

Sunny Okukpolor Humphreys

The Pines Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Pines Residential Care Home is a care home providing accommodation and personal care for up to 28 people, both younger and older adults. At the time of the inspection there were 20 people living at the home.

The Pines accommodates people in a converted and extended building with rooms situated over two floors, with access to the upper floors via a lift and stairlift. Some rooms have access to en-suite facilities. There are a range of communal areas and a large garden at the front and side of the building and a small courtyard area to the rear.

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

Risks related to the delivery of the service were monitored and assessed. Since the previous inspection the provider had fitted new window restrictors at the home and had revised the fire procedures to ensure proper drills were taking place. Risks associated with people's care and wellbeing were regularly reviewed and advice sought from health professionals.

Staff training records were up-to-date and action had been taken to ensure staff maintained their skills. A new training system was being introduced by the provider to further support staff development. Care plans were regularly updated to reflect the latest professional advice and professional guidance was followed. Care plans contained a range of information appropriate to people's individual needs and reviews were conducted regularly.

Medicines were managed safely. The home was maintained in a clean and tidy manner. Appropriate processes were in place to manage the current COVID 19 pandemic and staff were using appropriate levels of PPE (Personal Protective Equipment.)

New menus had been introduced and people's specialist dietary needs were catered for. People were supported to access a range of health and social care appointments to maintain their well-being. 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.

Some redecoration of the home had taken place and further developments were planned or in progress. Improvements were taking place with the outside space to support garden visits during the pandemic. People told us the staff were supportive and delivered personal and appropriate care.

There was a registered manager who was no longer working at the home but had not cancelled their registration with the CQC. We had previously spoken with the provider about this. The current manager was actively pursuing registration.

Audits and checks on the home had improved and the manager had a good understanding of matters that still required attention. Staff told us management of the home had greatly improved and they felt well supported in their roles. The provider met with the manager on a regular basis and visited the home more frequently. People and staff were actively involved in the running of the home and developing support.

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 17 January 2020) and there were multiple 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.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 25 and 26 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve: person centred care; safe care and treatment; staffing and leadership (Well-led).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions: Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 The Pines Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Pines 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

The Pines Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 the inspection the registered manager had left the service and was no longer working for the provider. However, they had failed to cancel their registration with the CQC. We spoke with the provider about this. A new manager was in place and was actively pursuing registration with the CQC. Records showed that their application was being processed at the time of the inspection. The manager supported us during the inspection.

Notice of inspection

We gave a short period notice of the inspection by contacting the manager on the morning of the inspection. This was to check the situation regarding Covid-19 at the home and for the provider to put in place appropriate processes to facilitate the inspection whilst protecting people and staff at the home.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and reviewed the action plan sent to us by the provider, following the last inspection. We sought feedback from professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care. We spoke with five members of staff including the manager, a senior team leader, a care worker, the cook and the maintenance worker.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved and was rated as: good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made to demonstrate the provider was no longer in breach of regulation 12.

- Window restrictors had been fitted to the windows in all upstairs bedrooms. Toilet areas had small windows which did not have restrictors fitted. Whilst the risk in these areas was low, we spoke with the manager about fitting additional restrictors or ensuring assessments of risk were in place to monitor the situation.
- Risks assessments associated with health and support were carried out as part of regular reviews of people's care. There was clear evidence these were updated as needs changed, and action taken to address or mitigate health risks. Where necessary, health professionals had been involved in reassessments or treatment to support people's well-being.
- Fire checks and health and safety risk reviews were regularly undertaken by the manager or the service's maintenance person. Previously, there had been a limited number of fire drills at the home. At this inspection we saw that detailed and regular drills were now taking place.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to manage any safeguarding matters or concerns. Where necessary, safeguarding issues had been investigated and reported to the local safeguarding adults team. Where warranted, action had been taken as a result of the investigation.

Staffing and recruitment

- People and staff told us there were enough staff to support people and deliver good levels of care. One person told us, "The staff are very attentive."
- Staff recruitment continued to be well managed and appropriate checks had been undertaken prior to new staff commencing at the service. New starters were subject to a probationary period and a review of their performance.

Using medicines safely

- Medicines were managed safely and administered in line with prescribed guidelines. The manager carried

out regular audits of medicines to ensure practices remained safe and staff competencies were frequently reviewed.

Preventing and controlling infection

- Appropriate infection control processes and procedures were in place. The home was maintained in a clean and tidy manner.
- The manager had instigated fitting protocols to manage the home during the recent coronavirus pandemic and there had been no COVID-19 infections at the home, to date.
- The home had a sufficient supply of protective equipment and we observed staff wore PPE effectively.
- The manager had accessed external support and advice regarding training on infection control and maintaining a safe environment.

Learning lessons when things go wrong

- The manager spoke about the challenges they had faced coming into the service and the action they had taken following the previous inspection. The manager and provider had taken action to address issues previously raised at inspection and improve the quality of the service overall.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved and was rated as: good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have in place an effective system to deliver and monitor staff training and development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made by the provider to demonstrate there was no longer in breach of regulation 18.

- The manager demonstrated how they were now monitoring staff training and ensuring all training was completed in a timely manner. Staff told us they were now well-supported with training and reminded when this needed to be completed.
- The manager had completed a number of supervision sessions with staff. The records of these meetings were detailed and contained good information about staff performance and how they could progress and develop.

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

At our last inspection the provider had failed to have in place an effective system for ensuring care was delivered in line with professional guidance and that care plans were up to date. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made to demonstrate the provider was no longer in breach of regulation 9.

- Care plans had been updated to contain clear guidance on how people were to be supported and staff told us they had a good understanding of the care people required.
- Care plans were regularly reviewed and updated to reflect the guidance provided by health professionals.
- People's preferences and choices were incorporated into care plans and the wider running of the home. One staff member told us, "I love it here. I love working at the home. I am passionate about helping the residents and what I do."

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

- People had been supported to make suggestions and choices about the range of meals on offer at the

home. The menu had been updated to take account of these suggestions. People told us they were happy with the meals on offer and that alternatives were available if they wished.

- Kitchen staff had received additional training around alternative and specialist diets. They had a good understanding of people's dietary needs and people's meals were provided in line with professional guidance.

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

- The manager spoke about how the service had worked with a range of professionals during the pandemic to ensure people's needs continued to be reviewed and met.
- Care plans evidenced that co-operative working had taken place and staff had worked jointly with professionals to provide timely care and support people with day to day healthcare needs during the pandemic. There was evidence in files that people had been seen and assessed by GPs or district nurses.

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

- Some progress had been made with improving the decoration of the home, since the last inspection and many areas had a brighter feel to them.
- Some additional signage had been put in place to help people identify facilities, such as toilets and bathrooms.
- There was ongoing work on installing a new passenger lift and developing the home's outside space to improve facilities for people to meet relatives in the garden during the pandemic.
- The manager had put in place measures to support social distancing during the pandemic with the reorganisations of lounge and dining areas.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people living at the home were subject to DoLS restrictions. The manager monitored these and ensured reviews took place in a timely manner.
- Capacity assessments were completed when questions were raised around whether people had the ability to understand detailed information or make more complex decisions. Where people lacked capacity best interest decisions had been made to consider the most appropriate course of action, such as whether people should be subject to an invasive swab test to monitor for COVID-19.

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 the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved and was rated as: good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have in place an effective system to manage risk or ensure the quality of services. This was a breach of regulation 17 (Well led) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made to demonstrate the provider was no longer in breach of regulation 17.

- The manager was in the process of applying to formally take on the role of the registered manager and there were CQC processes in place to deal with this.
- They had a clear understanding of the actions that were needed to deal with issues found at the previous inspection and were addressing these.
- Quality processes had been improved and there was increased monitoring.
- Staff told us they felt the service was better organised and run. They felt they had clear direction and were very clear about the requirements of their roles.

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

- The manager told us people had been supported to participate in decision making, and people we spoke with confirmed this.
- Regular 'residents' meeting' had taken place. People had been supported to make suggestions about activities at the home and on improving the menu.
- Staff told us they felt the focus of the home was now much more on the needs of the people. Staff told us, "(Manager) coming here has been mint. Things have definitely improved since they've been here" and "I'm pleased (Manager) is back. She is efficient and runs things well. We are all working off the same page."

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 manager understood their responsibilities under the duty of candour and where necessary had undertaken a full investigation of complaints and offered a full and appropriate response.
- At the previous inspection we had identified that not all events that should have been notified to the CQC had been done so. Following a review of the circumstances of this failure to notify the CQC we decided not

to take any formal action against the provider.

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

- Measures were in place to involve people and staff in the running of the service, in line with the requirements of social distancing and in compliance with the COVID restrictions.
- Staff told us they felt more involved in decision making and felt the manager listened to them, whilst also giving direction.
- A range of information about social distancing and updates on the progress of the pandemic were available throughout the home.
- Regular meetings took place with people at the home, where they could express opinions and raise any concerns or anxieties they had.

Continuous learning and improving care

- The manager had a clear view about the progress made at the home and the developments still needed to improve the quality of care.
- A new training system had been purchased by the provider and all staff were to commence training on a range of areas.

Working in partnership with others

- There was clear evidence from care records that the service worked in partnership with other professionals.
- The manager spoke about how the service had worked with the local authority and other agencies to address the challenges of the COVID pandemic.