

High Pines Residential Home Limited

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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

About the service

High Pines Residential Home is a residential care home providing personal care to 23 older people who may be living with dementia at the time of the inspection. The service can support up to 27 people in one large adapted building.

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

People told us, they were happy and safe living at the service. Potential risks to people's health, safety and welfare had been assessed. There was guidance in place to mitigate risks.

Accidents and incidents had been recorded, analysed to identify patterns and trends. The registered manager was open and transparent when things had gone wrong. Action had been taken to reduce the risk of them happening again.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff received supervision and training to develop their skills to meet people's needs. Staff monitored people's health and referred them to health care professionals when their needs changed. Staff followed the guidance given by professionals to keep people as healthy as possible. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to eat a balanced diet. People had access to activities they enjoyed and keep them as active as possible. People were treated with dignity and respect.

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 support this practice.

People met with the registered manager before moving into the service to check staff could meet their needs. Each person had a care plan that contained details of their choices and preferences. People had been involved as much as possible in developing them. People's end of life wishes were recorded. Staff worked with GP's and district nurses to support people at the end of their lives.

People were supported to express their views on the service. Complaints had been recorded and investigated following the provider's policy. The environment had been developed to support people living with dementia. People were given information in the way they can understand.

Checks and audits had been completed on the quality of the service and action had been taken when shortfalls were found. The registered manager attended local forums to keep up to date with developments to continuously improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

High Pines Residential Home Limited

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 undertaken by one inspector.

Service and service type

High Pines Residential Home 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 unannounced.

What we did before the inspection

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

During the inspection-

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, head of care, senior care workers, care workers and senior leisure therapist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple 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.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that records related to people were complete accurate and up to date. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, potential risks to people's health, welfare and safety had been assessed. However, guidance for staff had not been recorded in people's care plans. Improvements had been made and there was now detailed guidance for staff to mitigate risks. People and relatives told us they thought the service was safe.
- Some people were living with diabetes. There was guidance for staff about how people would present when they were unwell. Care plans contained details about how to support people if their blood sugar was too high or too high. When people were at risk of falls, staff followed the care plan and observed people at the required intervals to keep them safe.
- Checks and audits had been completed on the environment and equipment to make sure they were safe. Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. Water temperatures had been recorded to check they were below 44 degrees to reduce the risk of scalding.

Staffing and recruitment

At our last inspection the provider had failed to operate a robust recruitment process. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Previously, recruitment had not been robust. The required checks had not been consistently completed. Since the last inspection one member of staff had been recruited. The required checks had been completed including a full employment history and references from previous employers. The Disclosure and Barring Service criminal records checks had been completed.

- There were sufficient staff to meet people's needs. Staff knew people well and had worked at the service for a long time. The registered manager used a dependency tool to calculate the number of staff required. Records showed there had been a consistent number of staff deployed. Extra staff had been made available when professionals were due to visit the service. Permanent staff covered holidays and sickness.
- People told us there was enough staff to support them when they wanted. During the inspection, staff spent time with people in the lounge and call bells were answered quickly. Staff told us they thought there were enough staff to meet people's needs.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to check for any patterns or trends. The analysis included the time of day and where the accident or incident had happened. Forms were completed giving details about the circumstances and the actions taken to reduce the risk of them happening again. One person had three falls, they were moved to a ground floor room and an alert mat was put in place. This action had been effective in reducing the number of falls. Others had been referred to the fall's prevention clinic.
- The registered manager had oversight of accidents and incidents. They reviewed the documentation and actions, signing the record to confirm this. When appropriate, incidents had been referred to the local safeguarding authority.

Using medicines safely

- Medicines were managed safely. The temperature of the room and fridge where medicines were stored was monitored and recorded, to make sure medicines remained effective. Some medicines had been prescribed in liquid form, once opened they can only be used for a limited time. The bottles had been dated when opened to make sure the medicines were destroyed when they were no longer effective.
- Medicine records were accurate. Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance in place for staff about when to give the medicine, how often and what to do if it was not effective.
- Staff had received training and their competency was checked. Regular audits were completed to identify any errors.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and discrimination. Staff had received training and could describe the action they would take if they had any concerns. They were confident that the registered manager would take appropriate action. Staff understood the whistle blowing policy and who to contact if they thought action had not been taken to keep people safe.
- The registered manager understood their responsibilities to keep people safe. Concerns had been reported to the local safeguarding authority when required. The registered manager worked with other agencies to keep people safe.

Preventing and controlling infection

- The service was clean and odour free. There was enough domestic staff to maintain the cleanliness of the service.
- Staff had received training in preventing infection. We observed staff using gloves and aprons appropriately during the inspection.

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 the same. 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

- People met with the registered manager before they moved into the service. This was to check staff and the service would be able to meet their needs. The pre-admission assessment covered all aspects of people's lives including their physical and mental health needs. People's cultural, spiritual and sexual orientation were considered and discussed to make sure staff could support them.
- People's needs were assessed using recognised tools. These were in line with guidance from national organisations such as the National Institute of Clinical Excellence. These assessments were used as guidance to plan people's care and support.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Staff received face to face and online training. Staff had attended training by the local clinical commissioning group including catheter care. Staff had recently received training in providing oral health care. The registered manager had a training matrix to make sure that staff received refresher training when required. Staff told us they received support with their training when they needed it.
- Competency assessments had been completed on all areas of staff practice including fire training and moving and handling. These were recorded and discussed with staff at their supervisions and appraisals. Staff told us they felt supported and they could speak to the registered manager about any concerns they had.
- There had been no new care staff since the last inspection. There was an induction process in place support staff learning including the completion of the Care Certificate. This is a set of standards care staff should adhere to within their practice. Staff would be assessed to confirm they were competent to work independently.

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

- People were supported to eat a balanced diet. People had a choice of meals and snacks throughout the day. We observed people eating yoghurts, fruit and cakes in between their main meals. At the lunchtime meal people when people changed their mind about the meal they had ordered, this was accommodated. There were condiments available on the tables for people to use.
- Some people required a special diet such as soft or puree, these were catered for. We observed the lunchtime meals. The food looked hot and appetising. People sat in small groups and chatted together. People told us they enjoyed their meals. One person told us, "That was lovely I enjoyed it."
- When people required support with their meals, staff were patient and let people eat at their own rate. Staff sat with people and chatted to them. They encouraged them to drink during the meal to make sure

they swallowed their food safely.

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

- Staff monitored people's health and referred them to health care professionals when people's needs changed. People had been referred to the dietician when they had lost weight. When people had had trouble swallowing they were referred to the speech and language therapist (SALT). Staff followed the guidance given. During the inspection, staff prepared thickened drinks following SALT's guidance.
- People had access to health professionals such as dentists and opticians. There were oral health care plans in place for each person and staff understood how to support people with their oral healthcare. Staff referred people to the GP and district nurse when required. Relatives told us staff requested visits quickly when people needed them.
- People were supported to be as active as possible. They were supported to take part in physical activity such as chair exercise classes and ball games. People were encouraged to mobilise around the service.

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

- The service was a large converted house. People had access to all floors of the building through use of a lift. There was a garden area that people could access, there was a ramp for wheelchairs. Most rooms had en-suite facilities, those rooms without these were close to a bathroom.
- The environment had been adapted in line with guidance to support people living with dementia. There were interactive walls where people could push a button by a picture and a sound appropriate to the picture was heard. One wall had pictures of two well recognised singers, their songs were played when the button was pushed, also bird song on another wall. There were pictures of movie stars that people recognised in the corridors.
- People's rooms had been decorated in line with people's choices and preferences. People's rooms had photos and pictures that were important to them. People told us they liked their room and it felt like home.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to support people to make their own decisions. Staff understood how people communicated and how to give them information. We observed people being supported to make decisions. This included what they wanted to eat and how they wanted to spend their time.
- Some people had DoLS authorisations in place. When conditions had been placed on the authorisations, these had been met. There was a system in place to make sure authorisations were applied for appropriately and in a timely manner.
- When people were unable to make their decisions, these were made in the person's best interest. These

decisions involved staff, relatives and where needed health professionals. These decisions considered people's previous preferences and choices and were recorded to show how they had been made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind. Relatives told us, "The staff are really good, they get to know people and support them really well." Staff treated people with patience and kindness. Staff let people have time to decide what they were going to do and did not hurry people when walking. Staff knew how to approach people and changed their response according to the person they were supporting.
- Staff understood and recognised when people were anxious. Staff responded quickly to people's non-verbal communication. People and staff had developed positive relationships, staff understood people's personality. One person had a very dry sense of humour and staff responded to their comments in a way they found funny. The person enjoyed this banter and told us, "The staff get me."
- People's different beliefs were supported. A spiritual group visited regularly which people could attend regardless of their religion. Other people were visited by representatives of their own faith. During the inspection one person received a visit from the Roman Catholic church.

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

- Where people were able to, they were encouraged to express their views about their care and support. One person told us, "They have used all the information I gave them to know how to support me and they do it how I like it." Life history profiles had been completed by people and their relatives, with information about their choices and preferences. These were used to help make decisions when people were unable to.
- People were involved wherever possible in discussions with health care appointments. People and relatives were involved in care plan reviews. Relatives told us they had been involved when changes in people's needs had been identified.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated them with dignity. Staff knocked on people's doors and waited to be asked in. They spoke to people discreetly and took them back to their bedrooms when supporting them with personal care. A married couple were supported to eat meals together in the conservatory, like they would have done in their own home.
- People were supported to be as independent as possible. People used walking aids to be as independent as possible. Some people were supported to use different cutlery and plate guards during meals to eat independently.
- People's care plans contained information about what people could do independently. Staff supported people to maintain these skills for as long as possible, such as encouraging them to wash their hands and face.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- At the last inspection, people's care plans did not contain all the guidance and documents staff would need to support people. Care plans now contained guidance about all aspects of people's support. There was information about people's choices and preferences including when they liked to get up and go to bed.
- People told us they were happy with the way staff supported them. Staff knew people well and anticipated their needs. Staff made sure that people had the items round them they liked. Staff understood people with non-verbal communication and responded to their requests.
- People's care plans were developed with people where possible, or relatives. One relative told us they had been involved with the person's care plan. Other people told us they had agreed their care plan and staff were following the guidance.

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 were given information in the format they could understand. There were pictorial signs around the building showing the communal areas and bathrooms. Information about activities and meals were displayed in pictures and words.
- Staff used picture cards to communicate with people who used non-verbal communication. Staff told us this had been effective in helping to understand people's likes and dislikes.

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 take part in activities that they enjoyed. There was a leisure therapist who had recently started at the service. They were being supported by the senior leisure therapist to develop activities. People enjoyed games, quizzes and looking at magazines. Some people enjoyed doing household chores such as folding laundry and laying tables.
- There were organised activities involving external activities people. There were regular painting classes, exercise classes and visits from Pets as Therapy dog. Shopping trips were organised for people who wanted to go. People told us they enjoyed shopping trips and "Of course nice coffee and cake." There was a gardening club, people were supported to grow plants and vegetables.
- People were supported to maintain relationships with people who were important to them. Relatives and

friends were able to visit at any time. Relatives told us they were always made to feel welcome. One relative told us, "They asked me to Christmas dinner if I wanted."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints had been recorded, investigated and resolved following the policy. The registered manager encouraged staff involved, including themselves, to write a reflective response to the complaint. The registered manager told us they hoped this helped staff to learn from complaints.
- There was a box in the main reception for complaints, compliments and suggestions. This was checked, by the registered manager, regularly, and any concerns were acted upon. Relatives told us they knew how to complain but had not needed to.

End of life care and support

- The service supported people at the end of their lives. Staff contacted the GP when people were becoming frail to discuss their end of life wishes. People's end of life wishes were recorded and were used to develop an end of life care plan.
- Medicines were reviewed, and additional medicines were made available to keep people as comfortable as possible. Staff worked with the district nurses to provide effective end of life care.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to maintain accurate records for each person. The provider had failed to fully assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, audits had not been effective in identifying shortfalls in people's records as they were not accurate. At this inspection, audits had been effective and identified shortfalls, action had been taken to rectify the shortfalls. Records for each person were now accurate and up to date. Care plans contained people's choices and preferences and reflected the care being given. Recruitment files now had the information required to meet regulation.
- Regular audits were completed by the registered manager and an external consultant. When concerns had been identified, an action plan had been put in place. The registered manager signed the action plan when the plan had been completed.
- 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 judgements. We found the provider had conspicuously displayed their rating in the entrance of the service and on the provider's website.

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

- Staff promoted a person-centred approach to supporting people. People and their relatives were involved as much as possible in developing their care.
- The senior leisure therapist discussed plans to hold empowerment meetings for people. These had been developed at the provider's other services. The meetings were designed to look at the holistic side of living at the service and how people can feel empowered to make enhancements to their lives and environment. They told us, "I am working with (name) to develop the group here when she is settled in. People need to be involved in the service."

- People had been involved in developing the garden space. They had decided on the raised growing beds and bird feeders. The registered manager understood the need to develop this further within empowerment meetings.

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 and transparent culture within the service. The registered manager had an 'open door' policy. Staff and relatives told us they were happy to go to discuss any issue with them. The registered manager's office was by the main communal lounge. We observed them chatting with relatives throughout the inspection.
- Relatives told us they were kept informed of any changes in their loved ones needs. Records confirmed the registered manager had informed relatives and outside agencies when incidents had happened.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

- People and staff attended regular meetings. People and their relatives were asked their opinions on the service and encouraged to make suggestions. After each meeting an action plan was put in place. In November 2019 people discussed what they wanted to do at Christmas. They also discussed care plan reviews and shopping trips. Relatives suggested a seaside theme for pictures in the corridors and non-slip place mats. These were in place at the inspection. Staff discussed their practice, they were supported to raise any concerns they had. Staff had requested more flannels, and these had been supplied.
- Relatives and people were asked to complete a quality survey of their experience. The survey given to people was in pictorial form. The survey results were mainly positive. An action plan was developed to address the less favourable comments. The actions included more choice of meals, carpet being replaced on the ground floor and an activities co-ordinator being employed. These had been completed.
- Surveys had been sent to professionals who visited the service. The surveys returned had been positive about the staff and care provided.

Continuous learning and improving care; Working in partnership with others

- The service had created links with the community. The local primary school visited and spent time with people. The service raised money for local charities and invited local groups into the service such as the Whitstable Oyster singers.
- The registered manager attended local forums to keep up to date with changes. They met with the managers of the provider's other services to develop policy. Each registered manager had areas of interest they developed and used to improve all the services.