

Care Management Group Limited

Pineleigh

Inspection report

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Tel: 0127663690

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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 comprehensive inspection took place on 19 July 2018 and was announced.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection there were seven people using the service, one of which had access to a purpose-built annex.

Pineleigh was registered with the CQC on 2 December 2016 and has not previously been inspected.

The service had a registered manager employed. However, at the time of the inspection the registered manager was on extended leave. An acting manager was overseeing the service in the registered manager's absence. 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.

Although people received their medicines as intended by the prescribing pharmacist, people's outcomes in relation to 'as and when' medicines were not always recorded. We raised our concerns with the manager who told us they would be revisiting this with all staff who administer medicines imminently. We were satisfied with the managers' response. Staff had sufficient knowledge on how to report and escalate any medicines errors, to keep people safe.

The service had clear guidelines for staff to follow in ensuring risks were assessed and managed safely. People were protected against the risk of abuse as staff received safeguarding training and were aware of the provider's policy on safeguarding people. The provider undertook robust pre-employment checks to ensure only suitable staff were employed to keep people safe.

The service had systems and process in place to monitor the safety of the service. Issues identified were actioned in a timely manner. People were protected against the risk of cross contamination as staff were aware of the provider's infection control policy.

People were supported to access sufficient amounts of food and drink that met their dietary needs and preferences. People who had specific dietary requirements were catered for.

People received care and support from staff that received on-going training to effectively meet their needs. Training included for example, safeguarding, medicines management and the Mental Capacity Act 2005.

Staff reflected on their working practices through regular on-to-one supervisions with the manager.

People were not deprived of their liberty unlawfully. People had signed their tenancy agreements where appropriate. Staff were aware of their roles and responsibilities in line with the Mental Capacity Act 2005. People's consent to care and treatment was sought prior to care being delivered.

People received care and support from staff that treated them with dignity and respect, encouraged their diversity and treated them equally. Staff demonstrated compassion, kindness and empathy. People were encouraged to participate in activities that met their social needs.

People's care plans were person centred, devised with people and their relative's input and regularly reviewed to reflect their changing needs. People were aware of how to raise their concerns or complaints and were confident they would be managed in accordance with the providers' policy.

The provider carried out regular audits to improve the service delivery. People's views were sought through regular meetings and quality assurance questionnaires; and the manager encouraged and embraced partnership working with other healthcare professionals, people and their relatives.

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 is safe. The provider had devised robust risk management plans to keep people safe from avoidable harm. Staff received training in safeguarding and could identify, report and escalate suspected abuse.

People's medicines were managed safely and as intended by the prescribing pharmacist. Issues identified were acted on in a timely manner.

People were supported by adequate numbers of suitable staff as the provider had carried out the necessary pre-employment checks.

People were protected from the risk of cross contamination as the providers' infection control policy was followed by staff who had access to personal protective equipment.

Is the service effective?

Good ●

The service is effective. People received effective care and support from staff that underwent regular training to enhance their skills and knowledge; and reflected on their working practices.

The service was aware of their responsibilities in line with the Mental Capacity Act 2005, people were not deprived of their liberty unlawfully and had their decisions respected.

People were supported to purchase, access and prepare sufficient food and drink to meet their dietary needs and requirements.

Is the service caring?

Good ●

The service is caring. People spoke positively about the care and support they received. Staff treated people respectfully and promoted their privacy and dignity.

People were encouraged to maintain their independence which was regularly monitored and support provided adjusted accordingly.

Staff were aware of the importance of treating people's confidential information sensitively and respectfully. Only authorised personnel had access to confidential documentation.

Is the service responsive?

Good ●

The service is responsive. People received care and support that was tailored to their individual needs and requirements. Care plans were devised with people and regularly reviewed.

People were supported to engage in activities that mattered to them. Staff had a clear understanding of the levels of support required to ensure people fulfilled their social needs.

The service is responsive. People received care and support that was tailored to their individual needs and requirements. Care plans were devised with people and regularly reviewed.

People were supported to engage in activities that mattered to them. Staff had a clear understanding of the levels of support required to ensure people fulfilled their social needs.

Is the service well-led?

Good ●

The service is well-led. The registered manager was on extended leave and an acting manager was over-seeing the service in their absence.

The manager carried out regular audits of the service to drive improvements. Issues identified were acted on in a timely manner.

People views were sought and considered and action taken to address areas of improvement.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The manager encouraged partnership working with other healthcare professionals, relatives and people.

Pineleigh

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 19 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications and the Provider Information Return (PIR). A PIR is a document the provider sends us, to share key information on how and what the service does well and any areas of improvement they plan to make. We also contacted five healthcare professionals to gather their views of the service.

During the inspection we spoke with two people, three staff members and the acting manager. We looked at three care plans, four staff files, medicines records, the policies and procedures and other records relating to the management of the service.

After the inspection we contacted seven relatives, one of which we spoke with to gather their views of the service.

Is the service safe?

Our findings

People spoke positively about the service and how they felt safe living at Pineleigh. One person said, "Yes, I am safe here because it's very friendly and there's always people to talk to." Another person said, "The doors [external] are locked at night." A relative told us, "[Relative] is safe. I have all the confidence in the staff."

People received their medicines as the prescribing pharmacist intended. One person told us, "100% I have to get my medicines on time and I do. If I miss my medicines, they'd [staff members] would know. I know what my medicines are for and I know a lot about them. I feel in control with my medicines." A staff member told us, "I would report any errors to the senior staff or acting manager and they would investigate it. If no management were here I would contact on-call and 111." We reviewed the medicine administration records (MARs) and identified two MARs whereby staff had not documented the outcomes of people's 'as and when required' medicines. We raised our concerns with the manager who told us he would revisit this with staff as a matter of urgency. We were satisfied with the manager's response. A key code system was used to indicate if people had refused or not had their medicines, for example if on home leave. The key code system had been used correctly. Medicines were kept in people's rooms in a locked cabinet. Where people wished to manage their own medicines, their competency was assessed and monitored to ensure they were safe to do so.

People were protected against the risk of abuse, as staff were aware of their responsibilities in reporting, documenting and escalating suspected abuse. Throughout the service there were posters that enabled staff and people to understand abuse and the steps to take to raise any concerns. One staff member said, "[If I suspected abuse] I would inform my line manager, if it involved my line manager I would go above them." Another staff member said, "I would call the police and the local authority safeguarding multi agency team. We're aware of the importance of whistleblowing and putting people first." The provider was aware of their duty in reporting suspected abuse. At the time of the inspection there were no on-going safeguarding matters.

The provider had implemented risk management plans to minimise the risk of avoidable harm. One person told us, "I have some [risk assessments] and they are there to say what to do to help me if the fire alarm goes off, or to stop me from falling over or [how to help me] if I do the cooking so I don't burn myself." Risk management plans included, for example, choking, personal care, finances, community access, medicines and heightened anxiety. Plans were regularly reviewed to reflect people's changing needs and gave staff clear guidance on the steps to take to mitigate the identified risks. A staff member told us, "They [risk assessments] are in place to prevent any harm to the person. It's about positive risk taking. It's not about stopping them it's about keeping them safe and supporting them."

The service carried out regular health and safety checks of the environment to keep people safe. People were in receipt of a personal emergency evacuation plan (PEEP). A PEEP is a personalised escape plan for individuals to enable them to a place of safety in the event of an emergency. Records confirmed PEEPS were reviewed regularly and detailed the identified hazards, things that could go wrong and the level of support required to evacuate safely and in a timely manner.

We received mixed feedback regarding staffing levels at Pineleigh. One person said, "It depends, sometimes there's loads of staff, if there are less staff it can be difficult, but that only happens sometimes when [staff members] are off sick." We reviewed the staff rota and found there were sufficient numbers of staff to keep people safe. One staff member told us, "It's very rare we're understaffed. We all muck in together to cover any shifts." Another staff member said, "We haven't used agency staff for a couple of months. We have employed more staff." Records confirmed there were sufficient staff deployed to keep people safe.

The provider had undertaken reasonable pre-employment checks to ensure only suitable staff were employed at Pineleigh. Staff files contained satisfactory references, photo identification, an application form and information relating to their employment history. They also contain a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions. All DBS's reviewed were undertaken within three years, which was in line with good practice.

Staff were aware of the provider's infection control policy and confirmed they were provided with appropriate protective equipment to minimise the risk of cross contamination. One person told us, "It depends on what [chore] staff are doing if they wear gloves." A staff member said, "We have access to aprons, gloves, masks, mops, buckets and wellington boots. In the main, we support people to do the cleaning, we verbally prompt them." On the day of the inspection the service was clean and free from odour.

Is the service effective?

Our findings

People told us and records confirmed, staff received on-going training that enabled them to carry out their roles effectively. Training covered, for example, learning disabilities, Mental Capacity Act 2005 (MCA), person centred active support, food hygiene and safeguarding. Staff spoke positively about the training they received that enhanced their skills, with one staff member saying, "We have both E:Learning and classroom based training. You can ask for training if you think it will benefit you and they will consider it." Training also included person specific training for example, autism and positive behavioural support. The acting manager had a matrix that highlighted training due to be expired thus ensuring refresher courses were arranged in adequate time.

Pineleigh ensured all new employees received a comprehensive induction programme, where they covered, for example, training, the care certificate, confidentiality, on-call, values and personalised care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff newly employed had their competency assessed by senior staff prior to working without direct support. One staff member told us, "I have definitely learnt about how the organisation works." Another staff member said, "I shadowed for four days. 80% more than adequate."

People received care and support from staff that regularly reflected on their working practices through supervisions and appraisals. One staff member told us, "We discuss safeguarding, health and safety, people we support and any concerns we may have. They ask if there's any training we may need and you could call an early supervision. I find them beneficial." The supervisions set out goals to achieve in the coming weeks, what support would be put in place to support the staff member in achieving the goal and a review to ascertain if the goal was met.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff had sufficient knowledge of their roles and responsibilities within legislation. One staff member told us, "It is assumed the person has capacity. If not, we are to support them in their best interests and in the least restrictive way." Another staff member said, "Give people the information to make a decision in a format they understand. This can be done by showing them leaflets or videos." People were not deprived of their liberty unlawfully.

People living at Pineleigh were in receipt of their own tenancy agreements. Records confirmed people had signed their tenancy agreements where appropriate.

People were encouraged to make choices about the care and support they received and had their decisions

respected. One person told us, "Yes, we [people] can make choices. I can choose to go to college, I get the bus on my own, but staff would support me if I wanted them to." During the inspection we observed staff offering people choices, for example, if they wanted to access the community and if they required support with menu planning. Throughout the inspection we observed staff being respectful of people's decisions.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and preferences. During the inspection we observed people being supported to devise their weekly personalised menu and attend the local supermarket to buy the produce. One person told us, "The staff help me to cook in the kitchen, they help me with the timings." Another person said, "We have a menu plan for the week and you get to choose your favourite foods, and you're given healthy options. People who need help get it." A relative said, "Yes there is enough [food], they [staff members] take [relative] out to do a weekly shop but they will take [relative] back to the shops if he starts to run out of things." Where people had specific dietary requirements these were catered to, for example, in line with people's cultural needs or preferences.

Is the service caring?

Our findings

One person said, "The staff are funny, caring, lovable, helpful and know their jobs well." Another person told us, "The staff always help and understand you. They know what they are doing and do the job really well. It's like a family, [the staff] are very good at being active. God no, I don't want to leave." A relative told us, "The staff are friendly, really friendly and caring. The home is superb and I can't praise them enough. I'm 100% in favour of everything they do there, I can't fault it."

People received support and guidance from staff that treated them respectfully, knew them well and encouraged them to be independent. Both people we spoke with said the staff treat them with respect and were considerate of their privacy, for example by knocking on their bedroom door. One staff member told us, "We knock on their doors and ask if we can enter. We don't invade their personal space." During the inspection we observed staff knocking on people's doors and only entering once authorisation had been given.

Throughout the inspection staff were observed to be laughing and joking with people. Staff clearly knew the people they supported well, valued their company and encouraged an open and inclusive environment that ensured people's views and needs were at the forefront of the service delivery. Staff were often observed giving people positive verbal encouragement and praise, this resulted in people appearing at ease with staff and enhancing their sense of self-worth.

Wherever possible, people were encouraged to maintain and enhance their independence and daily living skills. People confirmed staff supported them to attend activities, access the local community, complete house chores, grow vegetables and cook. A relative told us, "They [staff members] support, encourage and make [relative] as independent as he can be." During the inspection we observed staff supporting people go shopping, complete chores and devise their menu for the week. People's independence levels were documented in their care plans, staff confirmed where people's needs changed, care plans were updated and staff informed.

Staff were aware of the importance of treating people equally and embracing their diversity. One person told us, "The staff respect me for my beliefs. Staff would arrange a visit to the place of worship if we want." Staff confirmed if people wished to practice any faith they would support them to do so in a way that met their needs.

People's confidentiality was maintained and staff ensured only authorised personnel had access to confidential information. A staff member told us, "I make sure other people cannot over hear what's being said." Another staff member said, "Files are kept upstairs. All documentation goes into the files and is locked in the filing cabinet, the office door is also locked." Staff received training in confidentiality during their induction and during the inspection staff were observed speaking about people out of earshot of others.

Is the service responsive?

Our findings

The service supported people in a person-centred way, that placed them at the centre of the service delivery. Care plans were reviewed regularly to reflect people's changing needs. Care plans were based on the service needs assessment, which was carried out prior to the person moving into Pineleigh. The needs assessment covered, independence, support, social, medical, mental health and physical needs. Pineleigh then assessed whether they could meet people's individual needs and where they could a placement was offered.

People were encouraged to develop their care plans in line with their wishes. One person said, "I have my care plan upstairs and it's got stuff about me in it and about my life. I can choose to read it and I check it to make sure it's right and it is. I think my parents were involved in it too." A relative told us, "They [staff members] have done a sterling job so far, I am involved [in the care plan] but I'm happy for them to take the lead." A staff member told us, "They [care plans] contain background information about the person, how to support them, their likes and dislikes and how to keep them safe. The care plans are updated every six months." Another staff member said, "Any changes [to the care plan] are discussed during the handover and in the communication book, which are used to share information." Care plans were comprehensive and reviewed regularly to reflect people's changing needs.

People were supported to participate in a variety of personalised activities both in the service and in the local community. One person told us, "The staff always involve people with activities. They [staff members] try to make it a team effort and that shows they care." A relative told us, "[Relative] does loads, car boot sales every week, cinema every week, the lido, [relative] lives a very active life. He does more there than I do." Activities included, life skills, shopping, cinema trips, music concerts, work placements, college and meals out. Records and photographs around the service showed people had attended music concerts and theatre trips of their choosing. At the time of the inspection staff were supporting one person to attend a day trip, staff had shown the person a video of the venue to enable them to become familiar with the environment before attending.

People received care and support from all staff working at Pineleigh and were also allocated a keyworker that was a point of contact within the service. Keyworkers are designated members of staff that have overall responsibility in coordinating people's day to day care within the service. One person told us, "[A keyworker] is someone to talk to but I can talk to anyone." Another person said, "I have a keyworker."

People confirmed they knew how to raise a complaint and felt their concerns would be dealt with appropriately. One person told us, "I tell the manager if I have a complaint. If they aren't here I would write it down and leave it in his draw for when I next see him." A staff member said, "There is a complaints procedure which we follow and people also know it." On the main noticeboard in the communal hallway was a leaflet explaining how to raise a complaint or concerns. Records confirmed the service had not received any complaints in the last 12 months.

People were encouraged and supported to share their views in relation to end of life care. The service had

consulted people on their preferences. One person told us, "Staff asked me to talk about [end of life care] but I said I didn't want to at the moment." A staff member said, "We have supported people to complete [the end of life care plan] but they don't want to discuss it and have signed to say as such." Another staff member said, "One person has had great delight in completing their end of life care plan, in line with their faith." Where people had declined to discuss their end of life preferences, they had signed a document to say they had been asked yet did not wish to engage in the topic, however were aware this would be reviewed and that they could change their minds as and when they wished.

Is the service well-led?

Our findings

At the time of the inspection the registered manager was on extended leave and the service was being managed by the 'acting registered manager'. We received mixed reviews about the management of the service. One person told us, "He's [acting manager] very funny and very caring. He cheers everyone up and has always been there for me. He cares for everyone and knows his job well." A relative told us, "The management is good, if there are any problems, they get hold of me right away, a few teething problems but they get things sorted." One staff told us, "One staff member said, "He's approachable, whenever I want to talk to him I can." However, another staff member said, "I think the communication could be better, most of the time we get on great and I've not really had any other issues."

Staff were aware of the provider's values. Staff received training on the organisations' ethos and values during their induction programme. One staff member told us, "We are quite proactive with people's health needs and I would be happy for my loved ones to live here." Staff demonstrated their understanding of these values by ensuring people and their relatives were at the heart of the service provision.

The manager encouraged an open, inclusive and supportive environment. The service had a warm and welcoming atmosphere where people and staff could be heard laughing and joking amongst themselves. People appeared at ease with the manager and were observed seeking his advice and support throughout the inspection. People confirmed visitors were welcomed and people were encouraged to answer the front door as it was their home.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People and their relative's views were sought and encouraged through regular one to one meetings and questionnaires. Annual quality assurance questionnaires were sent to people and their relatives to gather their views on staffing, choices, service provision and all other areas relating to the care and support they received. We reviewed the questionnaires from 2017 and found these were in the main, positive. Comments from one relative included, 'Nice atmosphere and welcoming. I can see everybody [staff members] are trying their best. I always feel listened to and I feel [relative] is slowly but surely feeling that Pineleigh is a comfortable and safe space to be in.' Questionnaires were also available to people in pictorial format to aid people in understanding the questions.

The provider carried out regular audits of the service to drive improvements. Senior management visited the service and audited all areas of the service in line with good practice. Records indicated audits covered, for example, medicines management, staff training, tenants' surveys, support plans, risk assessments and fire safety. Action plans were then implemented with timelines to ensure issues identified were resolved in a timely manner.

The manager worked in partnership with other healthcare professionals to drive improvements and enhance the lives of people living at Pineleigh. One staff member told us, "We work with county care, who

take one person out. Life skills care who support one person with attending college, we work alongside many organisations."