

Orchard Care (South West) Limited

Pine Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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:

Pine Lodge provides accommodation and personal care for up to 22 older people, some of whom are living with dementia. There were 19 people living at the service at the time of the inspection. Pine Lodge also had a home care service located on the same site. This provided domiciliary care to older people living in their own homes in the Milton and Weston Super Mare areas. 55 people were receiving a service at the time of our inspection.

Pine Lodge is located over two floors, with communal lounges and a dining room on the ground floor. There was a garden area at the front.

People's experience of using this service:

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.

Medicines were managed and administered safely. However, we found temperatures of medicines storage areas were sometimes too high. We have made a recommendation in relation to this. Whilst recruitment processes were followed, in some cases we found further clarification of employment history was needed.

People were supported by staff who were kind, caring and dedicated to their roles. Staff ensured they developed positive and consistent relationships with people. Staff respected people's dignity and privacy.

There was enough staff to support people safely and spend time engaged with people. People experienced visits to their homes which were on time and responsive to their changing needs.

People enjoyed the food provided by the service and were supported with their nutrition and hydration requirements.

Staff were observant to people's healthcare needs and supported people to access additional services.

Care plans were person centred and showed people's routines and preferences. The service promoted people's independence which was important to people.

Pine Lodge was well managed. People spoke highly of the registered manager. Systems were in place to monitor and review the quality of the service.

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

Rating at last inspection:

The last rating for this service was Good (published 22 August 2017).

Why we inspected:

This was a planned 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 ●

Pine Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Pine Lodge 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.

Pine Lodge is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was unannounced in the residential home on the first day of inspection and announced at the domiciliary care service on the second day of inspection.

What we did before 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 (PIR). 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

During the inspection we spoke with 22 people using the service, four relatives and seven staff members which included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Some people we met were not able to fully tell us about their experiences. We therefore used our observations of care and feedback gained to help form our judgements.

We reviewed eight people's care and support records and seven staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We spoke to a further two staff members.

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 remained the same. This meant some aspects of the service were not always safe and there was not always assurances about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Temperatures of medicine storage areas were monitored in Pine Lodge. However, the medicine fridge and trolley had exceeded the optimum maximum temperature on some occasions during February 2020 without action always being taken. This had been highlighted at the previous inspection. A senior staff member explained the actions previously taken during warmer months to ensure recommended temperatures were maintained, including relocating the fridge and medicine trolley. They said clearer instructions would be displayed to ensure staff acted in line with their policy.

We recommend the provider reviews best practice guidance in relation to the storage of medicines.

- Medicines and topical creams were given as prescribed. Protocols were in place for 'as required' medicines. Medicines that required additional storage in line with legislation were stored and checked appropriately.
- People's preferences were recorded along with any allergies. Such as, "I like my medication to be placed on my trolley and I take one at a time with water or juice."
- People told us they were given their medicines in the way they preferred. One person said, "The carers make sure I have taken my medication and they do my eye drops and creams, they are very good and thorough." A relative said, "Soon as [name of relative] moved in they sorted out the ordering of the medicine boxes."
- Staff were regularly assessed to ensure their medicine competency and knowledge was at the expected standard.

Staffing and recruitment

- Since our last inspection staffing levels in Pine Lodge had been increased during the morning. At this inspection we received positive feedback about staffing. One person said, "There always seems to be [staff] around when needed." A relative said, ""Staff are always around." A staff member said, "Definitely got enough staff now."
- People told us that staff did not miss visits to their home and they were supported by a consistent staff team. People said, "We have a good continuity of carers; there is five staff that cover all my visits," "I would say they have enough staff," and "Always on time."
- We observed call bells being answered promptly. One person said, "Yes I do I have my call bell if I needed help urgently."
- The provider followed recruitment processes before staff were employed which included Disclosure and Barring Service (DBS) checks and obtaining previous references.

- However, a full employment history, including gaps in employment had not always been clarified. Two staff members change of name had not been evidenced. The provider said this would be addressed and during the inspection changes were made to the application form to ensure information and dates requested were clearer.

Assessing risk, safety monitoring and management

- People said they felt safe living in the home and receiving support from the service. One person said, "Yes I am very safe with the staff." Another person said, "From the moment I moved in I felt secure and safe it is like living with a large family." A relative said, "I have never worried about [name of person's] safety or if [name of person] was at risk of anything."
- Assessments for areas such as medicines, mobility and pressure care directed staff on how to reduce and manage identified risks to people. Assessments promoted people's independence and abilities.
- Regular assessments and checks were conducted on the environment and equipment at Pine Lodge and within individuals homes to ensure people's safety. These included electrical, water and hot surfaces checks. Directions were given on how to use people's equipment safely.
- Fire checks were completed. Personal evacuation plans in Pine Lodge detailed the support people required to stay safe in an emergency. Guidance in people's homes showed the fire safety measures in place.
- The service had business continuity plans to support if factors affected the running of the service such as staff shortages or severe weather. We highlighted where further assessment of the risk to people living in their own homes and the support people had from family and friends if the running of the service was disrupted would be beneficial. The registered manager said they would address this

Systems and processes to safeguard people from the risk of abuse

- Staff were clear on the procedures to take if safeguarding concerns were identified. One staff member said, "I would report it to the office."
- Staff had received training in safeguarding. A staff member said, "Yes I had safeguarding training."
- The service had systems established to ensure safeguarding concerns were reported to the local authority and Care Quality Commission.

Preventing and controlling infection

- Pine Lodge was clean, tidy and well maintained. A relative said, "It is always clean, ten out of ten."
- Staff were observed to adhere to infection control policies and procedures. Such as wearing gloves and aprons. Staff said they were supplied with personal protective equipment.
- Systems were in place to monitor and check the cleanliness of the service and equipment. A relative said, "I noticed the first time I came in how nice it smelt."
- Care plans gave guidance to staff on how to reduce infection control risks within people's homes. One person said, "They [staff] do a great job at cleaning, I find them very efficient and they know what they are doing."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. This enabled effective risk management to people's changing needs.
- Actions were taken to prevent reoccurrence such as contacting the falls team or changing the environment.
- In Pine Lodge more detailed evaluation of factors contributing to incidents and accidents would support risk management. Since January 2020 Pine Lodge had started analysing falls in further detail looking at patterns, trends and actions taken.

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.

Staff support: induction, training, skills and experience

- New staff completed an induction which included mandatory training and orientation to the service. One staff member said the induction programme was, "Useful."
- Staff received regular support through supervision with their line manager. A staff member said supervision was, "Supportive." One staff member said, "I have received more supervision [at Pine Lodge] than other companies offer."
- Regular training was arranged to ensure staff were skilled and knowledgeable in their role. Staff comments included, "Pretty good training" and, "We are always having training." Staff told us about recent dementia and continence training which had strengthened how they supported people. One person said, "Yes they [staff] are trained I know new staff are shadowed before being allowed to do visits alone."

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

- People spoke positively about the food provided at Pine Lodge. One person said, "I love the food. We get a good choice and are given good portions."
- People experienced relaxed and sociable mealtimes. We observed people sitting together and chatting. Drinks were available in people's rooms and in the dining area so people could retain their independence and make their own.
- Some people living in their own homes had food supplied and delivered by Pine Lodge. One person said, "They supply a menu and I choose what I want, all the food is very good." Other people received support with food preparation. One person said, "They [staff] prepare my evening meals and put things out ready for me."
- Care plans contained information and guidance about how to support people with their food and fluids. This included any specific diets, allergies or where intake needed monitoring. Catering staff at Pine Lodge were knowledgeable of this information and people's preferences.

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

- The service was inviting and homely. One person said, "It is very nice here." People personalised their rooms with furniture, ornaments and pictures. Another person said, "My bedroom is spotless."
- At Pine Lodge people had access to a safe and attractive garden area, with seating, plants and flowers. Staff told us people enjoyed the outside space in warmer weather.
- People in their own homes were supported to ensure their environment was adapted to meet their needs. For example, by ensuring equipment was safely stored.

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

- People's healthcare needs were met. Care plans included detailed information about people's medical history and how to support people with their individual health needs.
- People told us they were supported to access healthcare appointments. One person said, "I have had a member of staff chaperone me on a hospital visit that my [relative] could not make." Another person said, "They are good if you need someone to take you to an appointment. I needed a chaperone and someone came with me to the dentist."
- Staff responded promptly to people's changing healthcare needs. One person said, "They [staff] have called the doctor for me as I was unwell and informed my next of kin."

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

- Staff liaised with other professionals to support people's health and wellbeing. Such as the falls team, Speech and Language Therapy (SALT) and mental health team.
- Pine Lodge had engaged in a hydration project with local agencies to support and improve people's hydration outcomes.

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.

- The service had made DoLS applications as appropriate which were regularly monitored and reviewed.
- People's capacity in different areas of their care had been considered and assessed as required.

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

- People's protected characteristics under the Equality Act 2010 were identified. This included people's needs in relation to their culture, religion, gender and sexuality. Care plans showed how people expressed these characteristics. For example, in their relationships, social activities, their appearance and choice of clothing.
- Staff had received training in the Mental Capacity Act (MCA) 2005 and how to adopt the principles of the act in their role. A staff member said, "Never assume people don't have capacity. All have got choices, we treat people equally."
- Care plans detailed how to support people in making their own decision and choices. One care plan said, "Use gentle prompts."

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; equality and diversity

- People were supported by staff who were kind, caring and respectful. One person said, "Yes they are very kind and will seem interested in what I say." Another person said, "Marvellous girls. Friendly and helpful. They are very gentle with me, I look forward to them coming in and they will always sit and have a chat with me."
- There was a pleasant and friendly atmosphere. Staff took their time to engage with people at Pine Lodge and within people's own homes. One person said, "They treat me so nice they will always chat after if time allows, they respect me and my home." A relative said, "I found all the staff friendly and caring they know the residents well and spend time with them."
- Staff knew people well and took time to do meaningful things for them. "[Staff] are very friendly they even feed the birds for me, they know that I like to sit and watch the birds as it's good for my well-being." Another person told us, "What I like is they always ask if I am happy, I know that without these visits I could not be at home, so I am very pleased that the staff are so good and this does make me happy."
- The service had received several compliments. One compliment said, "We are most impressed with all your staff and thank you for all the love and care you give to the residents." Another said, "The service is fantastic. Everyone that has come is so kind and caring." The registered manager ensured compliments were communicated and shared with staff to recognise staff contribution.
- The provider had received positive reviews on an independent national website about its service provision.

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity was upheld. Comments from people included, "They [staff] make me feel at ease they are very polite and courteous. They treat me with dignity and complete the right amount of time and they always ask if I need anything else doing before they leave." Another person said, "They always keep me covered and warm."
- The service promoted people at Pine Lodge and within their own homes to remain independent. People told us this was important to them. One person said, "I want to be independent that's why I keep walking around and doing puzzles; keeps me active and [my] brain switched on." Another person said, "I do what I can for myself, they never take over and I am never rushed." A relative said, "They really do let people take risks they support my [relative] as they walk but [name of person] may sometimes be unsteady so I have seen staff walk close by and ask where my relative is heading so they can react if needed."
- Visitors were welcomed at Pine Lodge. One relative said, "We can visit anytime."

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

- Consent was always sought before and during care. One person said, "I do give them consent. We have a good rapport." Another person said, "[Staff] always tell me what they are doing and keep me informed."
- People and relatives were involved in care planning to ensure it met their needs and took account of their preferences. One person said, "I have a care plan and it is reviewed about every six months." A relative said, "I was involved in [developing name of person] care plan. We went through it and they said they will check that it is the right level again." Another relative said, "We talked about her likes and dislikes."

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.

Improving care quality in response to complaints or concerns

- The service investigated and responded to complaints received. We highlighted that the recording of complaints could be reviewed to ensure the actions taken and lessons learnt were clear. The registered manager said this would be addressed.
- People told us they felt comfortable in raising any concerns." One person said, "You can rely on all the staff, they will sort out any problems." Another person said, "I would speak to [name and name of staff] they are very sweet and helpful."

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

- Care plans were person centred. They described people's relationships, previous employment and areas of significance.
- People's preferences were described. This included routines, food and interests. For example, one care plan said, "Likes to help out around the home," and another said, "Please make me a cup of tea. I like this weak with no sugar."
- Clear guidance detailed how to support people in different areas of care in their preferred way. One care plan said, "I would like the carers to give me the comb so I can comb my hair through."
- The service was responsive and flexible to people's changing needs. One person said, "They [staff] are flexible. I have swapped times of visits and cancelled meals." Another person said, "[I receive] quality care from everyone."

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 told us they enjoyed the activities facilitated at Pine Lodge. Comments included, "There is so much going on, I always get invited to join in," "All the activities are fun," and "I enjoy the singing activities the most."
- We observed people playing board games together, doing a puzzle and socialising. A relative said, "[Name of person] always gets involved, they like the company of the group, lots of them chat away when they get together."
- People enjoyed accessing the local community, which included religious establishments of their choice. One person said, "I get picked up for church and brought back." Another person said, "I am going out this afternoon, they [the service] book a taxi for me."

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.

- The service had assessed people's communication needs and these were recorded in their care plans. The complaints procedure was produced in an easy read format.
- We highlighted in Pine Lodge, information regarding meal choices may require review to ensure it was accessible to all due to the smaller print.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- End of life care plans were in place describing people's wishes and choices. These had considered people's religious needs.

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 service was well-led and managed. One person said, "The [registered] manager is brilliant she knows everything and has a good relationship with the staff as they talk highly of her." A staff member said, "[The registered manager] is helpful, friendly and easily approachable." Another staff member said, "I am happy how the home is managed."
- There was a positive staff culture. Staff were proud to work for the provider and felt valued in their roles. One staff member said, "I love going to work. I feel supported. The right systems are in place to support me." Another staff member said, "I can speak if I am not happy. The manager respects me and values my experience." Care staff were nominated by others for a monthly award.
- People and relatives knew who the managers were and felt all staff and senior staff were approachable. One person said, "Yes, I know who the manager is." Another person said, "[Name of senior staff member] is so helpful. I would totally recommend them [Pine Lodge]."

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

- Systems were in place to monitor, review and improve the quality of the service. This included areas such as health and safety, complaints, accidents and care plans.
- Notifications of important events were submitted to the Care Quality Commission (CQC) as required.
- The provider had displayed their CQC assessment rating at the service and on their website.

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

- Feedback was gained from people, staff and relatives and professionals. Points raised were reviewed and actions taken. This included changes to identification badges, car parking, laundry and food presentation. One person said, "Yes I filled out a questionnaire."
- People felt their views were listened to. One person said, "They [the service] do listen and will often help me out."

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 provider understood their responsibilities of the duty of candour. One relative said, "The communication is good I feel I can rely on them to get in touch."

Continuous learning and improving care; Working in partnership with others

- Systems were in place to communicate information to staff. This included a daily message to staff supporting people in their own homes, and within Pine Lodge handovers and written communications. A staff member said, "The daily updates allows me to do a good job."
- Team meetings were held. These discussed training, people and developments in the service. Pine Lodge had trialled different meeting formats. This was discussed with the manager as it was necessary to demonstrate clear actions, responsibilities and timescales of progress.
- People were part of the local community and the service engaged with the local community. Including educational and religious establishments.
- The service looked for ways to expand their skills and learn from others. For example, local registered managers networks, Pine Lodge had won a regional award in 2020 for its home care provision.