

Sandbourne House Ltd

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Pines Residential Care Home provides accommodation and personal care for up to 13 people who have learning disabilities and mental health needs. At the time of the inspection 12 people were living at the home.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. 12 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

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. People told us they were "very happy", felt safe and that staff had a good understanding of their needs and preferences.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills.

Staff understood and promoted equality, diversity and human rights.

People, professionals and their families described the staff as being caring, kind and friendly and the atmosphere of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

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

Rating at last inspection:

The last rating for this service was Good (published 9 November 2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

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 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 ●

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

This inspection was completed 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out; we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 and two relatives about their experience of the care provided. We spoke with three members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at three staff files to check the recruitment of staff. We reviewed records relating to the management of the service and training records. We walked around the home and observed care practice and interactions between support staff and people.

After the inspection

We requested further information from the registered manager related to the service; this was provided promptly.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to identify and act on any concerns.
- Safeguarding incidents had been referred to the local safeguarding team appropriately.
- Information about abuse and how to contact the local authority safeguarding team was available in the service so anyone could easily access the information.
- People we spoke with told us that they or their relatives felt the care and support they received was safe.

Assessing risk, safety monitoring and management

- The service promoted positive risk taking by ensuring people had items such as a mobile phone and identification when they were in the community. One person told us, "Staff check I have my phone and ID with me; this means I go shopping and into town by myself. I can be independent which is important to me."
- Risk assessments were regularly reviewed to identify changes in people's needs and they were amended accordingly.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours that may challenge others.

Staffing and recruitment

- People were supported by a regular team of staff who they knew well. They were involved in the interview process of potential staff.
- Staffing levels were based on people's individual needs.
- The provider had a safe recruitment system. Full employment checks were in place before staff started working with people who used the service.

Using medicines safely

- Safe systems and processes meant people received their medicines in line with best practice.
- People spoke positively about the support they received with their medicines.
- Where people were prescribed 'as required' medicines there was clear guidance for staff about when these medicines should be given.

Preventing and controlling infection

- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- Staff had received infection control training and understood their responsibilities in this area.

Learning lessons when things go wrong

- The registered manager responded appropriately when accidents or incidents occurred. These were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions and staff meetings.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed in line with current legislation, standards and good practice guidance. The information was used to create person-centred support plans.
- People's needs had been identified and choices were supported. Support plans contained information about people's likes and dislikes.
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.

Staff support: induction, training, skills and experience

- People told us they felt that the staff had the skills and competencies to meet their individual needs.
- New staff received an induction and training when they started work at the service. Staff described their induction as being "Brilliant".
- Staff completed the Care Certificate as part of their induction programme. The Care Certificate is designed so staff have the skills, knowledge and behaviours expected to provide compassionate and high-quality care and support to people.
- Staff told us they felt supported to carry out their roles. They had regular one to one supervision sessions.
- Staff training records were up to date and identified when updates were due. Staff described the training as being "regular", "face to face as well as computer based".

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

- People told us they enjoyed, and were involved in planning, what they ate. One person said they liked helping to prepare meals occasionally.
- People's care records contained information relating to their dietary needs. People's individual preferences were recorded within their care records. This gave staff guidance on knowing what people liked to eat and drink and any special requirements they had.

Staff working with other agencies to provide consistent, effective, timely care

- People were proactively supported to maintain good health and had access to external healthcare support when necessary. One person said, "I go to the doctor. Staff support me".

Supporting people to live healthier lives, access healthcare services and support

- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- People told us that they liked their home and their bedrooms.
- The home had a large activity room that was used as a sensory room, computer room or a space for people to go to away from the main building.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal care.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, professionals and relatives told us staff were kind and caring. Comments included: "Staff are always nice to me", and "Staff are kind, caring and dedicated".
- People's cultural and spiritual needs were respected. A staff member told us, "We are all equal and have the same rights as each other regardless of ability".
- Staff encouraged people to receive visitors in a way that reflected their own wishes, including time spent in privacy.
- All staff had received training in equality and diversity.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give some people options if they need them to support them to? make decisions".
- People and relatives were pleased with their care and felt involved in decisions. Comments included: "Happy with the care [person's name] receives. I can see they are thriving and have a better life than me".
- People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. For example, staff supported a person to use the phone to call a relative.
- Relatives told us they were made to feel welcome and involved.
- Where needed the home sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering. They did not share personal information about people inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A person told us, "I like being independent, it's important to me".
- Staff told us that, at times, people liked tasks done for them however, they used approaches which encouraged people to engage and do things for themselves

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff had built good relationships with people and had developed a good understanding of people wants and preferences.
- The service had a system of reviewing support plans regularly with the person it related to. This ensured the person was involved so they were relevant, up to date and reflected the person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had an individualised communication passport detailing their preferred way of communicating, such as Makaton and picture aids which were used widely throughout the home.

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.

- People were supported to access the community and participate in activities that matched their hobbies and interests and were reflected in individual support plans.
- The home had two vehicles for people to use to access the community. One person explained they used public transport on a regular basis.
- Staff had provided support to enable people to visit friends and relatives. Staff described "Loving their job" and "We are here to support the people who live here the best way we can, and to live a fulfilled life."

Improving care quality in response to complaints or concerns

- Complaints had been acted upon and dealt with appropriately.
- An easy read version of the complaints procedure had been created to enable people to understand the information.
- Relatives and professionals told us they had no complaints and felt they could approach the staff or management should they have a concern.
- Each person we spoke with said they would speak to any of the staff and were confident they would be listened to.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.

- People had been given the opportunity to discuss their end of life wishes and these were documented.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were motivated and passionate about providing the best possible person-centred care and support for people.
- People and staff benefitted from a registered manager who had created an open culture and had developed positive values within the service.
- Some people had been supported to obtain paid employment, voluntary work, day centres and social clubs within the community.
- Staff put people they supported at the heart of what they did. On their day off or not during work time staff visited a person who was in hospital to ensure they were not lonely and to see a familiar face.
- People were involved in the interview process of potential new staff and chose who their 'key worker' was.

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 promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour.

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

- Staff spoke positively about the management. They felt the service was well led. Comments included, "I think the whole service is well managed", "I feel the service is well managed for the people we care for and the staff team".
- The service had a robust quality assurance system in place. Audits were regularly undertaken by the registered manager, deputy manager and provider.
- The registered manager had informed the CQC about any events or incidents in line with their legal requirements.

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

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- People were empowered to express their views and suggestions about the service, be it in formally or in formally.

- There was a positive workplace culture at the service. Staff worked well together, and were proud of providing a good quality service to people. Each member of staff that gave feedback told us they would recommend the service.
- There were regular staff meetings where staff could speak about people's needs and raise any issues or share good practice.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents; investigations took place and appropriate changes were implemented.

Working in partnership with others

- The registered manager told us, and records supported that, the service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- In the event of bad weather or a major incident the provider had a contingency plan in place.
- The service looked at innovative ways to improve the care people received. They regularly met with people who used the service to carry out reviews or to check on how things were going.