

Extel Limited







The Pines

Inspection report

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Ratings

| | | |
|---------------------------------|------|---|
| Overall rating for this service | Good |  |
| Is the service safe? | Good |  |
| Is the service effective? | Good |  |
| Is the service caring? | Good |  |
| Is the service responsive? | Good |  |
| Is the service well-led? | Good |  |

Overall summary

This inspection took place on the 11 August 2015 and was unannounced.

The Pines provides care and accommodation for up to six people with a diagnosis of a learning disability, autistic spectrum disorder or mental health disabilities. At the time of our visit there were five people living in the home.

There was a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had a cheerful atmosphere and staff spoke of how much they enjoyed working there. People were treated with kindness and compassion and there was a lot of positive interaction and laughter. Staff constantly checked to see if people needed anything and there was clear evidence of caring relationships between staff and the people they supported.

Summary of findings

There were enough staff on duty to meet people's needs both inside the home and outside in the community. Staff had a good and in-depth understanding of people's needs and the level of support they required to keep them safe. Staff understood their responsibility to report any concerns they had about people's wellbeing and were watchful for non-verbal signs that a person was unhappy.

People received their medication as prescribed and medicines were stored safely and securely.

Staff received training and support to ensure they could safely and effectively meet the individual needs of the people living in the home. Staff told us the training they received gave them the skills to support people who could sometimes display behaviours that could cause concern to others.

The provider and registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure

people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS.

Staff understood people's communication needs and gave visual prompts so people could make their own choices about their everyday activities. People were given opportunities to engage in activities that interested them inside and outside the home.

People were involved in planning their care and support needs. People and their relatives were involved in regular reviews to ensure any changes in the support they required were identified.

The provider encouraged staff to undertake further qualifications to support their own personal development and progress their careers. Staff told us they felt confident to approach the registered manager if they had concerns about anything. The provider had systems to monitor the quality of service provision and identify where improvements were required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to keep people safe inside and outside the home. Staff were aware of the different signs of abuse and who to report any concerns to. Guidelines were in place to help staff manage any behaviour that may cause concern to others. People received their medicine as prescribed from staff who had completed training so they understood how to give medicines safely.

Good



Is the service effective?

The service was effective.

New staff received a thorough induction which supported them in meeting the individual needs of people effectively. Staff told us the training they received gave them the skills they required to care for people in the home. People attended appointments with healthcare professionals to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion by staff who respected their right to privacy. People were supported to make choices by staff who understood their communication needs. Staff respected the choices that people made.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met their individual needs and preferences. People and their relatives were involved in planning their care and in regular reviews. People were encouraged to attend activities outside the home and to participate in group activities within the home.

Good



Is the service well-led?

The service was well-led.

The registered manager had worked at the home for 17 years and was committed to providing high quality care. Staff spoke positively about the support they received and understood their role and responsibilities. The provider encouraged staff in their personal development and supported them to progress their careers.

Good



The Pines

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.

The inspection took place on 11 August 2015 and was undertaken by two inspectors.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from relatives and external

bodies and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with all the people who lived in the home although due to their communication needs, their responses were limited. We spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spoke with two relatives.

We spoke with the registered manager and four staff members. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

Most people who lived at The Pines had no or limited speech and were unable to tell us whether they felt safe living at the home. We spent time observing the interactions between people and the staff supporting them. We saw people were relaxed and responded positively when approached by staff and people approached staff confidently. Easy read charts displayed in the home informed people what to do if they felt unsafe and how to report it. One person told us, "I feel safe." They went on to say they would speak to a member of staff if they were worried about anything. Relatives we spoke with confirmed they thought family members were well looked after and safe in the home.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the different signs of abuse and who to report their concerns to. One staff member told us, "Making sure residents are safe is essential. We have to make sure we are there for them and keep them risk free. It is so important to make sure any concerns are documented." Another staff member told us they were watchful for any behaviour that might indicate a person with limited communication was worried. They explained, "I watch facial expressions, or if they were quiet around certain staff members." The registered manager had correctly informed us of two safeguarding incidents. They had also informed other relevant agencies and worked with healthcare professionals to ensure people were kept safe and risks minimised.

There were risk assessments to identify any potential risks to people and detailed plans which informed staff how those risks should be managed to keep people, staff and others safe. Where risks had been identified when people were in the community, management plans enabled people to continue to enjoy activities as safely as possible. Risk assessments around the completion of domestic tasks in the home ensured that people were encouraged to maintain as much independence as they wanted. However, one person was able to go unaccompanied to the local shops. There was no risk assessment that documented what action staff were to follow if the person did not return when expected. Staff were knowledgeable about each person's risks and the support they needed to manage those risks.

We asked about the use of physical intervention techniques as a means of reducing risk of harm to people whose behaviour may present challenges. We were told all staff received training in managing challenging behaviours. However, individual behavioural guidelines meant staff did not have to use physical intervention because they understood how to avoid events that could trigger anxiety and agitation. The registered manager sought reviews of behavioural guidance by psychology in response to any changes. Staff we spoke with told us they felt confident dealing with situations. One staff member explained they knew how to respond to different behaviours and said, "They are in their guidelines. They explain everything, whether to ignore it or to take them away from the situation."

The provider had taken measures to minimise the impact of unexpected events. An emergency folder contained all the information staff would need to keep people safe should the home need to be evacuated in an emergency. Each person had a risk assessment of their understanding of the evacuation process and a personal emergency evacuation plan which detailed their individual needs for support in an emergency. The file also contained important information about people's medication so their healthcare needs could continue to be met if they could not immediately return to the home. Staff were fully aware of the emergency evacuation plans.

During our visit we saw there were enough staff to meet people's care and welfare needs and provide the supervision and support people needed to keep them safe at home and in the community. For example, one person had one to one support throughout the day from a member of staff to ensure their safety and that of the other people living in the home. Staff told us there were enough care staff to support the needs of people. A relative said, "I think there are enough (staff) to cater for the people living there. It seems to be a quiet home." There was an agreed procedure to cover staff absences with permanent and bank staff to make sure people were always supported by staff they knew well.

Records showed that staff were recruited safely, which minimised risks to people's safety and welfare. The provider carried out police checks and obtained appropriate references to ensure staff were safe to work with people who lived in the home. Staff we spoke with

Is the service safe?

confirmed they were not allowed to start work until all the checks had been completed. The disciplinary policy was followed where it had been identified that staff were responsible for unsafe practice.

Medicines were stored safely and securely and there were checks in place to ensure medication was kept in accordance with manufacturer's instructions and remained effective. Medicine administration records showed people received their medication as prescribed. Appropriate arrangements for the recording of medicines meant people's health and welfare was protected against the risks associated with the handling of medicines. Some people

required medication to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. Where there had been a mistake when giving a medicine, this had been dealt with appropriately and further training and checks had been put in place to support the staff concerned.

Is the service effective?

Our findings

During our visit we saw staff met people's needs effectively and in a way they preferred. The home had a cheerful atmosphere and people were relaxed within their environment. One relative described the care their family member received as, "brilliant" and said, "They seem to understand [person]. [Person] likes them which is important to me."

New staff followed an induction programme and were subject to a six month probationary period. The induction included two weeks attendance at a local college where new staff received the provider's mandatory training. There was a further two week induction to the home when new staff shadowed experienced members of staff to become familiar with people's care and support needs. All new staff completed the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received on-going training in a range of subjects to meet the specific needs of people who lived in the home. Staff we spoke with told us they felt training provided them with the skills and knowledge to meet people's needs effectively. One staff member explained how the training in managing challenging behaviours helped them manage one person's anxiety and agitation. They said, "You have to talk to them and give them a bit of attention. If [person] is shouting you take them away as it can cause anxiety to other clients. The quieter you talk to [person] the lower their voice will go too." Another staff member said, "I can tell when [person] is becoming upset and recognise the signs. I use diversion tactics and talk softly and follow the guidelines in the care plan." The effectiveness of the training meant the need for physical restraint was avoided.

Staff told us they received regular supervision to discuss their role and the provider encouraged them to gain qualifications in health and social care to support their own personal development. One member of staff who was completing a further qualification told us, "The training they give, it feels as if they are pushing you, not forcing you, but pushing you to do better."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's

best interests when they are unable to do this for themselves. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make. Where people were not able to make a decision, the registered manager had obtained the services of an advocate or arranged best interest meetings. An advocate is an independent person, who is appointed to support a person to make and communicate their decisions. For example, an advocate was supporting one person to manage their money.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications had been submitted where potential restrictions on people's liberty had been identified in line with the legislation.

People made choices about what meals they wanted at regular meetings. The registered manager explained that menu choices were adapted where necessary to make sure they were nutritionally balanced. On the day of our visit we saw people were asked what they would like to eat for lunch and whilst people were able to eat independently, staff were attentive during the lunchtime period. We observed that when staff prepared the evening meal for everyone who lived in the house, they followed best practice for food hygiene. For example, staff checked and recorded the temperatures of the fridge, freezer and cooked meals, to confirm that food was stored, prepared and served safely.

One person required close monitoring of their fluid intake and was also at risk of choking. Staff we spoke with understood the person's nutritional risks and the support they needed to maintain their fluid intake. At lunchtime, we saw the person's food had been cut into small pieces and their fluid intake was closely monitored in accordance with their care plan.

People had annual healthcare reviews and were referred to external healthcare professionals when a need was identified. People also had regular appointments with professionals such as the optician, dentist and chiropodist to ensure their health and wellbeing was maintained. Healthcare professionals recorded the treatment and advice provided directly into people's care plans. This ensured the information had been correctly recorded and

Is the service effective?

was available for all staff. People with limited communication had communication passports to assist others in understanding their needs when they were attending appointments outside the home.

Is the service caring?

Our findings

We found staff were extremely caring towards people. People were treated with kindness and compassion and there was a lot of positive interaction and laughter. One person told us, "I like it here a lot. I can have a bubble bath if I want one." Relatives we spoke with confirmed they found staff caring. One relative responded, "The staff are lovely and really approachable. They seem to care very much which is nice." Another said, "The staff are all lovely. [Person] seems to really like everyone there. They love all of the staff."

Due to the needs of one person who lived in the home, staff had to maintain constant supervision at all times. This was done in an unobtrusive manner. Staff were aware of the person's right to privacy and maintained supervision outside their bedroom if the person indicated they wished to be alone.

We asked staff how they provided a caring environment for the people who lived at The Pines. One staff member replied, "I think caring is about supporting and helping the clients. I want to make their day as pleasant as mine. The best thing about this job is the residents and how well we all get on." Another staff member replied, "You have to be loving and patient. We are like a family here. The best thing is that we are free to do whatever we want with the residents and do activities they want to do."

During the day we observed that staff constantly checked to see if people needed anything and there was clear evidence of caring relationships. When one person became anxious, one of the care staff quickly identified this and offered reassurance until they became settled and appeared much calmer.

People were supported to make their own every day decisions and choices about how they lived their lives. One person decided at the last minute they did not want to go on a planned outing and chose to remain at home with a

member of staff. Another person preferred to stay in bed in the morning. They chose to get up and eat breakfast when they wanted to. Staff used non-verbal prompts to support people with limited communication to make their choices. A book of photographs of various food items helped one person choose what they wanted to eat. One staff member explained, "With some you have to give options and show them a picture. For example, with [person] if you offer them sauce, you have to show them the bottles and they will pick which one they want."

When people needed support to make major decisions such as in respect of where they wanted to live, they had been referred to independent advocates to support them through the decision making process.

Where possible, people were involved in domestic tasks and encouraged to help around the home. Each person was allocated a daily task and helped to do their own laundry. Staff understood the importance of prompting people to maintain their independence. One staff member explained that a good care worker was, "Someone who is more supportive rather than doing things for you. Someone who will help you to do things – active participation. Someone who listens and talks to them."

Staff ensured people's privacy and dignity was maintained. Each person had their own bedroom and bathroom which other people were not allowed into. People had decorated their bedrooms to their own individual tastes and to reflect their interests. People could choose to lock their bedroom doors if they wished. During our visit people frequently went to their bedrooms for privacy and we heard staff treat everyone with respect and dignity when talking with them. Confidential information regarding people was kept locked in the office.

Families and friends were able to visit at any time and people were supported to maintain relationships with people who were important to them.

Is the service responsive?

Our findings

Relatives we spoke with told us that staff were responsive to their family member's needs and demonstrated a good knowledge and understanding of the support they required. One relative told us, "They know more than we do. There have been times I have had to ask what I should do. [Person] is always immaculately clean and happy and content."

Each person had a care plan which detailed the care and support they required and how they would prefer to receive that care and support. Care plans contained information about people's personal preferences and focussed on individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Records confirmed that as much as possible, people were involved in the care planning process. Where people were not able to participate, we saw evidence of the involvement of relatives. One relative told us they were invited to care plan reviews and explained, "I think they (reviews) are about every six months and they review the care plan as necessary."

Staff told us they had time to read care plans with one staff member explaining, "The care plans are a big part of our communication about the residents. We review them regularly." Another member of staff told us, "We have good communication about the residents and the care plans give us lots of information about their likes."

Each person was assigned a keyworker who acted as a focal point in developing their care plans and social opportunities. When we arrived for our visit three people had already gone out for the morning. One person had gone for breakfast with their keyworker and the other two were involved in making a video about the activities they participated in. When people returned from their morning out, there was a great deal of animation as they talked about their day.

Some people enjoyed attending an activities centre where they could try different activities. Attendance at the centre also provided an opportunity to engage and make friendships with people who lived in other homes within

the provider group. Some people attended college for various courses such as cooking, fun and fitness, photography and woodwork. Others took pleasure in doing everyday activities outside the home with one person telling us, "I like to go out to the pub or café and have a cappuccino." People were able to choose where they went on holiday and three people had recently returned from a holiday in Wales.

Staff encouraged people to engage in social activities as a group within the home. For example, people had themed nights when the home was decorated and a special menu of food put together. People could watch TV together in the lounge area and activities such as board games were also available. During our visit, two people happily played a game in the garden. Staff also understood if people preferred individual activities. One person enjoyed one to one engagement with a member of staff while they had their nails painted.

The registered manager was responsive in ensuring the home continued to meet the needs of everyone who lived there. It had been identified that one person would benefit from a move to supported living. Staff, the person and those closest to the person, together with other healthcare professionals were involved in supporting the move. There were plans to ensure consistency of support from staff who knew the person well during the transition period.

Information about how to raise a complaint was displayed in the hall. This was in an easy read format which made it accessible to the people who lived in the home. However, the information about where people could escalate their complaint externally needed updating. Relatives told us they were happy with the care their family member received, but if they did have any complaints they would raise them with the registered manager. One relative told us, "I could complain to social services and I can complain to Helen (registered manager)." Another relative responded, "I would call Helen. I have no complaints. I think the home is amazing." There were processes in place for recording, responding to and analysing any complaints received. Staff understood their role in the complaints process. One staff member explained, "You would record it and then tell the shift leader or manager." No complaints had been made in the previous twelve months.

Is the service well-led?

Our findings

The registered manager had been in their post for eight years but had worked in the home for 17 years. People clearly knew who she was with one person telling us, “I really like Helen (the registered manager).” We also observed other people smiling and engaging with the manager and one pointed her out to us and said, “That’s Helen.” Relatives told us they found the home well-managed and the registered manager was responsive to any queries they had. One relative told us, “If there is a problem or an issue, they are straight on to it.” Another relative said, “I have needed to speak to Helen over the past week and if I haven’t been able to get hold of her, she has called me straight back.”

Each staff member was allocated specific responsibilities within the home such as infection control lead and safety checks. Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them.

Staff told us they felt well supported by the registered manager and senior staff. One staff member told us, “The manager is great and gives lots of support and advice.” Another told us, “Helen is a good manager and we get regular supervision. She deals with issues and she maintains confidentiality.” There was an on-call system for staff to speak to the registered manager or another senior person if staff had concerns out of hours.

The employee handbook stated that the provider believed “Its employees were its greatest asset and recognises it’s responsibility to ensure they are afforded appropriate development through their employment.” Staff confirmed they were supported to progress their careers and the registered manager was particularly pleased that two senior staff were now registered managers of their own homes within the provider group. The provider had also recently introduced an employee benefits scheme which included a confidential health helpline and corporate rate gym membership.

All the staff spoke positively about working as a team and how they enjoyed working with the people in the home. One staff member said, “I love this job. It’s different every day and hardly anyone rings in sick.” Another member of staff told us, “It is lovely. The staff are really supportive and I love working with the different clients.” During our

inspection we observed good team work to ensure that the member of staff providing one to one support for a person living in the home was relieved at various points through the day. Staff could share their views at regular staff meetings with one staff member telling us, “I can talk to Helen, she considers our opinions.”

There were systems in place so people who lived in the home could share their views about how the home was run. For example, people took part in regular planning meetings where they were able to discuss what activities they would like to take part in and what food they would like. At one meeting there had been a discussion about someone needing new bedroom furniture. A member of staff showed us the new furniture in the person’s room. People also had three monthly reviews with their keyworker. One person had indicated in a review that they wanted to go to Wales and this had been arranged.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained. This included an analysis of any incidents and accidents to identify any trends and what actions needed to be taken to keep people safe. Each month the registered manager completed an assessment of the quality of care delivered within the home. This was verified by a manager from another home within the provider group to ensure it was an accurate reflection of the quality of care at The Pines.

During our visit we saw the premises looked clean and tidy, however we noted there were places where the decoration was worn. The registered manager informed us that the home was due for renovation and during our visit a team arrived to carry out assessments of the work to be undertaken.

The registered manager told us they felt supported by the provider and had sought advice and support from other key agencies and relevant healthcare professionals when needed. The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon. The registered manager had received a ‘registered manager of the year’ award from the provider in 2014 in recognition of what she had achieved within her role.