We observed that on the day of our inspection there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabling positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were highly skilled, plans were in place for new staff to complete the Care Certificate which is based on best practice. The provider's mandatory training was updated annually.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of

Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were written in a person centred approach and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had caring relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and worked alongside care staff to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager of the service was passionate about people receiving person centred care and people and staff being involved and included in decisions about the future.

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?

The service was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Good



Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Good



Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

Records relating to staff files and training contained accurate and up to date records.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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 6 & 9 November 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory 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). 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 the inspection we spoke with two people who used the service, five members of staff including care staff and the registered manager.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe where they lived. It was clear through observation and general interaction that people felt safe and comfortable in the home. One person said “I am happy and safe here; I like all the staff.” The home had procedures for ensuring that any concerns about people’s safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One staff member said “I wouldn’t hesitate to report any concerns and I know the manager would act on all concerns.” Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “Risk assessments are essential because we try to eliminate or reduce risks we are aware of and also they give us information on known things which may be triggers for people; they get updated all of the time when we know more information or when things change.” When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training

records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

We saw that the home regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was sufficient staff available to provide people’s care and support. We looked at the staff rota for the week and saw there was enough staff to support people with their planned activities. One care staff said “Our staffing levels are good; people have two staff to support them when they are out in the community and we always have enough staff for this.” We observed that there were enough staff to attend to people’s needs and to be relaxed with them during our inspection visit.

People’s medicines were safely managed. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability and Autism. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us “It has been a while since I started working here but I had a good induction and didn’t work on my own until I was confident and understood people’s care needs.” The provider was following good practice guidelines for newly recruited staff and a plan was in place that all new staff undertook the new care certificate.

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. The provider had their own trainers and were able to personalise training to make it specifically related to the people who lived at the home. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff we spoke with were positive about the training received and confirmed that the training was a combination of online and classroom based training.

People’s needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and ‘bank’ members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. Staff said “I have regular supervision and I have been supported to grow and develop; it is also an opportunity to discuss new ideas I have for supporting people with life skills and development.”

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were involved in menu planning and purchasing groceries for the house. Menus were displayed in picture format with the choices of meals available.

The staff team were knowledgeable about people’s food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. Care plans contained detailed instructions about people’s individual dietary needs, including people’s likes and dislikes and specific dietary information. Where people required their food or fluid to be monitored we saw this was happening in practice.

People’s healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were in pictorial format to assist people with understanding the processes. Care Records showed that people had access to community nurses and GP’s and were referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were 'nice people'. One person said "I like the staff, I go shopping every day and the staff come with me." Relatives feedback said they were very happy with the care and support provided and said staff looked after people well. Comments from a relative's questionnaire included "[Provider] has done more for my [family member] in a few months than other providers have in ten years."

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their flat and it was decorated to the person's own choice with furniture that they had chosen and they told us "I love my flat."

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people's rights and people were supported to

dress in their personal style. People who used the service had pictorial timetables and schedules for how they were going to spend their time and this was used to support people to prepare for the day and reduce any anxieties that they may have.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area.

There was information on advocacy services which was available for people and their relatives to view. People had previously used advocacy services and staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The registered told us that people's families could visit when they want and they could speak with them in the lounge area or their bedrooms or flat areas.

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had communication passports which detailed things that were important to know about each person. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used and what was important to them. This information enabled care staff to deliver personalised support individual to each person. Care plans were detailed and included how people displayed their emotions, what this means to the individual and how best to support them.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of the service they received by the funding authority and this was documented in their personal files.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, playing pool, jigsaw's, puzzles and liked involving themselves with quiz channels on the television. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. People were always encouraged to use their picture boards so they knew what was happening next which helped to reduce peoples anxieties.

People participated in a range of activities. Most activities were structured and planned which supported a reduction in anxieties for those people on the autistic spectrum. People were involved in a range of activities which included swimming, train and bus trips, bowling, going to the gym, football practice, cake baking and grocery shopping. People had weekly timetables which were full of activities that each person had chosen and people were trying out new activities and groups on a regular basis. People had goals identified and it was clear that the staff were working with the person to help them achieve their goals.

When people were admitted to the home they and their representatives were provided with the information they needed about what do if they had a complaint. It was clear in peoples care files that people would have difficulty making a complaint so staff needed to be vigilant with changes in behaviours and body language. There were appropriate policies and procedures in place for complaints to be dealt with including easy read versions for the people living at the home. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

Is the service well-led?

Our findings

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us “[The manager] is great, they are always available for support and they know the people who live here really well.”

Communication between people, families and staff was encouraged in an open way. The home provided feedback to families on what activities their relative had been involved with during the week and progress that had been made. The registered manager told us they had an open management style and wanted to involve people and staff in the day to day running of the service as much as possible. Staff said the registered manager was very approachable and proactive and gave us examples of changes that have been made from their feedback.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were planned to be undertaken to specifically seek people’s views on the quality of the service they received.

The registered manager spoke about the vision for the service which was to focus on delivering support that is person-centred to the individual and strive to develop and maintain skills within a nurturing and supportive environment. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were always focussed on the outcomes for the people who used the service.

The registered manager told us about the support they received from other colleagues and managers from Tracs

Limited and how valuable this was in supporting people to develop and maintain skills. Training colleagues delivered person centred planning training to the staff team and made it personalised in relation to the people who lived at the home; staff told us they felt this had more of an impact because they could relate it to individuals that they supported.

Staff worked well together and as a team were focused on ensuring that each person’s needs were met. Staff confirmed that they knew what support each person needed and they worked well together sharing information. Staff clearly enjoyed their work and told us that they received regular support from their manager. Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The registered manager worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend ‘refresher’ training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.