

PWC Care Limited

# Pear Tree Residential Care Home

## Inspection report

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Date of inspection visit:  
08 August 2022

Date of publication:  
07 October 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Pear Tree Residential Care Home is a residential care home providing accommodation and personal care to up to 21 people. The service provides support to people living with dementia and older people. At the time of our inspection there were 18 people using the service.

### People's experience of using this service and what we found

Governance systems were not effective; systems and processes had failed to identify and improve the quality and safety of the service. The provider had failed to make improvements to ensure the home was well-led. The provider has been rated requires improvement within the key question well-led, at the previous six inspections.

The provider failed to seek and act on feedback from stakeholders. When feedback had been received through different process such as complaints, letters, and external concerns, the provider had failed to consider and use this information to improve the service for people.

Risks to people were not always effectively mitigated. Risks in relation to fire safety had not been addressed as fire doors were routinely wedged open and did not all fully close to protect people from the risk of fire. This had been raised to the provider by external agencies on two occasions, but no action had been taken to mitigate risks. Infection control processes were not robust. We observed poor practice in relation to the wearing and storage of PPE and the cleaning of the home.

People did not always receive person centred care. There was a lack of activities and engagement to meet people's social needs and provide them with stimulation. People had made requests to improve their quality of life such as staff name badges to enable them to remember people names, but these had not been considered and acted on.

There was not always sufficient staff on shift, this included staff to provide activities and domestic duties. Staffing levels were not always provided in line with the numbers of staff required. The providers training matrix did not assure us that staff had received the required training to meet people's needs.

We received mixed feedback about the quality of food. We have made a recommendation regarding this.

People told us they felt safe at the service and staff told us they were confident to report any allegations of abuse. Relatives were mainly positive about the support people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records of consent were not always in place. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 03 June 2021).

At our last inspection we recommended that provider seek advice about reviewing and updating their governance systems. At this inspection we found the provider had not made improvements in relation to their governance systems.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Following a review of information held we identified concerns in relation to risk management and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. During the inspection we identified concerns in relation to staff training, so we opened up the inspection to include the effective domain.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pear Tree Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 breaches in relation to risk management, staffing, person centred care and governance at this inspection.

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

#### 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 and local authority 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 well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Pear Tree Residential Care Home

## **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

Two inspectors carried out this inspection. An Expert by Experience supported the inspection, making telephone calls to people's relatives. 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

Pear Tree Residential Care Home 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. Pear Tree residential home 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with eight members of staff. This included the nominated individual, the registered manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with nine people who lived at the service. We made telephone calls to ten relatives.

We reviewed a range of records. This included people's care records and their medication records. We looked at two staff files in relation to recruitment and further staff training and competency records. We reviewed a variety of records in relation to the management of medicines. On the second day of inspection the service was short staffed, and the nominated individual was covering a shift, so we agreed to review further documentation off site. We continued to seek clarification from the provider to validate evidence found. We looked at training data and records in relation to management of the service including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

### Using medicines safely

- Medicines were not always managed safely.
- People did not receive their medicines as prescribed. We checked medicines stocks and found eight people's medicines stock was incorrect.
- Medicines were not always stored safely in line with good practice guidance. There was no temperature taken for the fridge which was storing medicines that required storage at a certain temperature, such as insulin. There were no room temperatures taken. Medicines trolleys were stored in a room that was accessible to everyone and were not always adequately secured.
- Handwritten medication records did not follow best practice guidelines. Handwritten Medicines Administration Records (MARS), had not been signed by two staff to show suitable checks had taken place.

Failure to ensure medicine are administered safely was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager secured the medication trolley to the wall during the inspection.

### Preventing and controlling infection

- Staff and management were not always wearing PPE in line with guidelines.
- There was not always domestic staff on duty which meant robust cleaning was not always carried out to reduce the risk of spread of infection.
- The service was not always clean and tidy. Some carpets in people's bedrooms were dirty and communal carpets were significantly worn in one side of the building.
- PPE was not always stored or disposed of safely, in line with good practice.

The provider had failed to ensure effective infection and prevention control measures were in place. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We fed back our concerns to the registered manager so they could take action. The registered manager told us they were aware carpets required replacing.

### Visiting in care homes

- People were supported to have visits from friends and family.

### Assessing risk, safety monitoring and management

- Risks in relation to fire safety had not been mitigated. Fire doors were sometimes routinely wedged open with wedges and some doors were not fully closing into the casing. This had been identified by the local authority and the fire service on previous visits and remained an issue at our inspection.
- Equipment being used at the home was not always safe. A hoist had been serviced in April 2022 and a defect was identified. At this inspection the hoist remained in use and still had a defect. The provider had failed to assess the risks associated with using unsafe equipment.
- The security of the premises was not robust. We observed security of the building was compromised during our inspection visits. There was no robust risk management in place to reduce the risk of intruders entering the building and grounds.

The provider had failed to mitigate the risks to the health and safety of people. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider sent evidence that a new hoist had been purchased after the inspection.

### Staffing and recruitment

- The provider did not use any tool to assess the staffing levels and ensure there was enough staff to meet people's needs. The provider told us they scheduled staff to work based on a set ratio. However, there was not always staff on duty in line with the staffing levels the registered manager told us was in place.
- Staff told us they did not have time to spend with people. One staff member told us, "No not really, we don't have to spend with people. Sometimes people have to wait for the care. It can be very hectic."
- There was no cover organised for when the domestic staff was not on duty. On both days of inspection there was no domestic staff available to complete cleaning duties. This had impacted upon the cleanliness of the building.
- There were no activity coordinators at the time of inspection. Staff did not have enough time to spend with people and provide people with stimulation. One staff member told us, "All there is to do is watch television and it's not even a good picture, it's really quite a boring existence."
- Staff told us there were no night staff, so they were having to work days, nights and work extra shifts which was impacting their wellbeing.

Failure to have sufficient numbers of staff is a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were actively trying to recruit new staff.
- Appropriate recruitment checks had been carried out to ensure staff were of suitable character.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to report any safeguarding concerns.
- People and their relatives told us they felt safe at the service. One relative told us; "Yes, I do feel [name] is safe, they are a lot better. They had problems getting up the stairs, so they are much safer at Pear Tree than they were at home."

### Learning lessons when things go wrong

- The management team reviewed accidents and incidents but there was no analysis of themes and trends. We have reported on the auditing systems within the well-led section of the report.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have up to date training. For example, staff did not always have up to date medicines training or had not had an up to date competency assessment to ensure they had up to date knowledge and skills to safely administer medicines.
- We could not be assured staff received regular training as training records were not robust.
- Staff did not always have training specific to people's needs. For example, the providers training matrix showed only two staff and the registered manager had diabetes training. Staff were supporting people with diabetes and their duties included monitoring and supporting with the administration of insulin.

The failure to ensure staff are suitability trained is a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular supervision from the management team.

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

- During the inspection we were made aware that some people were unhappy with the food available, this including the quality and the temperature of food.

We recommended the provider seeks advice from a reputable source to enhance the mealtime experience.

- Food and drink were available to people; this included a fridge in the lounge with snacks in for people to access.

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.

- People told us they consented to their care, however records of consent were not always in people's care plans.

We recommended the provider reviews their procedures for the recording of consent.

- Where restrictions were in place the appropriate authorisations had been applied for.

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

- The new side of the building was nicely decorated and suitable for people's needs, however the old wing of the building required work to ensure communal corridors and people's bedrooms were decorated and maintained to a satisfactory standard.

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

- People were supported to access health care services. One relative told us, "Yes, they are very proactive. They have a good working relationship with the Primary Health groups such as the local GP practice. There is good communication with me if there are any significant health changes with [family member.]"

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

- Pre assessments were carried out prior to people moving into the service. However, they had not always been used to identify and provide activities and stimulation based on people's needs.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we recommended the provider seek advice and guidance from a reputable source, about reviewing and updating governance systems. At this inspection not enough improvement had been made.

- The provider had failed to improve the service enough and has consistently not had a good rating in the well-led domain for the past six inspections.
- The governance and auditing systems were not robust. The provider had failed to identify the concerns we found in relation to infection prevention control, risk management, medicines, person centred care and staffing.
- The provider had failed to take action following advice from professionals including the fire service and local authority to improve the quality and safety of the service. Concerns that had been raised at these visits remained at this inspection and the provider was unable to offer us reassurance these improvements were being actioned
- Records were not always accurate, up to date fully complete or stored securely.
- There was a lack of learning from concerns, complaints and feedback to improve the quality of the service.

Failure to assess, monitor and improve the quality and safety of the service and was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team recognised audits were out of date but had been working a significant number of hours delivering care. This had had a direct impact on the quality of the service and meant that concerns we identified had not been picked up beforehand.

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

- There a lack of effective engagement with people who use the service. People had requested a residents committee meeting however, this had been declined. When recommendations had been made to improve the service, these had not been put into place. For example, suggestions for a notice board and staff name tags.
- The provider did have a suggestion box, but some people and their relatives did not feel this could be used

as it was directly outside the manager's office. The nominated individual was aware of this, but no action had been taken to promote feedback.

- There was no staff satisfaction surveys and a team meeting had not been carried out since April 2022. Not all staff felt they could approach the management team due to a lack of confidentiality.
- Concerns had been raised regarding the standard of food through a variety of ways, including a survey, however there was no analysis or action plan from this and concerns continued to be raised.

The failure to seek and act on feedback and was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider worked in partnership with health and social care professionals, however advice and guidance had not always been implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had failed to consistently promote a person-centred culture which was open and empowering and promoted people's quality of life.
- There was a lack of activities and stimulation to meet people's social needs. Four people told us they were bored and there was a lack of activities. People's activity records showed there was a lack of activities and stimulation for people.
- Staff told us they did not always have time to spend with people to ensure they received person centred care.

The provider failed to provide person-centred care and support to meet people's needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were positive about the kind and caring nature of staff. One relative told us; "They are very warm and caring and have an excellent rapport with Mum. The staff are also so lovely to me every time I visit."

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 understood their responsibilities if things went wrong and understood their legal obligation to inform relevant people.
- People's relatives confirmed were appropriate they were informed of any accidents or incidents that occurred.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to ensure people received person centre care and support from staff.  9(1)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess and mitigate risks to the health and safety of people. The provider had failed to manage medicines safely. The provider had failed to reduce the risk of spread of infection. The provider had failed to ensure equipment was maintained.  12(2)(a)(d)(h)(g)(e)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider has failed to deploy sufficient numbers of staff. The provider had failed to ensure staff were suitability trained. 18(1) (2)(a)

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor and mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. The provider had failed to seek and act on feedback. 17 2 (a)(b)(c)(e)

### **The enforcement action we took:**

We have issued a warning notice.