

Mrs Celia Rosemary Griffiths

Pippins Residential Care Home

Inspection report

Mead Lane
Preston
Paignton
Devon
TQ3 2AT

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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

Pippins residential care home offers accommodation with personal care for up to 21 older people. Nursing care is not provided by the service.

This unannounced inspection took place on 31 May 2016. The service was last inspected on 3 December 2013 when it was meeting the requirements that were looked at.

A registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered person employed a registered manager although there was no legal requirement to do so. This was because the registered provider is an individual, rather than a company.

People's personal information was not always stored in a confidential way. However, following the inspection the manager told us they had removed all personal information from communal areas. Medicines were not always managed safely. People's medicines were not always ordered in time to ensure stocks were maintained. When medicines were received the total quantity of medicine in stock was not always recorded. Temperatures of the fridge used to store certain medicines were not always recorded. Other aspects of medicine administration were managed safely.

People's needs were met in a safe and timely way as there were enough staff available. People told us they were happy with staffing levels and told us "Staff are very good, take their time" and "If you ring the bell they always come". People's needs were met by kind and caring staff who ensured people's privacy and dignity was respected at all times. People said "This is absolutely the best", "They look after us well", "I'm thoroughly spoilt" and "I count my blessings that I am here".

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Some people had completed their own care plans, indicating their needs and preferences. The home operated a key worker system where each person had a nominated member of staff who coordinated their care. Staff told us this helped them build relationships and get to know people well. People knew who their key worker was and could ask them if they needed anything. One person told us they had chosen their key worker. They said "she's brilliant. She can tell from my face if I'm worried about anything".

People were encouraged to make suggestions about improving the quality of the service provided. For example, people had requested a box to place outgoing mail into. Such a box had been placed in the hall way.

An activities organiser was employed and there was a range of activities on offer including word games and trips out. People told us they had recently been on a boat trip down the river Dart and had ice cream. During the inspection people were enjoying walking around and sitting in garden. One person said "I like sitting in the garden for fresh air".

People were supported to maintain good health. A healthy balanced diet was available and people saw their GP when needed. People told us "Food is wonderful. They ask what we would like on the menu" and "It's a lovely place, good food, good care".

People told us they felt safe. Staff had received training in how to recognise and report abuse. Thorough recruitment procedures ensured the risks of unsuitable staff being employed were minimised.

Staff received training that helped them meet people's needs. For example, staff had received training in moving and transferring, infection control and first aid.

Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people's human rights were protected. People were asked for their consent before staff provided personal care.

Relatives and people living at Pippins were confident that if they raised concerns they would be dealt with efficiently. One relative contacted us following the inspection. They wrote in an email 'We were very satisfied with the way [registered manager and provider] dealt with the matter'.

The registered manager was very open and approachable. Staff told us they felt well supported. The registered manager was keen to improve the service and a member of the local authority's quality improvement team told us "I've always found the manager to be receptive and open to any support and learning to help to develop the service".

There were effective quality assurance systems in place to monitor care. For example, there were regular audits of the environment and care plans. The provider took an active part in the running of the home and they produced a monthly report on the running of the home.

The registered manager was keen to improve the service provided. They told us they were looking at more informal ways to receive feedback from people. Following the inspection they wrote to us and told us they had placed complaint/comment forms in the hallway, lounge and library area. They had also place notebooks on dining room tables for people to write any comments in.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Some aspects of the service were not safe.

Medicines were not always managed safely.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good ●

The service was effective.

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

People were asked for their consent before staff provided personal care.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

Aspects of the service were not caring.

People's personal information was not always stored in a confidential way.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care

was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

The service was responsive.

People's care plans were person centred, comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

People were confident that if they raised concerns these would be dealt with by the registered manager.

Good ●

Is the service well-led?

The service was well led.

The registered manager was very and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Good ●

Pippins Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May 2016 and was unannounced.

Two adult social care inspectors conducted the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

Following the inspection we received a completed Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met, spoke with or spent time with all 18 people using the service, the registered manager and three staff. Following the inspection we received an email from staff from the local authority's quality assurance team. We also received emails from four relatives.

We walked around the service with the registered manager and saw the communal areas and a number of individual bedrooms. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included three people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

Medicines were not always managed safely. People's medicines were not always ordered in time to ensure stocks were maintained. We saw that one person had not received one item for three days. The lack of this item had no detrimental effect on the person's health and well-being. The item had been placed on a form used to request medicines, but the request had not been followed up when all the stock was used. During the inspection the registered manager put a system in place to minimise the risk of this happening again. We saw that when medicines were received the total quantity of medicine in stock was not always recorded. This meant it was not always possible to know the quantities of medicines held at the home. Temperatures of the fridge used to store certain medicines were not always recorded. This meant staff could not be assured medicines were being stored at the recommended temperature to maintain their effectiveness.

We saw that other aspects of medicine administration were managed safely. Staff at the home had identified where the dispensing pharmacy had made an error. The home contacted the pharmacy and the correct strength of medicine was delivered. Medicines were stored safely in a locked trolley secured to the wall. Topical medicines were applied as directed and detailed instructions were available to staff where one person's medicine was a reducing dose. Medicine Administration Record (MAR) sheets were fully completed to show people had received their medicines as prescribed. All hand transcribed entries were signed by two staff to ensure the information was correct.

Accidents and incidents were always recorded and action taken to protect people. However, they were not always analysed over a period of time to look for any trends to minimise the risk of re-occurrence. Following the inspection the registered manager wrote to us telling us they had a system in place to audit events to look for any trends.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire. An emergency action plan was in place detailing places of safety people could be taken to in they were evacuated.

All equipment was regularly checked visually and servicing and maintenance contracts were in place to ensure the equipment remained safe to use.

People were protected from the risks of abuse as staff knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Information relating to how to report safeguarding was displayed on a noticeboard. We saw that the registered manager was working with the local safeguarding team to protect one person living at the home. People we spoke with told us they felt safe living at the home.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. We looked at three staff files. All contained the required pre-employment documentation including disclosure

and barring (police) checks, photo identity, references. They also contained an application form with a full work history.

People's personal risk assessments contained good details on how risks were managed. Risks relating to epilepsy, falls, nutrition and pressure areas had been assessed and had been updated when risks had changed. Pressure relieving equipment was used when needed. One person who was at risk of falling had been seen by their GP and a physiotherapist. Their risk assessment stated their blood pressure should be monitored regularly and their room should be kept free from obstacles. We saw both of these measures were in place. People's freedom was respected while risks to them were minimised. The provider told us on their Provider Information Return (PIR) how they minimised risks to people. They wrote 'Risk assessments on residents in place, discussed with resident who can then make their own informed decisions about how they wish to live their lives'. One person was able to manage their own medicines following a risk assessment.

People's needs were met in a timely manner as there were sufficient staff on duty. Rotas showed that staffing levels were maintained at four care staff on duty during the morning. Two care staff were on duty during the afternoon and evening, supported by another staff member over suppertime. One staff member was awake and one staff member 'slept-in' each night. Supporting staff such as a cook and cleaner were on duty each day. The registered manager was also on duty during the week. The registered manager told us that staffing levels were determined by the needs of people living at the home. They also told us there was the facility to increase staffing levels should the need arise. For example, extra staff were on duty if someone was ill and needed extra help. People told us they were happy with staffing levels and told us "Staff are very good, take their time" and "If you ring the bell they always come".

Is the service effective?

Our findings

People living at Pippins had quite low care needs. No-one living at the home needed the support of two staff for any personal care tasks.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were happy with the skills of the staff. One person told us "They all know their jobs". One person told us they had been able to show a new member of staff how they liked it done. The person said they were pleased the staff member had followed their instructions.

Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received training relating to people's specific needs, for example, pressure area care. Some people at Pippins were living with low levels of dementia and staff had received training in dementia awareness. New staff were completing the care certificate. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

Staff told us they felt well supported by the registered manager to do their job well. Staff received regular individual supervision or annual appraisals. Staff also received group supervision. These sessions were used to update staff training and to discuss any issues staff may have. The group supervision session held on 9 June 2016 reminded staff about safeguarding procedures. Previous sessions had discussed recording information on care plans. Each staff member had a personal development plan that identified any gaps in knowledge and put plans in place to meet that need.

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.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Everyone living at Pippins was able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. People's care plans contained forms detailing their consent to receive personal care. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals. This meant staff were aware of the need to ensure people had the capacity to make specific decisions or best interest meetings needed to be held.

Throughout our inspection people were asked for their consent before staff provided personal care. Staff also offered choices about where the person wanted to sit and what they wanted to eat or drink.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager told us they felt two people may be at risk if they left the home's grounds unsupervised. For this reason they had applied to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People were supported to have enough to eat and drink. Jugs of water and juice were placed around the home for people to help themselves to. Staff frequently offered people snacks and tea or coffee. We overheard staff telling people about the choice of meals. Staff knew people's preferences and suggested alternative vegetables which the person was happy with. Staff told us there was a choice of breakfasts, one person asked for a bacon sandwich– which we saw they enjoyed. One person told us "Food is lovely. We're offered lots of choice. Today it's beef stew and dumplings, it's very tasty". Other people told us "Food is wonderful. They ask what we would like on the menu" and "It's a lovely place, good food, good care". People were able to choose where they ate their meals. We saw that lunch time in the dining room was very sociable, but some people chose to eat in their rooms. One person told us they didn't like too much food on their plate and were happy that they received a smaller portion.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. Where the registered manager had identified a person may have early signs of dementia, they had contacted their GP for an assessment. During the inspection one person had a problem with their hearing aid. The registered manager rang the audiology department and arranged an appointment straight away. Staff supported one person to attend a hospital appointment.

Is the service caring?

Our findings

People's personal information was not always stored in a confidential way. For example, personal information such as names, medical appointments and dates of birth were displayed on a noticeboard in the hallway. The staff 'handover' where changes to people's needs was discussed in the library area of the home. This was an area where people walked through and staff could have been heard discussing people's needs. We discussed this with the registered manager and following the inspection they wrote to tell us of the changes they had made. They told us they had removed all personal information from public areas and the staff handover was taking place in the staff 'sleep in' room, in private.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. Staff were seen supporting people in an easy, unrushed and pleasant manner. People said "This is absolutely the best", "They look after us well", "I'm thoroughly spoilt" and "I count my blessings that I am here". One relative wrote in an email to us 'The staff are very caring'. Another relative told us in an email 'On behalf of my family, I would like to let you know how much we all appreciate so much the very excellent level of care and attention which has been afforded to our [relative]'.

One person had poor sight. They told us the staff were very kind and helpful. They said they knew where everything was in their room because staff left things in the same place for them. During the inspection one person returned from hospital. Staff showed concern and reassured the person on several occasions. Staff were observed to be kind and patient. They walked with people at their pace and checked whether they could get people anything else before leaving their bedroom. Staff knelt down to be on people's level when chatting to them.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example staff knew what people liked to eat and when they liked to get up and go to bed.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. One person told us "They tap on the (bedroom) door even though it's open. We heard staff knocking on people's bedroom doors and asking if the person was alright. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff took care to ensure people's appearance was clean and tidy and that their hair was combed. People were treated with respect and as individuals. Staff listened to people and supported them to express their needs and wants. Staff spoke discreetly with people when asking them if they needed help with personal care.

The provider told us on their Provider Information Return (PIR) how they planned to improve the service. They wrote 'We are going to appoint a member of staff as a Dignity and Respect Champion who will observe

and monitor staff to ensure that all residents are treated with in a dignified and respectful way when they are addressing and approaching residents. They will then feedback their observations to staff and discuss how, if needed, they can improve'.

Is the service responsive?

Our findings

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before and while living at Pippins. Care plans were developed with the person and contained good descriptions of people's needs. Care plans were person centred with good detail about people's preferences. Each person had a 'pen picture' which detailed people's history and interests. The plans also had 'Picture maps' these contained information about how people liked to spend their time during the day. We saw people doing what was stated in their maps. For example, one person was going to meet friends. Staff had arranged for a taxi to take them out and the person said "It's what I used to do".

People also had night care plans. These contained people's preferences around their night time routines. The information related to what time people liked a hot drink, whether they wanted their bedroom door open or closed and how often they wanted to be checked.

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported. One member of staff told us how they were encouraging one person to regain their confidence following a period of ill health. Staff also told us how proud they were that they had been able to support a person to become more active. They told us the person had been reluctant to leave their room due to poor mobility, but had spent the day before in the garden.

People confirmed that staff knew what their needs were and how they liked them to be met. One person told us "staff are wonderful, treat you all the same". Following the inspection we received an email from a relative. They wrote 'Our [relative's] ongoing care at Pippins is something of which we can be confidently assured. In short, Pippins is a first rate excellent Care Home!'

One person told us they had moved bedrooms as they had mentioned to staff their room was dark. They were happy with their new room which was much brighter. Another person told us they were going to move rooms. They were pleased that their new room would be more central and they could see what was going on. People had developed friendships within the home and spent time chatting together in the lounge.

People were supported to follow their interests. We saw people knitting, doing jigsaws and puzzles. There was much laughter and friendly banter while people played hoopla with staff. Other people were happy to just watch television. During the afternoon people took part in an 'alphabet quiz'. People told us they liked this as it kept their mind active. People could take advantage of the 'talking' and large print books that were delivered from the local library every six weeks.

An activities organiser was employed for 12 hours a week and they organised trips out as well as activities inside the home. People told us they had recently been on a boat trip down the river Dart and had ice cream. One person had bought a small greenhouse and staff had arranged for this to be placed in the garden. The person was going to buy plants and look after them. During the inspection people were enjoying walking

around and sitting in garden. One person said "I like sitting in the garden for fresh air". During the inspection one person was supported to a hospital appointment. When they arrived back they told us the staff member had taken them for a coffee afterwards. They said staff often did things like that.

To assist people who wished to practice their religious faith there was a regular services held at the home.

The registered manager took note of, and investigated any concerns raised. Only one complaint had been recorded in the complaints file and this had been investigated and concluded satisfactorily. Following the inspection the relative who had raised the concerns contacted us via email. They wrote 'I want to stress that this was the only time we have had any concerns and would hate for this to reflect in a negative way on the home. We were very satisfied with the way [registered manager and provider] dealt with the matter'. They also wrote 'We would have no hesitation in recommending Pippins to others'.

People told us they felt able to raise any concerns and said they would speak to staff if they needed to. People told us "Nothing could be better. They take good care of us. If we did ask for anything they would do it" and "They're all very helpful".

Regular meetings were held for people to discuss any matters they wished. At a meeting in March people had discussed the garden furniture. They had requested a more permanent gazebo, as the one they had had been blown away in the high winds. The registered manager told us plans were underway to build a wooden gazebo. At a previous meeting people had requested a box for out-going post. We saw such a box had been provided in the reception hall.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Some people had completed their own care plans, indicating their needs and preferences. The home operated a key worker system where each person had a nominated member of staff who coordinated their care. Staff told us this helped them build relationships and get to know people well. People knew who their key worker was and could ask them if they needed anything. One person told us they had chosen their key worker. They said "she's brilliant. She can tell from my face if I'm worried about anything".

Is the service well-led?

Our findings

The registered manager had worked at the home for some time. They were supported in their role by a deputy manager. People, staff and visitors felt the service was well led by an open and approachable manager. People told us "You can talk to [registered manager], she's very good" and "[Registered manager] is not far, if I want to speak with her". Following the inspection a member of the local authority's quality assurance team sent us an email saying "I've always found the manager to be receptive and open to any support and learning to help to develop the service".

Staff told us they felt well supported by the registered manager and were able to make suggestions for improvements. For example, one staff member had identified that when a person got up very early, they became very restless late morning. The staff member had suggested a change in routine, with the person being encouraged to stay in bed later. This routine had been adopted and the person was much more settled during the day.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and positive culture within the home. They said they tried to make everyone feel they were independent. That people could do as they pleased, but always knew staff were there for them.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. We had identified there was no analysis of accidents and incidents. Following the inspection the registered manager told us of the action they had taken to remedy this. There were audits and checks in place to monitor safety and quality of care. Care plans, infection control, medicines and equipment checks were regularly audited. We saw where issues had been identified action had been taken to improve practice. For example an audit of care plans had highlighted that some people were purchasing their own incontinence pads. The registered manager had offered to arrange for assessments for them to possibly receive their pads free. The offer had been declined by all.

The provider took an active part in the running of the home. They produced a monthly report on the running of the home. The provider spoke with staff and people living at the home as well as inspecting the premises. We looked at a number of reports and saw only one issue of concern had been raised. One person had requested a brighter light in their bedroom, and this had been dealt with.

The registered manager was keen to improve the service provided. They told us they were looking at more informal ways to receive feedback from people. Following the inspection they wrote to us and told us they had placed complaint/comment forms in the hallway, lounge and library area. They had also place notebooks on dining room tables for people to write any comments in.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). They told us of their plans to further improve the service. They stated they intended to start a monthly newsletter to provide details of upcoming events and outings. They said they would be encouraging people to contribute towards it 'with poems, stories, ideas and photographs'.

The home registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.