

The Stable Family Home Trust

Pinehaven

Inspection report

23 Parkwood Road
Boscombe
BH5 2BS
Tel: 01202 427941
Website: www.sfht.org.uk

Date of inspection visit: 6 & 7 August 2015
Date of publication: 08/09/2015

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 comprehensive inspection took place on 6 and 7 August 2015. At the last inspection completed in July 2014, we found the provider had not met the regulations for two areas; inaccurate and out of date information recorded in support records and non-notification of incidents. At this inspection we found the provider had made the required improvements and the regulations were met.

Pinehaven is a care home registered to accommodate a maximum of nine people with learning disabilities. At the time of the inspection nine people were living at the home.

The registered manager had been employed at the home since May 2014. 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.'

Summary of findings

The feedback we received from people and their relatives was that Pinehaven was a “really good” place to live. People told us they were “Very happy” living there and all the relatives we spoke with gave positive views about the home and the care and support their relative was given.

People told us they felt safe at the home. Staff knew how to identify, prevent and report abuse and the provider had a system in place to protect people from the risk of harm.

Staff were friendly, kind and caring and gave individual, person centred care to everyone living at Pinehaven. Staff told us the training they received was a good standard and enabled them to carry out their roles effectively.

People’s needs were assessed and areas of risk were assessed and reviewed to ensure peoples’ safety. Support was offered in accordance with people’s wishes and their privacy was protected. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

People’s medicines were securely stored and managed and people were supported to take their prescribed medicines in a timely way.

People received their prescribed medicines when they needed them and medicines were securely stored and managed.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People’s health needs were monitored as required which included appropriate referrals to health professionals when required.

People were supported to take part in a wide range of activities, hobbies and work placements to maintain their independence and promote a healthy lifestyle. People could choose where they spent their time.

People told us they were happy to raise any issues or concerns with the manager and felt confident they would be listened to. Complaint forms were available in the home in an ‘easy read’ format for people to use if they wanted to express a concern.

People told us they felt the service was well led, with a clear management structure in place.

The provider was developing a quality assurance system to monitor and improve the quality of the service provided.

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. Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

When people needed support or assistance from staff, there was always a member of staff available to give the support. The provider had a good recruitment process in place.

Medicines were managed safely, stored securely and records completed accurately.

Good



Is the service effective?

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. Training courses provided staff with the knowledge and skills to support people effectively and staff had the opportunity to attend regular supervision meetings.

People's nutritional needs were met. Menu's offered variety and choice and provided a balanced, healthy diet for people.

People accessed the services of healthcare professionals as appropriate.

Good



Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People and told us that staff were kind, caring and compassionate.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's support plans and records were kept up to date and reflected people's preferences and choices.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Good



Is the service well-led?

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a friendly, supportive, person-centred culture.

Good



Summary of findings

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Pinehaven

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 comprehensive inspection took place on 6 and 7 August 2015 and was unannounced. One CQC inspector visited the home on both days. The last inspection of this service was in July 2014 where two breaches of the regulations were found. At this inspection we found the provider had made the necessary improvements to ensure compliance for those breaches.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views

on the care and service given by the home. Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the two day inspection we met the majority of the people living there and spoke with four of them. We received positive written feedback from GP's on their views of the care provided at the home. We also spoke with the manager and three support workers, one of whom was a team leader. Following the inspection visits we spoke with three people's relatives.

We observed how people were supported in communal areas and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, policies, premises maintenance records, staff meeting minutes, quality monitoring reports and medicine administration records (MARs).

Is the service safe?

Our findings

We spoke with four people who lived at Pinehaven and asked them if they felt safe living there. Each person told us they felt safe and they enjoyed living at Pinehaven. People said, “I like it here”. One person told us they felt safe living at Pinehaven because they really liked the staff and enjoyed all the activities they did. Following the inspection visit we spoke with three relatives who all told us they were happy with the care and support given to their relative at Pinehaven. Relatives said, “I have peace of mind, we are so pleased with the home”.

We asked staff what they would do if they suspected abuse. Staff answered confidently and knowledgeably around safeguarding procedures and were able to tell us what actions they would take if they suspected abuse. Staff told us they had completed training in safeguarding adults and had found it useful and informative. We saw certificates and records to confirm this training had been completed. The provider had a system in place for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Records showed the provider had notified the local authority and CQC of safeguarding incidents and the manager had taken appropriate action when incidents had occurred in order to protect people and minimise the risk of further incidents.

People had detailed, person centred support plans in place which gave staff clear guidance on how people preferred their care and support to be given. Support plans were well written and gave good detail to ensure people received person centred care, such as; ‘I can shower independently but I need support with checking the temperature of the shower’ and ‘I like to choose what clothes to wear but I need support with laces, zips and buttons’. Support plans had clear goals for people such as; ‘To be as independent as possible and to prevent health issues’ and were linked to risks that could occur if the plans were not followed, for example a risk of deterioration of a scalp condition and the subsequent loss of dignity and confidence this could mean for the person.

Each person had detailed risk assessments completed to cover a wide range of activities and health and safety issues, such as a risk of scalding from making hot drinks and a risk of choking. The risk assessments were clear and outlined what people could do on their own and when they required assistance and support. This helped ensure people were supported to take responsible risks as part of their daily lifestyles with the minimum restrictions.

When people went out into the community alone the risks were clearly documented for staff with details of how they should respond to such risks if they arose. This meant people were supported to take informed risks and maintain their independence by going out into the community alone. Risk assessments and support plans detailed what might trigger each person’s behaviour, what behaviour the person may display and how staff should respond. Staff had been given training in how to use recognised distraction and de-escalation techniques. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Through our observations and discussions with people, staff and relatives we found there were enough staff with the right experience or training to meet the needs of people. The manager told us they assessed their staffing requirements on a daily basis depending on people’s needs and occupancy levels of the home each day, staffing levels were then adjusted accordingly. The manager said they had a selection of ‘bank’ staff they could call on if they were short staffed due to annual leave or sickness. The same bank staff were used on a regular basis to ensure people living in the home received continuity of care by people they knew. The manager said they had just completed recruiting two new members of staff which meant the home was fully staffed. We saw the staff rota’s for the week of our inspection visit which correctly reflected the levels of staff on duty during our visit.

We reviewed three staff recruitment records, one of which had been recently recruited and spoke with two members of staff about their recruitment and induction. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home well before they were left to support and care for them independently. We saw records that showed recruitment

Is the service safe?

and selection practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity and appropriate references had been completed before staff began working at Pinehaven.

The provider had a system in place to ensure the premises were maintained safely. Regular checks were completed for a range of topics such as: fire safety equipment and fire panels, electrical testing, lighting systems and gas safety.

We checked the storage and stock of medicines. A monitored dosage system was used in the home and the system contained a photo of the person to aid identification. Staff told us they found the monitored dosage system safe and easy to use. Medicines were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately.

One person had a bottle of lotion that was out of date, we brought this to the attention of the manager who removed the lotion and stated they would check why the out of date

lotion was still stored. People had their allergies recorded and guidance on the use of 'as required' (PRN) medicines was recorded. People had detailed 'PRN' information sheets included in their support plans so staff could recognise when a person might need their medicine, how much to safely give them and when to give the medicine. We noted some people also had a copy of the 'PRN' sheet attached to their medication administration records (MARs). This ensured staff had all the required medicine information in one place. The manager confirmed they would ensure everyone who had 'PRN' information sheets would have a copy placed on their MARs for consistency.

The manager told us all staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely. We saw certificates that confirmed this.

We reviewed each person's MARs. We saw there was a photograph at the front of each person's records to assist staff incorrectly identifying people. MARs were correctly completed, with no gaps in recording.

Is the service effective?

Our findings

Following our inspection visit we spoke to three relatives of people living at Pinehaven. Relatives spoke very highly of the support and care given by the staff at Pinehaven. One relative said, “We are so happy, I can’t tell you, it’s been brilliant, we’ve not had one problem”. Another relative commented that their family member was so much happier at Pinehaven than at a previous service, they said, “They love it there and call it home, we are so pleased”. One relative commented the service had done so much to retain their relative’s independence and said people living at Pinehaven were treated as individuals with specific support needs that were met very well.

People were supported by staff who were trained to deliver care and support safely and to an appropriate standard. There was a clear programme of training and supervision in place. The manager explained that appraisals would be completed on an annual basis; however they were waiting until they had completed a year in the position to ensure people’s appraisals were a fair reflection of the years’ work. Supervisions were completed every six to eight weeks and were detailed and thorough in their completion, with staff given the opportunity to raise ideas, concerns or development requests on a face to face basis.

Staff told us they valued the support and guidance given to them by their manager and colleagues and said they got on well as a team. Relatives commented the staff all got on very well which created a, “Proper family atmosphere” in the home which helped everyone living there.

The manager told us that the HR department had a system for monitoring training for all staff which identified what training had been completed and what training was due for each member of staff. The manager showed us the training schedule that was in place for the staff employed at Pinehaven. Records showed that staff received training in all the core subjects such as 'safeguarding adults', 'medicines competency', 'food safety' and 'moving and handling'. We saw that training courses for 'diabetes awareness', 'challenging behaviour' and 'autism spectrum' had also been provided. Staff told us that they felt that the training was effective and very useful and that they felt supported where possible if they had a specific training request.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. 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. The manager told us they had completed one DoLS assessment and were waiting for the local authority to authorise the application. We saw DoLS training had been completed or scheduled for all staff who worked at Pinehaven.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people’s care were carried out in their best interest where people lacked the ability to give their consent. Records showed staff had completed Mental Capacity Act 2005 training. Staff were knowledgeable about the Mental Capacity Act 2005 and were able to give good examples of how they would support people if they lacked capacity to make their own decisions.

The majority of the people living at Pinehaven were able to make their own choices and decisions about their care. Staff were clear when people had the mental capacity to make their own decisions and that this would be respected. People and their families were involved in discussions about their care and support and any associated risks. Records showed individual choices and decisions were documented in people’s support plans, which showed the person at the centre of the decision had been supported in the decision making process.

Staff supported people to prepare and cook their meals and snacks. People’s dietary needs were assessed with people’s likes, dislikes and allergies recorded in their support plan. People had their food prepared for them in a manner which was safe for them to eat, for example ensuring food was cut into small pieces to reduce the risk of them choking. People were monitored on a monthly basis for any unexplained weight loss or gain.

Where it was possible people were supported and encouraged to do their own shopping and make their menu decisions for the week. Weekly menus were displayed in the kitchen in a pictorial format so people could see what meals were planned. People could help with the preparation and cooking of the meal if they wanted to. One person liked to spend time baking and was

Is the service effective?

supported to bake cakes and biscuits when they wished, they told us, “I love baking”. People bought their own choice of snacks and healthy snacks such as fruit and yoghurt were readily available throughout the home. One person told us they liked to drink fizzy drinks and showed us where they were kept in the fridge if they wanted some. People told us they enjoyed the food and they could choose what they ate.

The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. Staff told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

Records showed the provider involved other health professionals where appropriate and in a timely manner, for example, GPs, chiropodists and dentists. People were

either supported to visit the health professionals or some, such as the chiropodist, visited the home on a regular basis and got to know the people well. Staff spoke knowledgeably about each person’s health needs and demonstrated a good awareness of how to manage people who had conditions such as epilepsy and diabetes.

People’s rooms were personalised with their own bed linen, posters and personal possessions. Some bedrooms had en-suite facilities. The manager told us the home had been successful in gaining planning permission for an extension which would allow more bedrooms to have their own en-suite and also would allow a larger kitchen and dining area.

Throughout the home posters and guidance information was displayed in an “easy read” pictorial format, this ensured people living at the home could put their views across and feel involved in the running of the home.

Is the service caring?

Our findings

People told us they really enjoyed living at Pinehaven. When we asked one person why, they told us, “Because of the staff”. Another person told us, “It’s home, I like living here”. Relatives gave extremely positive feedback about the home. They told us, “The staff are fantastic, absolutely wonderful” and “Everyone genuinely cares, it’s like a proper family home”. One relative told us their daughter liked to come home to them for a cup of tea and a visit but was very happy to go back to Pinehaven and called Pinehaven “Home”. One relative said, “They treat everyone as individuals, like a real family, they are all so supportive every step of the way, I can’t fault it”.

The manager and staff demonstrated a good understanding and knowledge of how people liked to receive their support and care. We observed staff acting with kindness and compassion throughout our inspection visit. Staff treated people with respect, listening to them and offering support in a friendly and caring way. Staff knew people well and spent time chatting to them and asking them and interacting in a positive and respectful manner. Staff spoke clearly when speaking with people and care was taken not to overload the person with too much information at one time.

People responded well to staff and actively sought them out to talk to; this demonstrated people were relaxed and comfortable with staff. Staff supported people patiently and kindly and did not appear rushed. If people became anxious, staff responded promptly to assist and support them in a calm and natural way.

We saw people were able to express their views and were involved in making decisions about their care and support to promote their choices and independence. For example, how they would like to spend their weekend or day off and when they would like a lie in or have their breakfast in their bedroom. We saw people had signed their support plans

and care records to show they had been involved. During our inspection visit all of the people spent time away from the home, taking part in activities that they enjoyed such as bowling, shopping or their work placement or day centre.

People’s privacy was respected. People were offered keys to their bedrooms and staff asked permission before entering people’s bedrooms. There were communal areas within the home where people could spend time together, watching television or listening to music, however there were also quieter areas where people could spend time on their own if they wished.

Staff spoke respectfully about people and demonstrated a good understanding of how to maintain people’s dignity. For example, respecting people’s wishes to dress themselves but ensuring they were available should they need support with particular areas such as shoe laces or buttons. People were dressed in clothes appropriate to their age and weather, personal care needs were discussed discreetly and people were supported with their personal care in private.

Relatives told us they felt involved in the decisions about the support their relative received. One relative stated, “They always have time for us, communication is good”. People were supported to have contact with their friends and families. One relative told us the provider had arranged for transport to bring the person home every fortnight when a public transport service had been cancelled. One person’s support plan stated for staff to direct the person to a specific telephone to call their family on because the larger buttons made it easier for them to use.

People’s views were respected and active listening was promoted through the use of one to one meetings with residents and staff members, staff meetings and staff supervision.

Computers and internet access was provided in the home and staff were able to support people to use the internet and access their personal correspondence. One person was using the computer to access social media which they told us they enjoyed.

Is the service responsive?

Our findings

At our last inspection of July 2014 we found people's support records did not always contain up to date, accurate information, which resulted in a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

At this inspection we found people's support records were accurate, detailed, written in a person centred way and up to date.

People told us the staff were always available to help, one person said, "I always have someone to help me if I want them".

People's care and support needs had been assessed before they moved into Pinehaven. This meant the provider was able to meet the needs of people they were planning to admit to the home. This information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

Assessments were completed for all people and covered areas including; medicines, weight, mobility requirements and health conditions such as epilepsy and diabetes. The assessments showed the relatives had been included and involved in the process wherever possible.

People received care that was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to ensure their preferences and wishes were identified and that they were kept involved in their on-going care and support.

One member of staff said, "We all work together to ensure the person receives the best possible care and support, we treat everyone as individuals here". Another member of staff said, "I feel listened to and valued, everything here is all about the people, it's really good".

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe how each person preferred their care to be delivered. Support plans were reviewed annually or sooner to reflect any changes in people's care. Support plans were well written and person centred and contained guidance for staff about the way each person preferred to be supported and cared for. They highlighted what people liked to do for themselves and when they may need assistance from staff.

People's weight was recorded monthly and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. There were body maps in place to record any bruising or injuries sustained by a person.

People were supported in promoting their own independence and community involvement. The provider supported people to take part in a varied and wide range of activities which included accessing the local community. People told us what they enjoyed doing which included; shopping, taking part in sports such as, cycling, badminton, swimming and horse riding, attending the community day centre, working in a charity shop and gardening.

People were supported to attend promotional days in the community on a regular basis, such as; local food festivals, art shows, agricultural shows and people also attended a Bournemouth Night Club event that was run every couple of months.

People spoke positively about their activities, one person told us, "I'm going to a garden centre soon, I really like it there". If people were not going out into the community, staff spent time with them taking part in creative pastimes such as baking and gardening.

The provider was making arrangements to organise where people would like to go for their annual holiday. We saw people were involved in the decision making and an independent holiday park had been put forward as a favourite place.

We saw there was a pictorial 'Making Things Better' complaint form available in the home for people to complete if they were unhappy with any aspect of living at the home. The form went through the stages of a complaint ranging from what the concern was to what action would happen, who would take action and by what date the action would be completed. There was a section for people to complete asking them if they were happy with the action taken and if there were any further changes required. The manager told us people were given support to make a complaint where they needed assistance.

The manager confirmed the service had not received any formal complaints since the last inspection that was completed in July 2014. We saw a written complaint policy that was clearly written and covered all areas of dealing with possible complaints from investigation, information,

Is the service responsive?

responding and improvements. Relatives we spoke to told us they knew how to complain if they needed to and felt confident their concern would be listened to and acted upon.

People were supported to maintain relationships with their family. Relatives we spoke with confirmed they were kept up to date on their family member's progress and were welcome to visit the home whenever they wished.

We observed staff gave time for people to make decisions and respond to questions. The manager told us about the homes monthly resident meetings that gave people the opportunity to contribute and feel involved with the running of the home. These meetings were called 'Our Voice, Our Say' meetings and allowed people to discuss topics and ideas as well as any items of concern or

improvements. We saw completed minutes from these meetings which were detailed, pictorial and covered topics such as; security of the home, fun times out and holiday places to go, meal planning and individual tasks and jobs.

The manager produced a newsletter which covered all aspects of living in Pinehaven. The newsletter gave a good update regarding the changes in staffing and the subsequent training required and environmental aspects, such as the Fire Inspection visit that had been completed by Dorset Fire and Rescue and the latest visit from Bournemouth Borough Council Environmental Health. It also gave a brief summary of each person that lived at Pinehaven and what they had achieved and enjoyed doing over the previous few months.

Is the service well-led?

Our findings

At our last inspection of July 2014 we found that the provider had not made a number of statutory notifications to the Care Quality Commission, which they were required to do so, which resulted in a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the manager had made the required notifications and had a good understanding of the process involved.

People, relatives and staff expressed confidence in the homes management. Staff spoke of the , “Person centred approach” and “Open, supportive culture” of the service. Our observations during our inspection showed the service was inclusive and promoted an independent positive approach to people and their needs. One member of staff told us, “They listen to me and are appreciative of my experience, they really promote people’s independence and choice, it’s very good”.

The provider undertook regular visits to monitor the quality of the service. We saw records of the last quality monitoring visit that had been conducted on the service. The visit and report were detailed and covered all of the areas that a Care Quality Commission inspection would cover. The manager told us the visit had highlighted weaknesses in their quality assurance processes which was what the provider was now working on to address.

The manager told us the provider was introducing a new system for reviewing the quality of the service provided to people. Questionnaires were being designed and once completed would be sent to all relatives on an annual basis. One member of staff had been given the role of ‘Quality Lead’ and spoke knowledgeably about the various quality systems that were in the process of being implemented to ensure a continuous quality review of the service.

We saw records that showed audits had been completed on a range of topics to ensure people’s care needs were met. These audits included; support plan reviews, medication, infection control, health and safety and a range of environmental premises checks such as, gas, portable appliance testing, fire systems and furniture, doors and window checks. We saw evidence which showed that any actions resulting from the audit were acted upon in a timely way.

Staff we spoke with told us they knew the policies and procedures about raising concerns, and said they were comfortable with them. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the home, which would enable staff to question practice and suggest new ideas if they wished.

Records showed regular staff meetings were held and detailed minutes were completed so that everyone could see who had been present, what had been discussed and what actions agreed.

Accidents and incidents were recorded and the manager told us they reviewed all of these on a monthly basis to see if any patterns or trends were emerging. Records showed the manager had reported safeguarding incidents to the local authority and Care Quality Commission as required.

We saw that people’s needs and information about people’s care and support was discussed at staff handover meeting, at the end of each shift to ensure people got continuity of care throughout the day.

The manager told us they kept up to date with current guidance and legislation by attending provider meetings, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies.