

Sandbourne House Ltd

# The Pines Residential Care Home

## 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

This was an unannounced comprehensive inspection that took place on 23 and 30 September 2016. The service provides accommodation and personal care for up to 13 adults with a learning disability. At the time of the inspection 12 people lived at the home.

There was no registered manager at the home at the time of the 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. At the time of the inspection the manager was in the process of registering with the Commission.

Overall, people were being well cared for and supported at the home.

The manager had systems in place to make sure people were looked after safely both in terms of care delivery and maintaining a safe environment. Risk assessments had been completed to ensure care and support was delivered safely with action taken to minimise identified hazards. The premises had also been risk assessed to make sure that the environment was safe for people.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of their recurrence.

Sufficient staff were employed at the home to meet the needs of people accommodated.

Robust recruitment systems were followed to make sure that suitable, qualified staff were employed at the home.

Medicines were managed safely.

The staff team were both knowledgeable and suitably trained.

Staff were well supported through supervision sessions with a line manager, and had an annual performance review completed.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 (MCA) and acted in people's best interests where people lacked capacity to consent. There was good documentation to reflect compliance with the MCA.

The home was compliant with the Deprivation of Liberty Safeguards, with appropriate referrals being made to the local authority.

People were provided with a good standard of food and were fully involved in planning menus and what they wanted to eat.

Staff treated people compassionately and were knowledgeable about their needs and goals.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to support people. The plans were person centred, covered all areas of people's needs and were up to date and accurate.

People enjoyed a range of activities that they had chosen and were of interest to them.

There was a complaint system in place and people made aware of how to complain. Complaints had been responded to in line with the company procedures.

Should people need to go into hospital, systems were in place to make sure that important information would be passed on so that people could experience continuity of care.

The home was well led and was taking forward a change programme seeking to promote people's independence. There was an open culture in the home.

There were systems in place to audit and monitor the quality of service provided to people.

## 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.

Staff recognised the potential signs of abuse and knew what action to take if they were concerned or worried about someone.

Risks to people were assessed and actions taken to make sure people could do what they wanted to do without the risk of avoidable harm.

Robust recruitment procedures ensured staff employed were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

Staff had the right skills and knowledge to support people effectively.

People's consent was always sought and staff worked within the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and menus were based around what people liked to eat.

### Is the service caring?

Good ●

The service was caring.

There were positive caring relations between staff and people. People told us they liked the staff who worked at the home.

People were actively supported to express their views so that they had ownership of their home and daily lives.

### Is the service responsive?

Good ●

The service was responsive.

People' received personalised care that met their needs.

Care plans were written from the person's perspective and pictorial aids helped people to understand specific aspects of the plans.

There was a well-publicised complaints system in place.

### **Is the service well-led?**

The service was well-led.

There was an open, positive culture that empowered people and supported their independence.

The service had systems in place to make sure the care and support delivered was of a high quality.

**Good** ●

# The Pines Residential Care Home

## **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 was 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.

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.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 22 and 30 September 2016 and was unannounced. One inspector carried out the inspection over both days. We met the majority of people living at the home and spoke with eight people about their experience of living at the home.

The manager and service manager assisted us throughout the inspection. We spoke with five members of staff and also one of the owners of the service.

We looked in depth at two people's care and support records, people's medication administration records as well as records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits and policies and quality assurance surveys.

## Is the service safe?

### Our findings

People told us they enjoyed living at the home and no one expressed any concerns for their safety or welfare.

Through training, staff had the knowledge and confidence to identify concerns. Staff could recognise signs of abuse and knew what action to take, including contacting external organisations to raise concerns, if they were worried about someone. There was guidance for staff on safeguarding adults available in the office and a format suitable for people living at the home was displayed on their notice board.

The premises had been risk assessed to minimise the potential harm to people. For example, window restrictors had been fitted to windows above the ground floor to prevent accidents, thermostatic mixer valves were installed on hot water outlets to protect people from scalding water and portable electrical equipment had been tested to make sure it was safe to use. Radiators had not been covered as these had been assessed as not posing a risk to people.

The manager had a system to make sure where accidents or incidents occurred these were investigated and analysed for patterns or trends to reduce the risk of harm recurring.

Personal evacuation plans had been developed for each person and were recorded in people's files to make sure people could be evacuated safely in the event of fire.

The staff had assessed the risks in caring and supporting people and plans put in place to ensure people could live full and active lives whilst minimising risks to their health and welfare. For example, referrals had been made to the speech and language therapists for people who had difficulty with eating, whilst other people were working towards moving on to greater independence.

The following staffing levels were in place at the time of the inspection: core staffing of two staff between 7am and 8am, three staff between 8am and 9pm and during the night time period one awake member of staff on duty with access to on call staff. In addition to this, some people had been funded for one to one staffing to support their individual needs. Generally, staff we spoke with felt this level of staffing was appropriate and met people's needs. People living at the home had no concerns about the staffing levels in place.

Although there was a core of staff who had worked for a long time at the home there had been some changes in the staff team. Records showed that the new staff had been recruited in line with the home's recruitment procedures and legislation. Required records were in place on staff recruitment files and included: a photograph of the staff member concerned, proof of their identity, two written references, a health declaration and a full employment history with gaps in employment explained and reasons given for ceasing work when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

Medicines were managed safely. There was a system for ordering medicines required and to check medicines received from the pharmacist. Each person had a 'Best Interest' decision in place for staff to administer medicines people as all but one person did not have capacity to manage their own medicines. Medication Administration Records (MARs) showed that people had received medicines as prescribed.

Staff had been trained in safe medication administration and also had their competency assessed. Protocols were in place for people who had 'as required' medicines prescribed to make sure staff were aware of when these medicines should be administered. There were body maps and records for any skin care creams prescribed.

There were adequate storage facilities for all medicines and medicines were stored appropriately. A record was maintained of the maximum and minimum range of temperatures of the small fridge for storing medicines that required refrigeration to ensure correct temperature storage was maintained.



## Is the service effective?

### Our findings

Staff had the skills and knowledge to make sure people received effective care. One member of staff told us, "The training is very good here". Other members of staff also corroborated this view. People living at the home had only positive things to say about the staff who supported them.

Records showed there was a training programme in place that equipped staff with appropriate knowledge and skills for them to feel confident and competent in their role. Training covered mandatory courses, such as, manual handling, food safety, health and safety and first aid, nutrition, record keeping, safeguarding and infection control. There was a system to make sure people received refresher training when required. In addition staff told us of other courses they had attended to meet particular needs of people living at the home such as training in diabetes.

There was a system in place to make sure each staff member had regular one to one supervision with a line manager and also an annual appraisal. Generally, staff felt supported through informal day to day guidance and by formal supervision meetings.

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.

We observed that staff sought people's consent when supporting people and care plans clearly identified the spheres of people's lives where they could make decisions. Where people lacked capacity to make a specific decision, mental capacity assessments and best interests decisions were in place and recorded in people's files. These were detailed and well recorded.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager who had made the appropriate applications and had a system in place to alert them when they needed to review whether a further application was required. At the time of inspection no one had a condition attached to an authorisation. The systems in place ensured that people's rights were protected.

People overall said they enjoyed the meals provided at the home. They were assisted in choosing meal choices using pictorial menus and planning for menus during residents' meetings. People were weighed regularly and their nutritional needs assessed. Records were also maintained of what meals people had eaten.

People were supported, when required, to see a range of health and social care professionals. Records showed people had seen a range of professional such as their GP, nurses, opticians and dentists. People had

also been supported to access more specialist services such as speech and language and occupational therapists, and hospital consultants where they needed to.

## Is the service caring?

### Our findings

Throughout the inspection people were observed to be at ease with the staff, seeking them out and interacting positively. People also told us staff were caring and kind to them.

People's dignity and privacy was respected. During the inspection we also observed that staff knocked on people's bedroom door before entering people's rooms. Staff told us that dignity and privacy was promoted as part of induction for new members of staff.

The home had undertaken a quality assurance survey with relatives, people using the home and professionals who supported people at the service. Returned surveys were generally positive about the care provided.

Staff knew about people's individual skills, abilities and preferences. People's care plans provided staff with detailed, personalised guidance about how to support people. For example, information was recorded about people's personal care needs and preferences, times they preferred to get up in the morning, times for settling down to bed and activities that people liked.

There was an open house policy for relatives and friends to visit and examples were given of how the home worked with families to best support people living at the home.

People's spiritual needs were respected and supported. One person was pleased to show us their bedroom, which we saw was personalised and decorated to their taste reflecting people's own interests and choices.

The home had achieved The Gold Standards Framework, a systematic, evidence based approach to optimising care for all patients approaching the end of life.

## Is the service responsive?

### Our findings

People told us that staff were always available to support them.

There was a system for making sure people's needs were assessed before they moved into the home. A gradual introduction and moving in process was arranged if a person decided to move to the home. Views of people already using the service were taken into account as part of the assessment process.

On moving to the home, further more in depth assessments were carried out and used to develop care support plans. Relatives were also invited to contribute information so that a full picture of the person was provided.

People's care and support plans were recorded on an electronic system to which staff had ready access. The care and support plans had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect any changes to ensure continuity of people's care and support. For example, there was a detailed epilepsy plan in place for one person. This gave clear information and guidance for staff to follow in the event the person had a seizure.

Hospital passports had been developed for each person so that their needs could be met if they went into hospital. The information for one person was incorrect, however, this was addressed before completion of the inspection. The manager told us that staff always accompanied people to health appointments. Staff were also kept informed of any changes through handover procedures at the beginning of each shift.

Each person had a full programme of activities that they had been involved in choosing. For example, people had gone sailing, visited the local leisure centre, clubs and pubs, cinema and bowling.

A complaints policy and procedure was available in a pictorial form and displayed in the home, making sure people knew how to complain. There were no on-going complaints at the time of the inspection. The log of complaints showed that the small number of complaints raised were taken seriously and responded to appropriately.

## Is the service well-led?

### Our findings

The new manager, in full agreement with the owners of the service, was in the process of carrying out a twelve month plan for modernisation at The Pines. The aim of which was to better meet people's outcomes and deliver an effective, person centred service where people are able to live the life that they want. A new mission statement was being developed placing greater emphasis on people's self-determination, outcomes and citizenship.

The review had posed a challenge to the staff team in adapting to changes and this had also lead to some changes within the team. The majority of the staff we spoke with felt that changes were for the better in assisting people to become more involved in their lives.

The management was working closely with the staff team and had recently carried out a staff survey, which showed they were listening to the staff team and supporting them through the changes. Other quality audits were also carried out to seek improvement of the service.

The registered provider also took an active role in the management of the home, regularly visiting the home and making a report following these visits.

All of the staff we spoke with knew how to whistle blow and raise concerns as the home provided training and had relevant policies and procedures in place.

At residents' meetings, minutes showed that people were fully involved in day to day running of the home, discussing what they wanted to eat, what activities they wanted to arrange and issues that effected them in the home. Team meetings minutes showed that staff were kept fully informed and had the opportunity of discussing how the home was managed and run.

People's records were up to date and organised in a way that made information easy to access.

There were well-developed quality assurance systems in place to monitor the quality of service being delivered and the running of the home. These included audits such as medication, infection control, accidents, incidents and care planning.

The registered manager had notified CQC of significant events, such as deaths, serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. We use such information to monitor the service and ensure they respond appropriately to keep people safe.