

St Philips Care Limited

Pine Trees Care Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Pine Trees Care Centre is a care home which provides accommodation for up to 35 older people who require personal care. At the time of the inspection 33 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Pine Trees Care Centre on 17,18,19 July 2017. The inspection was unannounced. We last completed a comprehensive inspection in February 2017 when it was rated as 'requires improvement'. We found the service was not meeting the regulations in respect of how medicines were managed, or having satisfactory staffing levels. For both of these matters we issued warning notices. The registered persons were also not ensuring: the Care Quality Commission was notified of incidents required by law; there was an effective complaints procedure; there was a satisfactory quality assurance procedure, and recruitment checks completed on new staff were satisfactory.

In May 2017, we completed a focussed inspection to check if there had been improvements about medicines management. Although we concluded there had been some improvement, there were some outstanding issues which need to be resolved such ensuring all care plans had written protocols for 'when required' medicines, improving records about the administration of creams, improving the recording of refrigerator temperatures and improvement regarding staff training.

At the last comprehensive inspection we judged staffing arrangements were not satisfactory. For example staff were observed as being very busy, and there were delays in answering call bells. At this inspection we noted improvement in how staffing was organised. A deputy manager had also been appointed. There was a much calmer atmosphere at the service. However we still received some concerns, from staff and people who used the service, about staffing levels, and about the responsiveness of staff to call bells. We have recommended that staffing levels are kept under review.

We judged that people using the service were not safe. We received some positive comments from people, their relatives and staff. However, we had significant concerns about the care and treatment of some people, and how the registered persons had responded to one issue where an allegation of physical abuse had been made. Multi-disciplinary safeguarding investigations had concluded concerns about the practice of some staff; inappropriate and neglectful care practice received by some people, and concerns about the support received by some people with pressure care, mobility, and eating and drinking. Further investigations are ongoing, and the local authority had suspended further placements at the service. We were made aware of an incident, which occurred several months ago was not reported to CQC. Documentation about the fact finding investigation carried out by the registered manager was unsatisfactory, and when we requested a full

report of the investigation, we received no response. The matter is currently considered by the local authority as a safeguarding issue, but at the time of writing the local authority officer also confirmed they had not received the requested report.

We were concerned about how risks were managed at the service. For example risk assessments were not being routinely reviewed, and we were concerned that suitable action was not being taken where there was evidence that people were at risk or subject to pressure sores, lack of hydration and good nutrition.

There was evidence that moving and handling equipment was not being used appropriately and this, for example, created a risk to people's safety.

We were concerned about the service being well led. At the last comprehensive inspection we judged quality assurance and audit systems as not satisfactory. This inspection has resulted in a significant number of breaches in the regulations. Some of the breaches in the regulations which we highlighted at the inspection in February 2017 have not been complied with. Although we have not said there is an ongoing breach in the regulation about staffing levels, we have issued a recommendation that staffing levels are kept under review as there were still some concerns expressed about their adequacy. The registered persons have not taken suitable action to ensure suitable systems are in place to ensure standards, for example regarding care documentation, and care for the more vulnerable people at the service are looked after appropriately.

We had significant concerns about the maintenance and availability of satisfactory records within the service for example in respect of care records; staff supervision and induction and to demonstrate good governance.

We subsequently had significant concerns about the current management of the service and the ability of the registered persons to bring about improvement.

The environment was generally clean and well maintained. However we were concerned about how some potential infection control risks such as there not being enough anti-bacterial gel available.

Staff recruitment checks were adequate although the registered persons did not always obtain suitable staff references.

We had concerns about people not having suitable documentation when deprivation of liberty safeguard orders were needed to be put in place. These are required, under the Mental Capacity Act 2005, to protect people from risk, due to their lack of capacity to make decisions for themselves. The people we spoke with did not feel they had unnecessary restrictions in place for example people said they could move around the building as they wished, and get up and go to bed when they liked.

People were happy with food provided. For example we were told meals were "Lovely," and "Excellent." We observed people received suitable support at meal times. However records and procedures in place to assist people at risk of dehydration and malnutrition, and to support people with diabetes, were not satisfactory.

Overall, the provision and delivery of staff training was satisfactory, although some staff had not completed all training required by law. There were not satisfactory records of induction for some staff who had commenced employment since the last inspection. Staff said they had someone to one supervision meetings with a senior member of staff, but there were insufficient records in place to verify this occurred. Staff however told us they felt supported by senior staff and their colleagues.

Care records were not satisfactory, did not suitably detail people's current needs, and were not regularly reviewed. The registered persons were in the process of setting up an electronic care planning system, but paper records were not being effectively maintained until this was implemented.

At the previous inspection we had concerns about the effectiveness of the service's complaints procedure. At this inspection most people we spoke with, and their relatives, said they had confidence that complaints would be addressed. However one person who made a complaint told us although their complaint had been acknowledged, it had not been investigated. We found no record of this in the service's complaints record.

People could see a GP or other medical professional such as a dentist as necessary. However records were not sufficient for us to check when people last saw some medical professionals.

The building was suitably adapted, for example for people with physical disabilities, well decorated and had clean and comfortable fixtures and fittings. There were no unpleasant odours.

People viewed staff positively. People said their privacy was maintained, and they were treated with respect and dignity. Comments received included: "They are lovely," "Very kind," and "Nice." We also observed staff working in a kind, professional and caring manner. People looked well cared for, although some relatives and external professionals said some people's personal care was not consistently maintained.

People had the opportunity to participate in a range of activities. These included quizzes, bingo, and arts and crafts. Some trips out were arranged. Events such as religious festivals and cultural celebrations such as St Piran's Day were celebrated.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

The operation of safeguarding procedures is not satisfactory. For example the registered persons did not always act appropriately when allegations of abuse were received.

Medicines at the service were not suitably managed

Staffing levels are adequate although we have recommended these are closely monitored and kept under review.

Health and safety standards were not satisfactorily maintained.

Is the service effective?

Requires Improvement ●

The service was not effective.

Records to demonstrate the operation of staff induction and supervision procedures were not satisfactory.

Procedures to comply with the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards were not satisfactory. People however said they did not feel overly restricted.

People were not supported appropriately if they were diagnosed with diabetes, and if they were at risk of malnutrition and dehydration. People were however happy with the food.

Is the service caring?

Requires Improvement ●

The service was mostly caring.

Staff were seen as kind and compassionate and treated people with dignity and respect.

Most people were well cared for although there were some concerns about the care of the most vulnerable people who lived at the service. There were some concerns about the consistency of the delivery of personal care.

People's privacy was respected. People were encouraged to

make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

The service was not responsive.

The complaints procedure was not always effective.

Care records did not reflect people's needs and were not regularly reviewed

There were suitable activities available to people who used the service

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The management team were not effective.

Systems in place to monitor and improve the quality of the service were not effective.

The Care Quality Commission was not always notified of some incidents required by law.

Inadequate ●

Pine Trees Care Centre

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.

We visited Pine Trees Care Centre on 17, 18, 19 July 2017. The inspection was carried out by one adult care inspector, a pharmacy inspector, a specialist advisor and an expert by experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse and had knowledge and experience of working with elderly people with complex care needs. The inspection was unannounced.

Before visiting the service we reviewed information we held about the service such as notification of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with 12 people who used the service. We spoke with eight relatives and five external professionals (including GP's and other health and social care professionals who visited the service regularly.) We also spoke with the registered manager and eight members of staff. We inspected the premises and observed care practices during our visit. We looked at fourteen records which related to people's individual care. We also looked at ten staff files and other records in relation to the running of the service.

Is the service safe?

Our findings

At the time of the inspection the service was subject to a service wide systemic safeguarding investigation due to concerns raised about the care of several people at the service. Multi-disciplinary investigations, in June, found concerns, for example, about the inappropriate conduct of two members of staff, in two separate incidents; concerns about the appropriateness of personal care to some people; concerns about support received by some people with help with pressure relief, mobility, and eating and drinking. Further investigations are still ongoing. At the time of the inspection the local authority had suspended further placements at the service.

We were concerned about how the registered manager dealt with a safeguarding allegation made, several months ago. The Care Quality Commission was not informed at the time of the alleged incident through our notification procedure. At the inspection we requested to see a copy of the registered manager's investigation of the incident. This included statements from staff, and a copy of the person's records when the incident took place. The records were poor, for example people's daily records did not refer to any incident, and staff statements were not detailed. We requested to see the registered manager's covering report of her investigation. At the time of the inspection the registered manager could not find this. We requested the report be sent to us after the inspection, but this was not sent to us. The local authority has also expressed concerns about how the investigation was conducted and has requested more information. We judge the manner how the registered persons managed the allegations, carried out the investigation, and did not formally conclude if any further action was required was not acceptable.

Failure to ensure people using the service are suitably safeguarded from abuse is a breach in regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

On the last day of the inspection the district nurse team submitted a safeguarding alert about how pressure sore care was provided to one person. The concerns were the person was not being regularly moved by staff, and pressure relieving equipment was not being appropriately used. The district nurse team were concerned that following their diagnosis, the service had failed to follow the detailed care plan they had provided, which resulted in the deterioration of the person's skin condition. Electronic daily records showed the person was frequently turned by staff. However external professionals judged the pressure damage was symptomatic of the person not being turned or moved regularly, and that pressure relieving equipment was not being used appropriately. The person's pressure sore risk assessment was last reviewed in May 2017, and the last time a body map was completed was October 2016. Records dated June 2017 showed the person had a pressure sore, and information in both paper and electronic records was very limited about what action was subsequently taken.

The service had a satisfactory safeguarding adult's policy. Training records showed, the majority of staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. However due to the manager not following the multi agency safeguarding procedures we concluded that safeguarding allegations had not been investigated

adequately by the service and that the reporting procedure for safeguarding had not been followed.

Failure to ensure people using the service are suitably safeguarded from abuse is a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. The service was in the process of transferring paper records to an electronic system, although this had occurred for only a minority of people. However risk assessments were currently not being reviewed monthly, and records showed these had last been reviewed either in March or May 2017. This was of concern as some of the people were very vulnerable, and there was no documented record of changes in people's needs, when there was evidence these had changed. We were told that paper records were kept alongside the electronic system, but we did not see evidence of this. Other agencies and CQC had significant concerns about support people received to minimise the risk of skin damage; to prevent people falling; to minimise the risk of malnutrition and dehydration, and the risks to people with diabetes. As is made clear, elsewhere in this report, we found significant concerns about how these risks were managed, and evidence the registered manager was not ensuring risk assessment documentation was appropriately updated, reviewed and suitable action taken.

The environment was generally clean and well maintained. There was no hand wash or gel on medicine trolleys. In the bathroom near the reception area, there was tape around the bath and the sealing was missing. This was an infection control risk.

We observed staff using hoists and stand aids when they supported people with moving and handling. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected. The registered manager and some of the other senior care staff were currently being trained as moving and handling trainers to ensure staff training was kept up to date. However we observed staff using the same handling belt, used with the mechanical hoist, for several people when staff were assisting people to go to the toilet. This also was an infection control risk.

Failure to assess and take suitable action to minimise risks, to use moving and handling equipment appropriately, and minimise the risk of infection, are breaches in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the last comprehensive inspection we judged staffing arrangements were not satisfactory. For example staff were observed as being very busy, and there were delays in answering call bells. As a consequence of this we took enforcement action by issuing the service with a warning notice.

At this inspection we found that although staffing levels had not been increased, a deputy manager had been appointed and staffing had been reorganised. At the time of the inspection, the deputy manager was predominately working with other staff members to provide direct support to people who used the service. Since the last comprehensive inspection the registered manager told us that staff were now allocated to work in specific areas of the building, on each shift. This meant different groups of staff ensured their work was focussed on providing more timely support to smaller groups of people. Staff were also provided with walkie talkies so they could swiftly communicate with each other, for example, if urgent help was required.

At this inspection there was a much calmer atmosphere. Call bells were not constantly ringing, and when they did ring they were answered quickly. Comments received about staffing levels included: "It is ample..I am not kept waiting for long," "They are always here if I want to ask a question (or something else)." Although we did not receive the level of concerns about staffing that we received previously, a minority of

people did say that at times it took staff a long time to respond to call bells. For example we were told: "They can keep me waiting," "We could do with a few more staff than what we have got," "There is not enough staff here. I can be kept waiting for things such as going to the toilet," and staff responding to the call bell was, "Variable." Staff had mixed views about whether there were enough staff. Three of the five care staff we spoke with said there were enough staff, although others made comments such as "We are understaffed to deliver high quality care...I am not happy having to rush," and "Staffing at weekends can be a problem (due to sickness)." Health professionals also told us that staff had reported to them concerns about staffing levels particularly in the mornings. Visiting health professionals said at times it could be difficult to find a member of staff when they visited and it often appeared that "There are not many staff around."

We were concerned that on the first day of the inspection many of the staff were of a senior care assistant grade. For example four out of five of the care staff on duty were of a senior grade. One of the senior's was deemed the key holder; for example was seen as in charge of co-ordinating the shift, and administering medicines. We were however concerned why so many seniors were staffing the shifts, what responsibilities the role subsequently entailed on a day to day basis at the service, and subsequently whether the role's responsibilities were getting diluted due to the number of people of this grade staffing the shift. The area manager said the numbers of seniors on duty was probably because the staff on duty had swapped shifts with other care assistants. This then created the concern about whether there was an adequate number of senior grade staff on other shifts, and why the swaps were authorised.

Rotas showed there were five staff on duty in the morning, and four staff on duty in the afternoon and evening, and three staff on waking night duty. One of these staff was a senior care assistant who had responsibility for co-ordinating the shift and also administering people their medicines. The rota showed from Monday to Friday there was an activities co-ordinator on duty during the day. In addition, the registered manager worked at the service during the day, from Monday to Friday. There was also an administrator who worked at the service from Monday to Friday. A deputy manager was also in post. The service employed other ancillary staff such as catering, housekeeping and maintenance staff.

We judge staffing levels, on the days of the inspection were adequate. However, due to the mixed views we received about whether staffing levels were satisfactory, we recommend that staffing levels are kept under review, for example, the registered persons consult on a regular basis with staff, people and other stakeholders about whether staffing levels are satisfactory, and take appropriate action.

At the comprehensive inspection in February 2017 we judged the medicines system was not being effectively managed. For example we found some records were not signed when medicines were given, and sometimes medicines were not given, but records were signed to state they were. As a consequence we issued the registered persons with a warning notice to state there must be improvements about how the medicines system was managed. We completed a follow up inspection in May 2017. Although we found improvements in how the medicines system was managed, overall we still judged standards of management did not meet the regulations.

Medicines were supplied in blister packs, and recorded, when administered, on printed medicine administration records supplied by the pharmacist. At this inspection we found records showed medicines were being given, and correctly signed for. When medicines were not given, the reason was recorded on the medicine administration record chart.

We observed staff administering people's medicines. Staff completed these procedures appropriately. Staff administering medicines were seen wearing a red tabard asking others not to disturb them. This was to help minimise the chance of errors being made.

Stock audits were being regularly completed. Records of stock were maintained, and carried forward to the next four weekly administration period. The medicine returns system was satisfactory. There was no excessive stock in cupboards.

Medicines which required refrigeration were appropriately stored. The registered persons had begun to introduce written protocols for 'when required' medicines. These stated why and when these medicines should be administered. However at the time of our inspection these had only been introduced to one of the two medicine files at the service.

An electronic recording system has been introduced where the application of creams and other external preparations was recorded. We were shown how the details of medicines to be applied, and instructions for staff, were recorded. We were told that this system had, at the time of the inspection, been introduced for approximately half of the people in the home. We saw other records for two other people where it had been recorded that 'cream' had been applied but details of specific medicines were not recorded for staff.

Storage temperatures were recorded to check that they were stored at the correct temperatures so that they would be safe and effective. The temperature in the medicines refrigerator was checked daily, although the full maximum and minimum temperature range was not being recorded. There were suitable arrangements for storing and recording medicines requiring extra security. The pharmacist had checked the system, and their report said its operation was satisfactory.

Training records showed staff who administered medicine had received training. Staff said they felt competent to carry out the administration of medicines. After the previous inspection we were told that staff administering medicines would recomplete training designed by the pharmacist, and also a 'foundation' course. We were also told observations would be completed by the registered manager, and the registered manager would sign off individual staff to judge them as competent. At the time of the inspection the registered manager told us the relevant staff had completed the two sets of formal training, but could not provide us with records to verify this. Competency checks had been completed, in full, for two staff, and in part for another two staff. There were no records that a further four staff had completed these checks. The registered manager agreed to send us further information to confirm what additional training these staff had completed, after the inspection, but we did not receive the requested information.

There was some improvement in the operation of the medicines system. However we still had concerns that all care plans did not have written protocols for 'when required' medicines; records about the administration of creams were still not satisfactory; recording of refrigerator temperatures was not satisfactory, and why all staff had not completed training the registered manager had told us they would complete. Subsequently we still judge the overall operation of the medicines system is still not satisfactory.

This is a continued breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

Recruitment checks completed particularly for staff who had commenced employment in the last year were satisfactory for most of the staff who had started working at the service since February 2017. However one person who had started working at the service, since the last inspection, only had one reference and this was not from their previous employer.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records. Where necessary the registered manager said she would provide families with receipts and invoices for any expenditure. Staff within the organisation did not act as appointees for people's finances or Department of Work and Pensions' benefits.

The building was generally well maintained. The home was well decorated and had pleasant furnishings. Gardens and grounds were well maintained. There was a pleasant decking area with pot plants and seating, which we saw some people using. The maintenance person was currently painting one of the hallways, and one of the vacant bedrooms. The service was warm, and had sufficient light.

We were told the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

Is the service effective?

Our findings

Some people who were very vulnerable due to their age and illness needed to have what they ate and drank monitored to prevent the risk of malnutrition and dehydration. We had concerns about whether some of the more vulnerable people were receiving enough fluids, and the care of people who had diabetes.

We assessed the records of three people, who required more intensive support with eating and drinking for example people who could not feed or drink without help. Food and fluid charts were completed using the service's electronic care planning system. This system had the technical ability to assist staff to accurately measure the amount of food people ate and the liquids they drank. The system also alerted senior staff if people were not getting enough food and fluids which would subsequently put them at risk of malnutrition and dehydration. We appreciate it can be difficult to support some people to have enough food and fluids if they refuse these or spend the majority of their time asleep.

However according to the records inspected the people concerned were not receiving their required fluids. There also was no evidence that senior staff and the registered manager were informed of the lack of fluid intake, or suitable action was then taken by them. Records showed, over periods of 7 to 11 days (depending on the person checked) the people concerned were not always offered and subsequently drank the fluids they needed. In regard to one of these people the GP was contacted, and their advice was to monitor the person's fluid intake and output over a 48 hour period. Within the person's records, there was no evidence this was carried out or the matter was followed up. We were subsequently concerned that people were not being provided with enough help to receive satisfactory levels of fluids.

For these three people, dehydration indicator, and malnutrition risk assessments were not being regularly reviewed despite their high level of risk. In regard to dehydration risk assessments for one person this was last reviewed in May 2017, and for a second person this was last reviewed in April 2017. This was despite these people not receiving their targeted fluid intake.

We checked records to show if the service was protecting these three people from the risk of malnutrition. Two people's records were adequate, although for one person these had not been reviewed since June 2017. We were however concerned about the records for the third person. This person's malnutrition risk assessment was last reviewed in February 2017. Records showed the person had lost 11 kilogrammes in weight during a 16 month period. Records showed the person had problems with swallowing. The person's diet and catering requirements were detailed and updated but were last reviewed in July 2016. We subsequently judge there was no evidence the registered manager had taken suitable action to check why the person had lost so much weight, subsequently taken appropriate action to minimise any risks, or provide appropriate support to ensure the person was eating appropriately.

We also had concerns about the help people received when they had diabetes. The cook at the service said people with diabetes were always provided with suitable foods for example alternatives to sugar, and diabetic ice cream. Records were checked for three people with diabetes; one person with type one (insulin dependent) and two people with type two diabetes. In regard to the two people with type two diabetes,

recent records were not always kept consistently where there was a need to monitor blood sugar levels. Where these people had their medicines changed or stopped by the GP there was no record kept in care notes. Neither person had a diabetes care plan for example outlining the person's insulin regime and medicines required (where applicable), eye and foot care, and diet and nutritional requirements. The registered provider had a clear policy that such records should be maintained.

In regard to the person with type one diabetes records were not consistently kept of blood sugar checks and insulin administration. The person's care plan did not provide suitable guidance about type one diabetes, and there was no guidance for the management of hypo /hyper glycaemia. The service had no tools to monitor blood sugars themselves if they had concerns about the person's welfare. It also was not clear what training staff had about the management of diabetes. Communication between the district nurse team, and care staff appeared inadequate for example there did not seem to be a suitable system or procedure to ensure care staff were aware of the daily treatment individuals were receiving.

This was a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were happy with their meals. People told us food was, "Lovely," "Excellent," and "Good." At lunchtime we observed that everybody had enough to eat and drink. People were provided with a choice of food for breakfast, lunch and teatime. For example people could have a cooked breakfast if they wanted one. We were told a member of staff would walk around each morning and speak with people to ask them what they wanted to eat for lunch and supper. People were regularly offered cups of tea, coffee or a cold drink.

We observed the lunch time on the first day of the inspection. Meals were brought to people by table so people would eat their meals together, and people were not kept waiting too long for food to arrive. Most people sitting in the dining room did not require assistance. People were given suitable support to and from the dining room. If people said they did not want what was ordered they were offered a range of alternatives to encourage them to eat something. Tables had table cloths and people were provided with condiments such as salt, pepper and vinegar. People were provided with a cold drink with their meal and a cup of tea or coffee after their meal.

The staff we spoke with said they had received an induction to introduce them to their role. The staff we spoke with said when they started to work at the service a senior member of staff spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts unsupervised.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. Most staff had records to confirm what induction they had received. We looked at the files of three staff who had started working at the service since we inspected in February 2017. Two of these staff had a record to state they had completed an induction. These two staff also had an 'Induction Portfolio' (in line with Care Certificate recommendations, and the organisation's policy), but both of these were not fully completed. The third person, who had previously worked at the service, started work at the home in May 2017. This person had no record of induction on their file, but told us they had completed some shadow shifts and e-learning based training when they came back to work at the service.

We assessed what formal supervision (for example when a more senior member of staff sits down with the person to discuss their work, development and training needs) they had received. The staff we spoke to said they had received at least one supervision session in the last six months. Records however were limited. For example of eight files inspected, four staff had a record that a supervision session had taken place. All of these staff had a supervision session in June 2017. The other staff members, including two night staff, had no records on their files.

We checked training records to see if staff had received appropriate training to carry out their jobs. There were no training certificates on staff files to confirm they had received training. The majority of training staff received was via computer based training, although practical face to face training was received for manual handling, first aid, and medicines management. Records showed that the majority of staff had received training such as manual handling, fire awareness, health and safety, dementia, infection control, knowledge of the Mental Capacity Act, safeguarding, food handling, and where necessary the administration of medicines and first aid. The records we were presented with showed a minority of staff had not completed these courses, or required an update in training. The registered manager said she was aware of the staff who needed to complete relevant training, and a suitable plan was in place to ensure these staff completed what they needed to do. The majority of staff also had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff told us they felt supported in their roles by colleagues and senior staff. For example, staff said they could go to a senior member of staff or a manager if they needed assistance with a problem.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. A relative told us staff would always respond suitably if their relative was unwell, and kept them appropriately informed. However records were not being consistently maintained particularly since May 2017. It also was not clear, in people's care plans, whether people needed or wanted to see professionals such as a dentist or optician, and when they had last seen one. Some records were maintained when people saw a GP's or, district nurse, although the consistency of record keeping when people saw these professionals decreased from May 2017.

Record keeping, in this area, contributed to the breach in regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, of which further evidence is outlined elsewhere in the report.

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety.

People could however leave the home if they knew the code to the key pad. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed. We observed a pleasant and relaxed atmosphere at the service. For example people clearly getting up, having breakfast at a time of their choosing, not being rushed around, or being restricted to specific areas of the home.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least

restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

The registered manager said two people who used the service had DoLS restrictions in place, which had been authorised by the local authority. The registered manager also told us that an application for a third person had been submitted, but the person had not been assessed by an external professional to judge whether they lacked capacity.

The documentation, within people's files, to ascertain people's mental capacity; to confirm the status of submitted applications to the local authority, and to outline the care interventions in place where people lacked capacity were not sufficient. For example for both people who we were told had DoLS restrictions in place there were no records available to confirm why the people concerned lacked capacity, what measures, or restrictions, were in place to keep these people safe and when these were due for review. For other people, although there was a section in the persons' care plan called 'Capacity and Consent,' this was often only briefly completed, and like other sections of the care plan had not been recently reviewed. The staff we spoke with had varying knowledge of the legislation. One member of staff we spoke with had no understanding of the act, although the person was designated a senior member of staff, and according to their file they had received training about the subject.

Record keeping, in this area, contributed to the breach in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, of which further evidence is outlined elsewhere in the report.

Health professionals such as GP's and district nurses told us care at the service was "Improving, but there is still room for improvement." Health professionals stated improvements which were needed included ensuring pressure relieving equipment such as pressure relieving cushions were always being put in place, for example, health care professionals said they had found prescribed pressure relieving equipment not set up correctly, or stored in cupboards and not being used. Health care professionals also told us there was a need for better care about people's finger and toe nails. However we were told that people had said to external professionals they were happy at the service, and when external professionals raised issues, the service responded appropriately. We were also told that staff contacted medical professionals appropriately when they had a concern about individuals' welfare. One professional said staff were, "Very good at identifying problems such as skin tears." However a concern was expressed by a health professional who told us: "It (the service) generally feels mildly chaotic in terms of its general organisation" and "Staff attempt to be supportive to me but there is a degree of background chaos i.e. (staff) are not sure who I am, who I have come to see, what the real problem was with the patient."

The home had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, a specialist bath, and a walk in shower. All accommodation was on one floor which made it easier for people to move around the building. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was tidy, and there were no offensive odours. People said they liked their bedrooms and found the service warm and comfortable.

Is the service caring?

Our findings

The people we met all looked well cared for example people were wearing clean clothes, their hair was well groomed. However we did receive some concerns from external professionals and relatives about personal care being at times inconsistent. For example one relative said at times one person's personal care was not consistently maintained for example the person's hair was not always washed, and at times, particularly at the weekend, the person's personal care was not maintained to an appropriate standard. We were told "(Some staff) aren't that good (but) there are a few carers who are brilliant, absolutely brilliant."

People and their relatives were positive about the care people received from staff. People told us "It is fine here," "(They are) lovely," "Very good," "Friendly," "Very kind," and "Nice." Relatives said care was "Excellent," "I think they are pretty good," and "They (staff) are well trained and courteous." Members of staff said they had no concerns about colleagues practice and said they thought people who lived in the home were happy.

We observed staff working in a kind, professional and caring manner. When staff walked past people they generally greeted them, and asking people if they were okay and / or needed any assistance with anything. Staff were observed making conversation with people, and the staff we saw appeared very kind in their manner and intent. The staff we saw were judged to be patient, calm, and did not rush people. People's bedroom doors were always shut when care was being provided.

There was an activities coordinator who worked each day, Monday to Friday. They provided people who spent their time in the lounge with a central focus, and also helped people to have drinks and attend to other smaller care needs. People's bedroom doors were always shut when care was being provided.

We had concerns about care plans being kept up to date, and not being reviewed regularly. We were also informed the registered persons were in the process of implementing an electronic care planning system. Although electronic care records and care plans had been implemented for eight people, we were told paper records were maintained for the other people living at the service. However electronic daily records including monitoring charts (fluids, turn charts and so on) had been implemented for all of the people. Our concerns about record keeping are outlined elsewhere in this report. We were told where possible care plans were completed and explained to, people and their representatives.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. People's bedroom doors were always shut when care was being provided.

To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. One relative said, "We are able to visit any time of day or night, it's very laid back and we can see (our relative) anywhere they wanted

to." Several people had visitors during the inspection, and the visitors (such as relatives of the people who lived at the service), who we met, all said they were very happy with the care their relative received. When people had visitors they could go to their bedrooms, the main lounge or sun lounge or dining room, if they wanted to meet with visitors.

We have raised elsewhere in the report concerns about how an allegation of abuse was investigated, multi agency concerns about the care of several people, and appropriate care given to some of the more vulnerable people at the service. Overall we were therefore concerned about how care was delivered at the service and as a consequence have said the registered persons' need to provide greater assurance to us before we can state care people receive is seen as good.

Is the service responsive?

Our findings

Each person had a care plan. Care plans contained assessments for example about the person's abilities in regard to eating and drinking, going to toilet, mobility and falls, personal hygiene, medicines, sleeping and so on. Subsequently care plans were developed where people needed assistance in these areas. The registered manager was in the process of transferring information from paper based records to an electronic system. At the time of the inspection eight people had an electronic care plan. Paper based care plans were maintained for the other people. For all people some daily records were maintained electronically for example when people were taken to the toilet, when people had something to drink or something to eat, and when medicinal creams were applied.

We were concerned about the maintenance of paper based records for the people whose records had not been set up on the electronic system. These records were stored securely but were accessible to staff members. However files were very untidy and some were broken. It was subsequently difficult to find certain records, and to use the files. Care plans were not being reviewed and updated as necessary. For example the care plans we inspected were last reviewed between March 2017 and May 2017. Some of these people were extremely vulnerable and it was not clear how senior staff were checking to ensure people's needs were being met. Similarly risk assessments such as for falls, pressure ulcer prevention and hydration were not being maintained and regularly assessed.

There were several concerns about paper records. One person had a skin condition which caused blisters and could cause a serious risk of infection. Although this person's skin condition was monitored by the district nurse team, the care plan review dated January 2016 showed the person had a blister with a dressing on it. There was no further evidence whether the condition had improved since, or what communication had occurred between the district nurse team and staff since this date.

On the last day of the inspection, the district nurse team had raised concern about one person with a pressure sore, and as outlined in the 'Safe' section of this report records showed records were inappropriately reviewed, and there was very limited information about what action the registered manager took to ensure the person received appropriate care.

There was no evidence of advanced care planning in records we inspected. Some records had a Treatment Escalation Plan (outlining action to be taken if someone needs to be resuscitated), and a 'Natural Death Order.' (Outlining the person's wishes in a life threatening situation). But these were often old (for example 2014) and were not followed with a specific wishes document. One person had an End of Life care plan which was written with a solicitor, staff and the person's input, however the document stated 'Check with the solicitor about (person's) wishes,' without any further information about what the person's wishes were, or what actions staff made to contact the solicitor or find these out from the person concerned.

We were provided with a copy of the service's audit file. This stated that an audit was completed of a quarter of care plans at the end of June 2017. It is unclear what action was specified particularly considering the concerns we have raised about care records in this report.

This was a breach in regulation 9 of the Health and Social Care Act 2014 (Regulated Activities) Regulation 2010.

At the last comprehensive inspection we judged the service's complaints procedure was not effective. At this inspection people said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern.

The registered manager kept a record of complaints. This included the complaint, and what action had been taken to resolve the matter. Relatives we spoke with were mostly positive about the registered persons' response to complaints. One person who had raised concerns to us previously said: "Things are going well. (The registered manager) will deal with things straight away." Another relative said: "This might sound boring, but we have never had to make a complaint. We would be happy doing so if we needed to... We are honestly very satisfied with the home." However another relative said they had raised a formal complaint several weeks ago, and although it had been acknowledged they had not received a response to the outcome of their concerns. There was no record of this matter in the service's complaint's log, and we have subsequently forwarded the concern on to the registered manager and nominated individual so it is investigated and responded to.

This is an ongoing breach in regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The majority of people and their relatives were positive about the care they received from staff and we observed staff acting in a kind and considerate manner. For example people told us "It is very good here actually," "It is a good place," "They (staff) treat you well," and "I feel very well cared for here." Relatives were also positive about the service: "I can't speak highly enough about the place," "I have no complaints; we are very happy...everything is ok," and, "I would be happy to recommend Pine Trees to others. I have no concerns," and "I would be happy to recommend Pine Trees to others...they are superb."

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. We inspected records for one person who had moved to the service since the last inspection. The assessment completed was comprehensive, and showed the registered manager had met with the person and their relatives before they moved in. The needs of the person were clearly detailed, and provided staff with enough information to form an initial care plan.

The service arranged organised activities for people. People told us: "There are plenty of activities such as skittles and quizzes," and activities were "Very nice." Activities were organised by an Activities Co-ordinator who worked at the service for six hours a day Monday to Friday. The majority of activities took place in the lounge or the dining room. The activities co-ordinator said a full range of activities was provided such as arts and crafts, games, singing, a baking session, and a bingo session. Events such as Valentine's day, St Piran's Day, Flora Day, and religious festivals were celebrated. Other events such as a Summer Fair, coffee mornings and garden parties took place. There were also external entertainers and visitors such as singers and musicians, pet therapy and people from the local chapel who read Bible stories. There were also some trips out in the service's minibus. This had recently included a trip to St Michael's Mount and to the garden centre. The Activities Co-ordinator also said he would see those people in their bedrooms who did not join in with group activities. We spoke to the Activities Co-ordinator to say that one person wanted a wider range of reading materials. We were told the library did visit the service, but the co-ordinator took immediate action

to take the person some additional books from the book shelf in one of the communal lounges. The Activities Co-ordinator said he and the manager were working with the staff group so there could be more activities at the weekend and at times when he was not at work.

Is the service well-led?

Our findings

At the previous comprehensive inspection we judged the service did not have an effective quality assurance system. The registered manager monitored the quality of the service by completing regular audits of for example care plans, staffing, medicines, infection control, health and safety, and meals and nutrition. The last audits about infection control, catering facilities, care files were completed in June 2017. Audits seen seemed generally satisfactory, although based on our inspection of care planning systems the care records audit system was not effective.

This inspection has resulted in several significant concerns about the effectiveness of record keeping, and actions the registered persons were taking (for example regarding people who do not have mental capacity and people who have diabetes). We were told by the organisation's regional manager that a reason for the lack of oversight; for example about care planning, was due to the registered manager focussing on improving the medicines system. However we were concerned this lack of necessary oversight may have contributed to failings elsewhere at the service.

The comprehensive inspection in February 2017 resulted in the issue of two warning notices (staffing levels and medicines management), and a further four statutory requirement notices (about informing CQC of notifications, having an effective complaints procedure, having an effective quality assurance system, ensuring recruitment procedures are satisfactory.) In May 2017 we carried out a follow up inspection to look at medicines management only and to check if the warning notice had been complied with. The inspection judged that although there was improvement in the management of the medicines system, there was not overall compliance with the regulations. This inspection has judged that although, overall, the staffing warning notice is complied with, we still recommend staffing levels are kept under review as some people, external professionals and staff raised concerns about current staffing levels. Sufficient action had not been taken regarding the majority of the breaches in regulations, highlighted at the previous inspection. We have also identified other breaches of regulations during this inspection.

Although we were aware the registered provider had ensured additional management support was provided, since the last comprehensive inspection, in February 2017, we were concerned there may not have been sufficient focus to ensure the service was effectively managed. We requested the registered provider to send us a copy of reports of visits by senior managers to the service. Although we received a list of visits we were not sent the requested reports. Therefore we were unable to assess if the registered provider's service monitoring picked up any concerns of how the service was running, and any actions to make improvements.

As documented in this report we requested from the registered persons several documents to assist us in making judgements for this report. These were not provided.

We were told there were meetings held for the general staff group, senior staff and kitchen staff. At the inspection we requested copies of minutes of all meetings for the last six months. The registered manager could only provide us with a copy of the minutes for the general staff meeting in June 2017, and a meeting

with kitchen staff in January 2017. We requested copies of minutes to be sent to us, after the inspection, as these could not be found during the inspection. However the minutes were not forwarded to us. We saw a copy of a residents' meeting, dated May 2017, which had taken place, but were not provided with any further minutes of residents' meetings.

Based upon these findings we have significant concerns about how the service is currently managed. We do not have confidence in the management of the service, and the ability of the registered persons to bring about improvement.

We had significant concerns about the maintenance and availability of satisfactory records within the service. This was particularly the case in respect of records about: safeguarding; care planning, and the regular review of care and risk assessment; staff supervision and induction; the assessment of people's mental capacity, and whether they had deprivation of liberty safeguard orders in place; meetings with people and staff; evidence to demonstrate management monitoring of the service and evidence to demonstrate good governance. Relevant detail of poor record keeping is outlined elsewhere in the report.

Not having appropriate governance and quality assurance systems in place is an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the last comprehensive inspection we were concerned the registered persons were not always notifying the Care Quality Commission of matters which they were legally required to do. We have had ongoing concerns that the registered persons have not informed us of some notifications, such as safeguarding concerns, which are required by law. For example one concern is outlined in the 'Safe' section of this report.

This is an ongoing breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and staff had some confidence in the registered persons (owners and manager of the service.) Comments received about the management included the manager is "Supportive," and "She is alright, but we don't see her a lot." Another member of staff just said "No comment." Staff were generally positive about the culture of the team. Comments received included "I really like it here." "Care is brilliant," However some of the staff raised concerns that some colleagues, including senior staff, would take cigarette breaks at times when people needed a lot of help. This matter was subsequently discussed with the registered manager and regional manager. We were told that management would take action to ensure any abuse of break times were addressed. There were formal handovers between shifts. Staff we spoke with said sickness levels at the service had improved, and they were pleased that management appeared to be dealing with this matter. The staff we spoke with said they trusted most staff, but there were some staff who did not work well with the rest of the team for example in having a caring attitude to people, and carrying out designated duties to an appropriate standard.

We were told a survey of relatives to find out their views was completed in February 2017. This included surveying people who used the service, people's relatives, staff and external professionals. The results of the survey were positive.

The local authority quality assurance team is currently actively monitoring the service. The registered manager had detailed on the action plan what action she had or was in the process of taking.

The registered manager worked in the service full time. The registered manager said she was on call when she was not at the service. The deputy manager, and other managers working for the registered provider were on call if the registered manager was not available to be contacted.

Most relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons were not always notifying the Care Quality Commission of matters which they are legally required to do.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care records, including care plans, were not appropriately maintained and reviewed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The complaints procedure, and processes in place for recording concerns and complaints was not effective. This meant people and their representatives were at risk of not having their concerns and complaints satisfactorily resolved.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessment procedures are not appropriately implemented for example there was a failure to assess and take suitable action to minimise risks.</p> <p>Suitable action was not taken to assist people at risk of malnutrition, dehydration and diabetes.</p> <p>Moving and handling equipment was not appropriately used.</p> <p>Suitable action was not taken to minimise the risk of infection.</p> <p>Suitable procedures were not fully in place in regard to the storage, administration and recording of medication</p>

The enforcement action we took:

CQC issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Procedures were not appropriately followed when there was an allegation of abuse in respect to a service user.</p>

The enforcement action we took:

CQC issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have an effective system of</p>

audit and quality assurance. We also were not confident that management of the service was effective. This meant that people were at risk of receiving a service which was of unsatisfactory quality, and an inability to satisfactorily self assess and improve itself without external oversight

The enforcement action we took:

CQC issued a warning notice