

Premier Care Homes Limited

Picktree Court Care Home

Inspection report

Picktree Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Picktree Court Care Home is a residential care home providing personal and nursing care to up to 88 people. The service provides support to people aged 65 and over, and adults under 65, including people living with a dementia. At the time of our inspection there were 65 people using the service. The home accommodates people across three floors, with the kitchen and laundry located on a separate floor.

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

People living at Picktree Court Care Home told us they received safe care. Since the previous inspection improvements had been made to how risks to people's safety and well-being were assessed and managed. Concerns about people's safety were acted on and staff knew how to raise safeguarding concerns. Medicines were managed safely, and people received their medicines as prescribed. We identified some minor issues with the safe storage of medicines which were immediately corrected by nurses and the registered manager.

Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for frequent supervision and observations of their work performance. Checks made on agency staff had improved and followed safe practices. People had access to healthcare services when they needed them. The home was clean, maintained to a high standard and people's rooms were personalised. There was some signage and decoration to help people with a dementia navigate around the home and further decoration was planned.

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 home supported this practice. Staff had a good understanding of when the principles of the Mental Capacity Act should be applied, however the documentation needed further detail about who was involved in decision making. People were supported to meet their nutritional needs and were offered a choice and variety of food.

People, relatives and healthcare professionals told us staff were very caring and promoted people's independence. People received personalised care and planning reflected this. People and relatives, we spoke with told us they felt able to raise concerns and these would be responded to. Complaints records supported that the home followed its complaints procedures. People were supported with social activities and to have contact with loved ones.

The home was led by a registered manager and wider management team who were committed to improving people's quality of life. There was a clear management structure in place and long-standing staff who told us they worked well as a team. The provider had effective quality assurance systems in place that they used to monitor the quality and safety of the home. There were systems to learn and develop practice from concerns raised and the management team shared learning with staff. Staff worked with external social and health care professionals and we received positive feedback from agencies involved with the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider consider people's personal activity needs to promote their well-being, consider how they respond to complaints and the impact of their responses on the complainant to ensure future good working relationships, review their approach to end of life care and review their approach to seeking consent.

At this inspection we found improvements in all the areas where recommendations had been made.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Picktree Court Care Home on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Picktree Court 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

The inspection was carried out by 2 inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Picktree Court 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. Picktree Court is a care home with 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 commissioners and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with 5 people, 2 relatives, a visiting healthcare professional and 14 staff, including the director, registered manager, nurse, senior care assistant, care assistants, activities co-ordinator, a maintenance person, kitchen and domestic staff.

The Expert by Experience spoke with 10 relatives over the telephone.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 6 people's care records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure safety measures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed, and safety was monitored and well managed within the service. Risk assessments were regularly reviewed and developed as people's needs changed.
- Appropriate maintenance and safety checks had been carried out for the building and equipment. The management had improved fire safety and the procedures to respond in the event of an emergency. Safety checks for bedrails were in place and up to date.
- The management team had improved the response to falls and actions had been taken to reduced potential falls risks, for example referrals to specialist falls services.
- Audits were carried out to monitor the safety and quality of the service.

Using medicines safely

At our last inspection, the provider failed to ensure safety measures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. People received their medicines when required, by appropriately trained staff.
- Staff understood people's medicines needs and confidently explained them. Written instructions for how people received their medicines, including medicines required on an 'as and when needed' basis had improved since our last inspection and were clearly recorded.
- We found some medicines that were not stored in-line with national guidance. The registered manager and nurses acted immediately when we raised this with them, and issues were resolved straight away.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider failed to ensure safeguarding processes were robust this was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from abuse and harm. Staff had completed appropriate training and knew how to raise any concerns about poor practice.
- People and relatives told us they felt safe. One relative told us, "Yes I certainly do feel that [person] is kept safe, she feels safe too with the way they care for her. I've never seen any kind of abuse, security is good."
- Systems to record and report safeguarding concerns had improved and actions were being taken when risks occurred.

Learning lessons when things go wrong

At the last inspection the provider failed to ensure lessons were learnt and documented.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff reported accidents and incidents effectively.
- Incidents were investigated and analysed for any trends. Any learning identified was shared with staff.

Staffing and recruitment

- Staff were recruited safely. Recruitment checks were carried out before staff were appointed. Management made appropriate checks of nurse's professional registrations and on agency staff working in the service.
- There were enough staff to support people safely. We observed that staff had time to speak with people and did not appear hurried. People told us they did not wait for help. The home had an electronic system to monitor nurse call-bells which was audited.
- There was a consistent staff team, many of whom had worked in the home for several years. Staff worked with the same people regularly, so they knew them well.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The provider ensured relatives were able to visit loved ones, in line with current guidance.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider failed to consistently address weight loss in a timely manner. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported to access healthcare services and support when needed. This included regularly monitoring people's weight, identifying weight loss and reporting concerns to health professionals.
- People and relatives told us they had timely access to services, such as from GPs, chiropodists and opticians. Records reflected this and that referrals to other agencies were made appropriately for people's needs.
- A visiting health professional said, "Staff escalate physical health concerns promptly" and that the home maintained good links with the community matrons.

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

At our last inspection, the provider failed to have robust systems to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were supported to maintain a balanced diet and had a choice of food and drinks. Food and fluid records were completed, and actions taken so people were offered enough to eat and drink. Staff were trained to recognise when people might be at risk of malnutrition or dehydration.
- People were provided with a special diet where required. One relative told us, "[Person] has a pureed diet which is always presented nicely, arranged on the plate and separated out, not just a plate of mush."
- People were given support with eating and drinking when needed. Equipment, such as plate surrounds,

were also used to help people to eat independently.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we made a recommendation that the provider reviewed their approach to seeking consent. At this inspection we found that the provider had acted on this recommendation and improvement had been made.

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.

- Staff were working within the principles of MCA. They completed full mental capacity assessments and were completing best interest decisions for those people who lacked capacity.
- People were asked for their consent when care was delivered.
- Relatives confirmed they were involved in care decisions, but their involvement or legal authority to act was not always recorded. The provider had recently appointed a Care Supervisor who was updating these records to reflect best practice.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current best practice and legislation.
- People's needs were holistically assessed, and people and their relatives told us they felt included in these assessments and planning their care.
- Assessments were reviewed regularly, and care plans updated when needs changed.

Staff support: induction, training, skills and experience

- Staff had consistent support and received a robust induction to the service, as did agency staff.
- Staff had supervision and appraisal meetings to discuss practice and development with a senior member of staff. Staff said they could speak with management outside of these meetings for support and advice.
- Staff completed a range of e-learning training courses. They also had face to face training in practical and clinical skills relevant to their roles. Training included practical fire training and use of the fire equipment in the home.

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

- The home was spacious, with various communal areas which allowed people opportunity to be with others, spend time alone or meet in private with family and friends. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet people's individual needs and preferences.

- Some signage was available for those people living with dementia who needed assistance to locate their bedrooms. The registered manager confirmed further decoration was planned to enhance the environment to better support people with a dementia.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were very caring and treated people with respect. People's comments included, "The staff are all nice. They're there for you."
- One relative told us, "Staff are very, very caring, all lovely. They are always popping in to see [family member] and check they are alright. They are very respectful, polite and kind. They do seem to really care and [family member] gets to feel that."
- We observed staff engaging with people during the inspection in a caring and warm manner. For example, we observed staff calming a person who was distressed. Staff responded with empathy and were able to reassure the person because they knew them well.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "Staff try to involve me which I appreciate, it makes me feel lovely. There is always a nice voice on the end of the phone, they will always go and check on [family member] for me which gives me peace of mind, I can call anytime."
- People were supported to be involved in decisions regarding their care and choosing how their daily support was given.
- People were supported with decisions from their families and advocates when needed. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their privacy, dignity and independence. People and relatives said staff supported people to retain skills and independence, such as encouraging people to use walking frames to retain their mobility.
- People and relatives described how staff supported people with dignity and respect. One relative said, "Very caring staff, they make a point of getting to know him and us as a family, staff will always listen to me, they definitely treat [family member] with dignity and respect."
- People's privacy was respected; staff had conversations about people's care discreetly and closed people's doors while care was delivered. One person said, "They [staff] check in on me but I like my door closed, I am a private person."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we made a recommendation that the provider considers people's personal activity needs to promote their well-being. At this inspection we found the recommendation had been acted on and improvement had been made.

- People were asked about their social and cultural needs and their preferences were documented.
- People were supported to take part in activities that interested them and to maintain contact with friends and relatives. A relative told us, "There are activities like quizzes and coffee mornings have started up." Another told us, "They have crafts. When we come in, we can see what [family member] has done. The home is decorated for all occasions."
- People were encouraged and supported to build and maintain relationships with their friends and family. We observed people being visited by their relatives and receiving telephone calls.

Improving care quality in response to complaints or concerns

At the last inspection we made a recommendation that the provider consider how they respond to complaints and the impact of their responses on the complainant to ensure future good working relationships. At this inspection we found the recommendation had been acted on and improvements made.

- Complaints were handled in line with the provider's policies. There were systems in place to monitor complaints and these were effective.
- People who used the service told us they could raise issues and were comfortable doing so. Relatives told us they knew how to raise concerns and complaints, where they had raised issues they had been responded to. One relative said, "I once had a minor complaint... which was dealt with well."

End of life care and support

At the last inspection we recommended that the provider reviews their approach to end of life care, so that it includes a full consideration of the needs of people and their visiting relatives. At this inspection we found the recommendation had been acted on and improvements made.

- People had been involved in end of life planning and staff had training to support people at the end of

their lives. People were supported to have visits from friends and family at this time.

- No one in the home was receiving end of life care at the time of our visit.

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

- People received person-centred support. Care plans were bespoke which supported staff to care for people in keeping with their needs and preferences. Some plans had less person-centred detail than others. The registered manager confirmed all plans were being reviewed to be more person-centred.
- Care plans were reviewed on a regular basis and were updated when needed. One relative told us, 'There was a very thorough care plan right from the start, very thorough information, updated recently.'

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.

- The provider understood the requirements of the accessible information standard and could make information available to meet people's communication needs.
- The home supported people with sensory loss and ensured they were given assistance to communicate effectively.

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 good.

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 the provider failed to notify CQC of a serious injury. This was a breach of Regulation 18: Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. A fixed penalty notice was issued against the provider and was paid.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 18.

- All significant incidents and concerns had been notified to CQC. When incidents occurred, they were investigated, and lessons were learnt where appropriate.

At the last inspection governance systems were insufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 17.

- Quality assurance systems and governance arrangements were in place to identify areas for improvement and actions required. The management had several action plans to monitor and continually improve. There had recently been large scale investment in improving the home's heating system and there were planned improvements across the home, including an electronic medicines management system.
- Staff understood their roles and the provider's expectations of them. They received guidance in a variety of ways such as daily meetings. Staff told us guidance from management was good and that management were approachable. Some staff had lead areas, such as for infection control, and shared good practice in these areas.

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 was aware of their responsibilities in relation to the duty of candour.

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

- There was a person-centred culture in the home and staff were dedicated to delivering the best outcomes for people. Several relatives mentioned the positive atmosphere when they visited the home. Their comments included, "The atmosphere is friendly and homely; we are very happy with [family member's] care and so is she."
- Staff spoke highly of the home and how they were committed to working together to provide a caring service for people. One staff member told us, "The best thing here is looking after the residents and working well with other staff."
- People, staff and relatives described the registered manager as approachable and open to suggestions for improvements. One relative told us, "The manager is very approachable and pleasant, we have had meetings and regular e-mails."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback from relatives and people including surveys and meetings. The management sent regular updates to relatives. One relative told us, "[The registered manager] is great and sends an update every Friday, I have been asked to meetings, I can always talk to [registered manager] or any of the carers."
- Staff were consulted through regular surveys and meetings and said the registered manager had an open-door policy. One staff member told us, "I one hundred percent have a really good relationship with management. If there was something that could not wait, I'd knock and ask."
- The provider asked visiting professionals for their feedback on the home, the responses were positive.

Working in partnership with others

- The home worked in partnership with healthcare professionals to support care provision, service development and joined-up care. We received positive feedback from professionals and agencies we contacted who worked with the home regularly.
- The home used an electronic health monitoring system, a system to share health information with professionals so they can monitor people's health remotely. The registered manager had shared their experience of using this, and the benefits, with other providers at a local event.
- The home had built links within the local community, such as local schools and religious groups. Visits from these groups had been disrupted by the impact of the COVID-19 pandemic but visits were planned going forward.