

North Northamptonshire Council

Pine Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Pine Lodge is a residential care home providing personal care for up to 12 younger adults with a learning disability and autism. At the time of the inspection four people were using the service.

Pine Lodge provides short-term residential care including support for two younger adults with a learning disability, in self-contained apartments, to develop independent living skills and plan for transition towards independent living.

Right support

People were not always supported to have maximum choice and control over their lives. The Mental Capacity Act (MCA) principles were not always followed when assessing mental capacity and in making best interests' decisions.

People had not always received high quality person-centred care, that was stimulating, followed people's preferences, enabled people to develop, flourish and pursue their own interests.

People received support with their medicines safely and in the way they preferred.

Staff enabled people to access and follow up specialist health and social care support in a timely manner.

Right care

People's care and support plans had not always been updated when people's needs had changed, to ensure people received the right care that was responsive to their changing needs.

Risks associated with people's care and choices were not always set out in their care records and regularly reviewed.

People were protected from abuse and avoidable harm.

People were supported to communicate in the way they preferred. Staff were provided with the training to support people in this area.

People received care that strived to support their needs and aspirations, focused on their quality of life, and followed best practice.

The staff team provided kind, compassionate and effective care and support.

Right culture

Difficulties with staff retention and recruitment, placed the companies' ethos, values, attitudes and behaviours at risk of not always being able to support people to be empowered and to lead fulfilled lives.

People received, support and treatment from staff that were sufficiently trained and supported in their roles.

People and those important to them were involved in planning and reviewing their care. The registered manager promoted an open and welcoming culture. People using the service, relatives and staff felt valued and supported.

Rating at last inspection

Pine Lodge was registered with us on 01 April 2021 and this is the first inspection. The last rating for this service under the previous provider was Good, published on 31 August 2018.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the provider's registration date and to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the need for consent and good governance. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about creating therapeutic environments for people with a learning disability and autism.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Pine Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Pine Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pine Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included two care records and associated risk assessments, staff training, supervision and two recruitment files. A variety of other records relating to the management of the service, including the providers policies and procedures were reviewed. We spoke with three relatives about their experience of using the service. During the site visit we spoke with two care staff, the registered manager and the service manager.

After the inspection

We used electronic file sharing to review the providers health and safety audits and management quality monitoring audits and received written feedback from two care staff on their experience of working for the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about people's potential risks and worked effectively to support people safely. However, risk assessments did not always give clear directions on how risks were to be managed. One person's support plan had contradictory guidance on the steps to follow in response to the person experiencing an epileptic seizure. The conflicting information increased the risk of the person not receiving safe care. This was brought to the immediate attention of the registered manager who arranged for the support plan to be updated.
- The pressure care risk assessment for a person identified at risk of developing skin pressure damage, had not been updated following the person developing some skin damage. Staff had completed a body chart to record they had noticed some areas of skin damage; however, the chart was not dated to indicate when the damage was noticed. Not having robust pressure area care records in place increased the risk of the person not receiving the right care and treatment.
- Risk assessments and plans were not always available to guide staff on how to support people when they were anxious or distressed. Staff were able to explain how they responded to emotional distress. However, not having individualised positive behaviour assessments in place, meant people's emotional needs may not be responded to consistently by all staff, including agency staff working at the service.
- The provider confirmed that following the inspection risk assessment training had been arranged for all staff and people's risk assessments were in the process of being reviewed and updated.

Staffing and recruitment

- Staffing had been affected due to staff leaving and difficulties in recruiting to vacant positions. This had resulted in the regular use of agency staff. Relatives all commented on how more regular staff availability would enable people to go out and follow their preferred interests and routines. One relative said, "I'm happy with [Person's] care but they never leave the building as there is never enough staff. [Person] could have had a better time at home." Another said, "There's less staff now, our own personal assistant covers 11am - 6pm each day while at Pine Lodge. Because there's not enough staff for [Person] to have the one to one they're meant to have, they would just sit in their room all day otherwise."
- One staff member said, "Our staff are caring and go beyond what is expected to take care of our customers but having so many agency staff and some with very broken English, means some customers struggle to communicate with them." Another staff member said, "Quite a few staff have left Pine Lodge due to the vaccine or choosing another job they wish to do, so we have been using agency more frequently."
- The registered manager told us they had recently recruited to some posts. Although there were still some vacant care worker positions, which they were struggling to recruit to. They told us they had held a team building day which went well and were actively seeking to recruit more staff.

- Safe staff recruitment procedures were followed. Records confirmed that full recruitment checks were completed including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of abuse. One relative said, "I think [Person] is safe. [Person] seems happy and has made a couple of friends there. They try and stay for respite care at the same time as [Person]."
- Staff received training in safeguarding procedures, and records showed that safeguarding investigations were completed, and lessons learnt from incidents was shared with the staff team to reduce the risks and mitigate any repeat incidents. One staff member said, "I would inform any safeguarding concerns to my supervisor, or the manager, I could also report it to CQC myself." Another staff member said, "People receive good quality, safe and caring support all the time."

Using medicines safely

- Staff supported people with the safe administration of medicines. This included following procedures for checking in and out medicines to go with people when spending time away from the service to ensure they consistently received their medicines.
- People that had medicines prescribed to be given 'as required' had protocols in place to ensure these medicines were consistently given as prescribed.
- Arrangements were in place for the safe administration, ordering, storage and disposal of medicines. A schedule of medicines audits was completed to check the medicines policy was being consistently followed and accurate records maintained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People had contact through visits by family members and friends. One relative said that during their family members respite stays they visited every day.
- Family members we spoke with were aware of guidance in relation to COVID-19 and visiting arrangements. They confirmed that before each visit a lateral flow test was undertaken.

Learning lessons when things go wrong

- The registered manager was responsive to feedback from people using the service, relatives and staff to continually drive improvement at the service. For example, a relative had raised a concern about their family members laundry not being done. The registered manager took immediate action to ensure staff checked people's laundry on each shift.

- The registered manager was responsive to the findings at the inspection and acted immediately to address some of them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were in place, for example on managing finances and medication. However, they did not evidence how or whether people had been involved and supported in the assessment process, to ensure they understood the information given to them, or whether they were able to retain and weigh up the information given to help them make an informed decision.
- Not everyone was being supported in a way that enabled them to have choice and control in their daily lives. For example, one person had restrictions placed on drinks containing caffeine and foods high in sugar, such as fizzy drinks, cakes, desserts and sweets. The person's record did not provide rationale for the restriction nor was the decision supported by a decision specific MCA assessment or best interest decision. Staff told us consuming such food and drinks had a detrimental effect on the person's emotions causing them to be in a distressed state. Although well-meaning the principle of the MCA had not been followed in making these decisions.
- The provider confirmed that following the inspection MCA training had been arranged for all staff.

The provider had failed to ensure the principles of the MCA were consistently followed to ensure people's rights were protected. This was in breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were known and understood by staff. However, as mentioned above one person

had food and drink restrictions placed upon them and the rationale for this decision was not recorded in their support plan.

Adapting service, design, decoration to meet people's needs

- One unit containing four bedrooms, bathrooms and a communal kitchen was closed due to repairs and refurbishment works being needed. Within this area there was significant damage to walls, paint work, fixtures and fittings. The provider had commissioned an external chartered surveyor to assess potential development options for Pine Lodge, with estimated timescales for completion depending on the options chosen.
- The interior and decoration of the service had not been adapted in line with good practice to meet people's sensory needs. For example, noise-reducing furnishings and calm diffused lighting.
- A relative commented that on each visit their family member used a different bedroom that lacked personalisation. Due to the Pine Lodge being a short stay home, people only brought with them small personal items to personalise their bedrooms.
- The environment did not fully support people to move around easily. There were no visual aids or suitable signage for people with a learning disability and complex needs to process and understand, to support them to navigate independently around the home.

We recommend the provider follows good practice guidance in developing a therapeutic environment to meet the needs of people with a learning disability and autism.

- Following the inspection CQC received the relevant forms from the provider to temporarily reduce the number of registered beds from 12 to eight.
- The outdoor space in the closed area of the home had flower beds and patio areas overgrown with weeds. This was unpleasant for people and neighbours to view. In the used parts of the building there was a shared communal garden, which had a patio area with outdoor seating, a grassed area and flower beds. During the inspection a group of gardening volunteers arrived to tidy up the outdoor spaces.
- Moving and handling equipment was available to support people with mobility difficulties, such as portable hoists and one bedroom had a ceiling track hoist facility.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to stay at the service. Pre-admission assessments were completed, which considered people's cultural, physical, mental and spiritual care needs.
- Staff were respectful of people's diverse needs and took steps to reflect this. For example, people could choose whether they preferred to have male or female staff supporting them with their personal care and this was respected.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills to support people with their needs. Each new member of staff was required to complete induction training that included working alongside (shadowing) experienced staff before they started supporting people with their care. One staff member said, "I received all the training needed for me to complete my job, all the training is in depth."
- All staff were required to complete a full mandatory training programme which reflected the needs of the people that used the service. One staff member said, "I had a three-week induction that was very thorough. All aspects were covered; we have lots of ongoing training open to us. We are encouraged to enrol in any training we think may help us in giving the best care to our customers."
- Staff received one to one supervision and support from their line managers. The supervision meetings enabled staff to have time to reflect on their own personal development, discuss any areas for further

development and any other business relating to their work. One staff member said, "I receive support from my supervisor in order to carry out my role."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare requirements they needed. One relative told us they supported their family member with attending healthcare appointments with the support of a staff member. Another relative told us their family member had become ill whilst on respite care at the home. They said, "The staff took [Person] to see their GP, rather than leave it until they came home."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's support plans were not always written in line with promoting dignity. For example, one person's records stated "[Person] can be very stubborn and may display behaviour that challenges if [Person] cannot do what they want." Staff needed to be mindful of the language used in people's care records.
- The provider confirmed that following the inspection staff training had been arranged on report writing and recording. They also confirmed this would be a recurrent item during team meetings and staff supervisions to regularly review and check the quality of record keeping.
- We received mixed comments from relatives regarding the care of their family members. For example, "All the staff are marvellous; I couldn't do without them." And, "They [Staff] are probably caring, but [Person] doesn't shower enough when there, and their personal hygiene is very poor." People not always being supported to meet their personal care needs, placed them at risk of their dignity not being promoted.

Supporting people to express their views and be involved in making decisions about their care

- Staff were knowledgeable with regards to the individual support each person required and knew people's preferred routines. However, one support plan referred to staff supporting the person with their preferred routines to reduce anxiety and stress, but no information was available on the preferred routines. Not having this information available meant people may not receive the right support to follow their preferred routines.
- The provider confirmed that following the inspection full audits had been completed on all support plans and revisions were in progress to ensure people's needs and routines were included in the support plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Not having a full team of regular care staff meant people were not always supported to follow their hobbies and interests. The relatives spoken with all commented on how improving the staff availability would enable people to get out more and follow their preferred interests and routines. One relative said, "I'm happy with [Person's] care but they never leave the building, as there is never enough staff. [Person] could have had a better time at home." Another said, "There's less staff now, our own personal assistant covers 11am - 6pm each day while at Pine Lodge. Because there's not enough staff for [Person] to have the one to one they're meant to have, they would just sit in their room all day otherwise."
- At the end of each stay people were asked to provide feedback. One person said they would like to go out more regularly but understood it was dependent on staffing and the needs of other people using the service at that time. A relative commented they would like to see more activities offered such as a pampering session involving nails painted and hand massage, cooking or going bowling.
- One person liked making personalised cards and on the day of inspection staff were supporting the person with this activity.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships with people important to them. One relative said they visited their family member daily. Another said their family member enjoying spending time with their friends and socialising and how the respite stays were important for them to take a break, knowing their family member was looked after and safe. Another commented '[Person] really enjoys their time, going to the pub and doing karaoke in particular!'

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to taking up respite care at the home and their needs were re-assessed on each respite admission into the home. However, we found support plans had not always been updated to reflect changes since the previous respite stay.
- Relatives told us they were involved in the assessments. One relative said, "I am very involved in [Person's] care, the staff and I work as a team." Another relative said, "There is a communication book, but it would be good to know what's going to happen before [Person stays there so I can talk to [Person] about it. I always ask but staff say they don't know yet, but something will be happening."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were outlined within the support plans. For example, some people communicated through using sounds and gestures.
- Staff understood people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, which included easy read formats, if needed. One relative said, "[Person] has a book that staff write in sometimes about what they've been doing"
- The provider confirmed that following the inspection a new guide for customers had been devised that was in an accessible format for all people using the service.

Improving care quality in response to complaints or concerns

- A complaint policy was in place and records of complaints showed the registered manager followed the policy in response to complaints received. One relative said, "I feel I can approach the manager if I had any concerns regarding the care of [Person], they are very approachable."

End of life care and support

- Pine Lodge is a short stay respite care service and end of life care was not provided at the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Internal audits were completed to assess and monitor the quality of the service delivered. Senior staff had designated roles with key areas of responsibility for oversight and monitoring, including oversight of people's support plans and risk assessments.
- We found the audits had not identified important information was lacking in the care records we reviewed. For example, a pressure care plan had not been updated in response to a person developing skin damage; a positive behaviour plan had not been implemented for a person who experienced episodes of distressed behaviours. In addition, the audits had not identified that Mental Capacity Assessments and best interest decisions had not followed the MCA principles.
- Feedback from people surveyed during April 2022 highlighted people not having as many opportunities to get out and about and a decrease in activities taking place at the service. However, no information was available to demonstrate the actions taken by the provider in response to the feedback.

The provider had failed to ensure effective governance systems were in place to bring about identified change in a timely manner and promote good quality outcomes for people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Notifiable incidents were reported by the registered manager to the Care Quality Commission (CQC) and other agencies.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager welcomed staff to make contributions and followed these up wherever possible. For example, during one meeting staff had asked for more training on supporting people who expressed behaviours of emotional distress. In response the registered manager arranged for positive behaviour training to be provided for staff. However, learning from the training had not been fully embedded as positive behaviour support plans had not always been implemented for people that required them.
- Staff told us they were supported by the registered manager and could approach them for guidance and advice.
- The registered manager promoted an open culture. They worked in partnership with their colleagues and local health partners to meet the ongoing health needs, safety and wellbeing of people using the

service.

- Relatives told us the registered manager and the staff teams were approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the principles of the MCA were consistently followed to ensure people's rights were protected.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective governance systems were in place to bring about identified change in a timely manner and promote good quality outcomes for people.</p>