Midland Heart Limited

Pine Court

Inspection report

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Date of inspection visit:
24 June 2016

Date of publication:
12 September 2016

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

Our inspection took place on 24 June 2016 and was unannounced. We last inspected the service on 16 December 2013 when we found the provider was meeting regulations.

Pine Court is an extra care housing service that provides personal care to people who are tenants. At the time we inspected Pine Court was providing personal care to 35 people who lived at the scheme. The service caters for older people.

The registered manager was not in post at the time of our inspection but had not at the time of the inspection requested to be removed from our register which meant their details were still present on the provider's registration at this time. 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.

People felt safe living at Pine Court. People said there was enough staff to ensure they received care and support when needed. We found systems were in place to identify risks to people and staff knew about these and how to minimise risks to people. People were supported by staff who were employed after appropriate checks were carried out. People were satisfied with how they received their medicines.

People had confidence that staff had the right skills and knowledge to care for them. Staff were knowledgeable about people's individual needs and how to meet them. People's rights were promoted because staff were aware of the need to gain people's consent before providing care. People were supported with food and drink in a way that addressed their needs, and met their preferences. People were supported to access healthcare professionals when needed.

People said staff were caring, kind and respectful. People thought staff respected their dignity and privacy and they were able to make choices about how their care was delivered. People's independence was promoted.

People were involved in planning their care. Changes to people's needs and preferences were responded to by the provider. Staff understood what people needed and knew their preferences. People knew who to complain to and were confident the provider would try and resolve these.

People felt the service was well led, with systems in place to ensure changes in management did not impact on the service. There were systems to capture people's views and monitor the quality of the service. Staff were well supported by the provider and happy working at Pine Court.

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

The service was safe.

People said they felt safe. People said there was sufficient staff to ensure they received support promptly when needed. There were systems to identify risks to people and minimise them. People were supported by staff who were subject to checks before employment. People received medicines in a way they felt was safe.

Is the service effective?

Good

The service was effective.

People were confident in staff skills and knowledge. Staff understood people's individual needs and how to meet these. People's rights were protected as staff were aware how to obtain their consent before delivering care. People were supported with food and drink in accordance with their needs and preferences. People were supported to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People told us the staff were caring, kind and respectful. People felt their dignity and privacy was respected and they were able to make choices about how their care was delivered. People's independence was promoted.

Is the service responsive?

Good

The service was responsive

People were involved in how their care was planned. People said any changes to their needs and preferences were listened and responded to by the provider. Staff understood people's needs and preferences. People knew who to complain to and had confidence complaints would be resolved.

Is the service well-led?

Good

The service was well led

People felt the service was well led. There were systems to capture and respond to people's experiences and monitor the quality of the service. Staff felt well supported by the provider and were happy in their work.

Pine Court

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 is 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 24 June 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to people and staff. We received replies from six people and five staff who shared their views about the service. We also reviewed notifications of incidents that the provider had sent us since the last inspection. Notifications are events that the provider is required to tell us about such as serious injuries to people who live at the service. In addition we sought the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

During our inspection we spoke with seven people and one relative of a person who lived at the service. We spoke with the area manager, three care staff and the administrator.

We reviewed a range of records about how people received their care and how the provider's personal care service was managed. We looked at four care records of people who used the service, three care staff records and records relating to the management of the service. The latter included records of spot checks carried out by managers on the quality of the service, care call records, provider quality checks, complaint records and surveys completed by people.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff who supported them. The six people that responded to our questionnaires said they felt safe from abuse or harm from their care staff. One person we spoke with said, "I have always felt safe here", another person that, "I am secure in my own flat". Other people told us they felt safe with the staff, for example one said the staff always carried identity cards which made them feel safer.

The area manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff knew how to escalate any concerns to ensure people were kept safe. The provider had demonstrated their awareness of local procedures for protecting people by alerting the local safeguarding authority and CQC when they had concerns about potential abuse. This indicated systems were in place to ensure that any allegations of suspected or actual harm would be promptly and appropriately escalated.

There were sufficient numbers of staff available to keep people safe. The six people that responded to our questionnaires said care staff arrived on time, this also confirmed by people we spoke with. One person told us they felt there was not enough staff, but did confirm their care calls were at the times expected. Another person told us, "Staff are not late, not if they can help it". People told us staff responded quickly in emergencies. One person said, "I only need to press the call button, they are quick". Another person said they had some falls and staff had responded quickly. Staff told us there were sufficient staff available to ensure people were safe and they could meet their commitments in respect of care calls. One told us, "Some days are busier but the seniors always help out". A team leader told us, "We always have adequate staff, there is an agreement with an agency to make up any shortfall". They said there was always enough regular staff available, as we saw when looking at staffing rotas. A person told us, "Sometimes there are agency staff but these are regular ones". Staff told us they had daily allocation sheets telling them which people's care calls they were responsible for. They said these allocation sheets would be updated where needed, this through handovers when staff came on shift. One member of staff said, "We go through the customer needs highlighting medicines, diary, handover book, medicines book". They told us this ensured they knew what people's needs were for the day, and they had sufficient time to spend with people. Five out of the six people that responded to our questionnaires said staff stayed for the agreed length of time and all six said staff completed all the tasks they should during each visit. This was also confirmed by people we spoke with. This showed people were confident staff had time to provide the care they needed.

We looked at the provider's staff recruitment systems and found these made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. The area manager told us staff references were obtained by the provider's human resources department, and staff would not be employed until these were checked. We spoke with staff who confirmed that these checks, including up to three references, had been completed before they started work.

Checks were undertaken to assess any risks to people and to the staff who supported them. This included

environmental and other risks due to the health and support needs of people. We saw risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, where some people were identified as needing aids to mobilise this risk had been escalated so the correct equipment could be sourced. Risk assessments were in place to identify how staff needed to support people safely when using these aids. People we spoke with told us staff taken steps to reduce risks that were present. Staff we spoke were aware of risks to people, and this knowledge reflected what we saw recorded in people's risk assessments. This showed risks were considered and action taken to promote people's safety.

People were happy with the support they received with their medicines, and they said they received these in a safe way. One person told us staff, "Bring me medicines three times a day".
Some people we spoke with were able to take their own medicines but they told us how staff assisted them to do so independently. We saw risk assessments were completed to identify what support people may need. For example one person said staff reminding them when they needed to take their medicines was helpful. Staff we spoke with were able to tell us how they administered medicines in a safe way, and told us their competency was checked by managers. We looked at some people's medicine administration records (MARs) and found that these were mostly complete, although we did find some that carried gaps. We ascertained that these gaps related to times when people had refused their medicines (for example pain killers) and this was their choice, as they confirmed when we spoke with them. Staff had not on these occasions always completed the MAR to show the medicines had been refused and the area manager said they would discuss this with staff to ensure records were completed appropriately. While there was some scope for improvement in recording in MARs people had received medicines as prescribed, in a safe way and in accordance with their preferences.

Good

Is the service effective?

Our findings

People said staff always asked if they were agreed and consented to any care or support before this was provided. People we spoke with said they consented to their planned care when their care plans were reviewed with senior staff. One person told us, "They [staff] ask me what I want", another, "I'm allowed to say what I want done". 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 were able to tell us how they would ensure they acted in accordance with the MCA, and demonstrated a good understanding of the Act. One member of staff said, "If someone says no or refuses or declines I will ask why, but they have the right to say no. If they did not have capacity I would involve the necessary professionals". Staff told us they had received training in the MCA which helped them understand the importance of gaining people's consent. The area manager told us further training was planned for staff in the MCA. This showed staff were aware of their responsibilities under the MCA.

People said their care was provided by staff in a way that allowed them to be confident in staff skills and knowledge. The six people that responded to our questionnaires said the staff had the skills and knowledge to provide them with the care they needed. One person we spoke with said the staff were, "Vey good" and were knowledgeable about the specific health conditions they lived with. Another person said, "The staff here are quite good, they have training". The area manager was aware of gaps in staff training and was able to tell us how they planned to provide training to staff where it was needed. The five staff that responded to our questionnaires said they received the training needed to enable them to meet people's needs. Staff we spoke with were positive about the training they received. One told us, "We have received plenty of training". We spoke with a recently employed member of staff who told us about their induction. They said, "I thought the induction was, wow! They are quite helpful if you need to know anything". They told us about a five day induction that covered everything they needed to know. They also said they were completing an induction workbook to test out their knowledge of fundamental care standards by use of written question sheets and observation of their practice. Staff told us they had regular one to one supervision meetings, appraisals and their competency was checked by the registered manager or seniors through spot checks. Staff said they received the support they needed to understand their roles and responsibilities. This showed staff were supported by the provider to gain the knowledge and skills required to support people.

People were happy with the support they had to eat and drink. People told us the support they needed with meals and drinks varied dependent on their individual circumstances, but staff were aware of the support they may need to ensure they had a good diet. One person told us they had appropriate support with food and drink and said, "First thing staff will say when they call is do you want a cup of tea, they make a good cup of tea". We saw assessments included information about how people needed their food prepared, for example we saw how these reflected specific risks. Some people were identified as not being able to swallow easily and actions were identified to minimise risks such as providing thickened drinks and soft food. Another person told us staff were aware of their dietary needs due to their living with diabetes and

ensured they had sufficient food and drink to ensure they were healthy. People told us they also were able to purchase meals and drinks from a centralised kitchen facility within the scheme. This showed people had the support they needed to have sufficient food and drink.

Good

Is the service caring?

Our findings

People said staff were consistently kind and caring. The six people that responded to our questionnaires said the staff that visited them were always kind and caring, this confirmed by people we spoke with. One person said, "They [staff] talk to you properly, and they are very good". Another person said, "They [staff] just care for me well". A third person said, "Staff are very pleasant".

People told us they had good relationships with the staff who visited them. The six people that responded to our questionnaires said they were always introduced to the staff that supported them before they provided care or support. They also said they received support from familiar, consistent staff. One person we spoke with said, "They [staff] become friends, share little jokes". People also told us they were happy with the gender of the staff that supported them. One person said, "I am given the choice of male or female. They try to abide by my wishes". This showed the provider aimed to ensure people were supported by staff they knew.

Staff understood why it was important to communicate and talk to people about the care they provided. For example staff understood some people may need additional time and support to understand and discuss choices they gave them. People said staff spoke with and listened to what they had to say before and during providing care. They told us this was to ensure their choices about how their care was provided were respected. One relative told us how staff communicated with a person in a way that helped communication, for example the staff would speak clearly and use simple phrases that were easier for the person to understand. We saw when staff spoke with people they looked comfortable and relaxed. This showed staff understood the importance of communication with people.

People told us the staff treated them with dignity and respect. We saw the approach of staff when they entered people's flats was appropriate. Staff were seen to be polite and speaking to people in a way that met with their expectations. For example we saw staff used people's preferred titles to address them, as was confirmed by the people we spoke with. People consistently said that staff were all polite, friendly, showed them respect and considered their privacy. One person said, "Staff are always respectful". Another person told us staff, "Always ring the doorbell and let you know whose there, it's all good". Everyone we spoke with said staff would always knock the door and let them know who was there before entering. We saw staff were polite and considerate in all the conversations we saw they had with people. Staff we spoke with were able to tell us of ways in which they promoted people's privacy and dignity. For example, staff told us how they would show respect for a person's home, and were aware of the need to gain permission before entering. This showed people were respected and treated in a dignified way by staff.

People told us staff helped them be more independent. The six people that responded to our questionnaires said the staff helped them be as independent as possible. One person we spoke with said the staff, "Do try to help you to be independent, if you're able to walk they will encourage you to". Another person said, "Staff will come in and ask is there anything I can do for you. I like to make a drink and they let me do this myself". This meant people's independence was promoted.

Good

Is the service responsive?

Our findings

People told us assessments of their needs, likes and dislikes were carried out prior to their receiving any personal care. One person and their relative told us they had been asked what the person's likes and dislikes were prior to their move into Pine Court. The relative told us a member of staff," Came to talk to us about what it was like [at Pine Court]" .We saw the provider had obtained information from commissioners and completed assessments of people's needs prior to other people moving in. People told us they were given information about Pine Court and the care service that was available before they moved in. The six people that responded to our questionnaires said that the information they received about the service was clear and easy to understand. One person told us about their care plan, and said, "They [staff] read it out to you" before they were asked to sign it. This showed people were involved in planning their care before they moved into Pine Court and were able to agree what this support would be.

The six people that responded to our questionnaires said they were involved in decision making about their care. They also confirmed the provider would involve people they chose in important decisions if wished. People we spoke with also confirmed they were involved in planning their care. People had copies of their care plans as agreed with them and confirmed their personal requirements were discussed with them. We talked through three people's care plans with them and they told us the care they received reflected what was written in their plan. A team leader told us people's care was reviewed three monthly or more often if there were any changes in people's needs, this confirming what people told us. The team leader told us where appropriate this would involve others such as the person's doctor and representatives. Staff told us they were able to read assessments of people's needs and preferences so they could provide people with care they had agreed. For example, one member of staff told us when communicating with people, if they had difficultly helping the person understand they would check their assessments and care plan to see how they best communicated. Staff demonstrated a good awareness of people's needs and preferences however, which reflected what we saw written in people's records. This showed the provider had systems in place to ensure they were responsive to people's needs.

People told us they knew who to complain to and were confident complaints would be addressed. The six people that responded to our questionnaires said care staff responded well to any complaints or concerns they raised. People told us they were aware of the provider's complaints procedure or they knew who to take complaints to. One person we spoke with said, "Any concerns or complaints would go to the office". They added, "In regards to personal care and staff, no concerns". Another person said they had no complaints but if they approached senior staff, "I am confident they would sort out". One relative said they were not sure how to contact the provider, but knew who to complain to at Pine Court. They added, "No reason to complain, very happy with the care". The area manager told us they had not received any formal complaints in the last 12 months but told us any received would be treated seriously, investigated, and the complainant involved in any resolution. There were some issues people raised that had not been raised as complaints, which we told the area manager about. They said they would escalated these to the provider for resolution, for example ensuring people had more frequent billing for meals they ordered from the communal kitchen. This showed that people's complaints would be listened to, and addressed or escalated for resolution.

Good

Is the service well-led?

Our findings

The registered manager had recently left the organisation. The provider had begun the process of recruiting a new manager and had ensured sufficient management arrangements were in place during the recruitment process

The changes in management had not impacted on the running of the service as people told us they thought Pine Court was well run and they were satisfied with the care they received. People we spoke with knew who the area manager was and said they saw them often. One person said, "[The area manager] is here, she talks to all of us". Another person spoke of a team leader who they said, "Does her best to sort things out". People also expressed confidence in other senior staff with whom they said they had regular contact. The area manager and senior staff demonstrated a sound knowledge of people's needs and their responsibilities in providing people's personal care.

The provider had a number of ways in which they gathered people's views. The six people who responded to our questionnaires said they had been asked about what they thought of the service they received by the provider. People we spoke with told us they had received surveys forms from the provider to ask for their views. We saw the majority of people who received personal care were positive about the quality of the service they received. People also told us they attended tenant's meetings where they would discuss the service and any concerns people may have. One person said, "We have tenants meetings where we can raise issues or complaints". Another person told us how people were involved in staff selection and said the staff, "Are well matched as there is a vigorous interview that we sit in on sometimes". People said they were able to make suggestions and said these were usually responded to by the provider. This showed people were able to share their views about the service they received.

Staff told us they understood their role, what was expected of them and were happy in their work. The five of the staff that responded to our questionnaires said their managers were accessible and dealt with any concerns raised effectively. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them. Staff we spoke with said, "Staff helpful, good approach, know I can go to [area manager] with concerns, love my job". Another member of staff said, "Any grievances I can tell them [manager]. I'm quite happy here". Staff told us they felt able to raise concerns by speaking to the area manager, team leaders or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. This meant staff felt well supported and able to share their views with the provider.

We saw the provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw changes to people's care, and any risks that presented were recorded and monitored for trends and patterns, to inform how these risks were managed. For example, accidents and incidents were recorded and examined for any possible trends that would help improved people's safety. Staff were able to verbally explain how they responded to the increased risks that were identified to one person due to falls, when a pattern was identified. Daily recording also confirmed staff

had taken the appropriate action to reduce risks. We saw copies of regular audits the registered manager completed, and documented records of provider visits where they checked on the quality of the service, this in line with nationally recognised standards. We found the provider had identified some areas where improvements could be made, for example to ensure audits of medicines were improved. The registered manager showed us how these findings had led to a targeted action plan that we saw they were addressing, and was based on what we found, leading to improvement. The area manager showed us how the provider monitored the action plan on a regular basis. They also added they had received good support from the provider. This showed the provider, was proactive in finding areas where there was scope for improvement in the service people received, with clear targets setting out how and when these would be achieved by.

We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so.