



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Pines Care Home

**56-57 Harlow Moor Drive
Harrogate
North Yorkshire
HG2 0LE**

Lead Inspector
Rosalind Sanderson

Key Unannounced Inspection
4th September 2007 10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Pines Care Home
Address	56-57 Harlow Moor Drive Harrogate North Yorkshire HG2 0LE
Telephone number	01423 565633
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Queensland Care Limited
Name of registered manager (if applicable)	Post Vacant
Type of registration	Care Home
No. of places registered (if applicable)	26
Category(ies) of registration, with number of places	Old age, not falling within any other category (26), Physical disability (26)

SERVICE INFORMATION

Conditions of registration:

1. Any service users in the category of (PD) must be:-
 1. aged over 50 years
 2. require nursing care

Date of last inspection 12th September 2006

Brief Description of the Service:

The Pines is a care home offering nursing and personal care for up to 26 people. It is two converted Victorian semi-detached houses providing accommodation on four floors including the basement. Each floor is accessible by a passenger lift. There is seating to the front of the building and an outside area at the rear of the building where people may sit out.

It is close to Harrogate town centre and a short walk to local shops and amenities.

It is set in a quiet residential area affording nice views over the green space of Harlow Moor Drive.

Information about the service is provided in the form of a brochure and 'service user guide'. All prospective residents and their families are invited to look around the home before moving in. The most recent copy of the Commission for Social Care Inspection report is available at the home for people to look at. Individual copies are available on request.

The fees charged at 04/09/07 were £450 - £600 per week. This charge does not include personal toiletries, hairdressing, chiropody or newspapers and magazines.

SUMMARY

This is an overview of what the inspector found during the inspection.

The key inspection has used information from different sources to provide evidence for this report. These sources include:

- Reviewing information that has been received about the home since the last inspection.
- Comment cards returned from 4 relatives, 5 residents, 2 health care professional and 1 care manager.
- A visit to the home carried out by one inspector.

A pre inspection questionnaire was sent to the provider to complete to provide information about the home. This was not returned by the date of the inspection. A site visit was carried out and lasted for four and a half hours. Three relatives and four staff were spoken with. Records relating to service users, staff and the management activities of the home were inspected. Observation of care practices and staff interaction was carried out, when appropriate. This helped the inspector to gain an insight of what life is like at The Pines for the people that live there.

The manager and staff on duty assisted the inspector during the day. The manager was given feedback from the inspection at the end of the day.

What the service does well:

People who express a wish to live at The Pines receive sufficient information about the service to help them decide to make the move. Their care needs are assessed and written down so that staff at the home know what these needs are and how people want them to be met.

The home continues to be refurbished to a very high standard so improving the environment for people living there.

The manager is approachable and endeavours to speak with people on a daily basis so resolving any problems at an early stage. A local GP felt that, 'the services at the home had improved since the appointment of the new matron'

Staff at the home receive training to enable them to care for people in a safe way.

What has improved since the last inspection?

Since the last inspection a new hand wash basin has been provided in the medication room. This means that the home meets with the requirements of the Pharmaceutical Society.

A hot cupboard has been provided to transport food to the dining area and so keeping it at an acceptable temperature. Ventilation in the kitchen area has been improved so that it is a more comfortable area in which to work.

The renewal and redecoration programme continues to improve the environment for people living there.

What they could do better:

To ensure people's continued health and welfare, the manager needs to take a proactive approach to health and safety. This will help her to recognise when there are potential problems and she will be able to attend to them quickly. The completion and review of risk assessments for all areas of work will assist her in this and help to ensure that any equipment used in the home is done so safely

To make sure that staff are able to fully support people in their care, a review of the hours worked in each week needs to be undertaken. Staff need to be fully aware of peoples needs in particular with communication and dietary needs. Provision of additional staff will help in this area.

Activities need reviewing to ensure that they meet individual and collective needs.

Storage of equipment within the home needs addressing to ensure that equipment does not get stored where it could pose a risk to people.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3, 6 is not applicable.

People who use the service experience **good** quality outcomes in this area.

People receive sufficient information about the service and relevant information is sought about their care needs in order that staff can assure them that these will be met.

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

Care records looked at confirmed that pre-admission assessments are completed before it is confirmed to people that their needs could be met at The Pines. The manager or her deputy undertakes these assessments either in hospital or the persons home prior to admission.

The assessments include issues relating to orientation, communication, memory, mental state, skin, vision, hearing etc.

Intermediate Care is not provided in this home.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10.

People who use the service experience **adequate** quality outcomes in this area.

People's care needs are not always met in a way that promotes dignity and respect.

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

Care records showed that people's care needs are planned for and details about how staff are to meet these needs are recorded. People's wishes have been taken into account when completing these. Care plans are kept in people's bedrooms so that they are readily available for staff to refer to and people can look at their own records. Where risk assessments had been completed and shown that specialised care or equipment was needed this was in place. A physiotherapist is employed at the home for two and a half hours per week and the nursing staff makes referrals. An aromatherapist visits fortnightly.

Some records looked at had not been maintained sufficiently. For example, wound assessments had not been reviewed monthly. Care plans that address what assistance people need to help them take their diet and fluids had not been updated since July. The manager said that this was because the key worker had been on leave. Staff were seen helping people with their food. This was not done in a way that promotes people's dignity and respect. One member of staff was seen helping three people between two tables at the same time. One person who usually gets up and sits in the lounge was still in bed at lunchtime and indeed was given their lunch in bed. When asked they did not know why they had been left in bed but thought it may be because 'staff were too busy'.

Although risk assessments were in place for the use of bed rails, these did not direct staff to check their safety before each use. Three sets of bedrails in the home were fitted incorrectly, which could potentially cause harm to people. The manager was given a notice to ensure that this was rectified within twenty-four hours. The manager has since confirmed that new beds have been purchased with integral bed rails fitted.

One person spoken with said that she was having difficulty conversing with her visitor as her hearing aid needed a new battery. They had asked staff to provide one but had been told that they don't have any. She had been without a hearing aid when her visitor had visited 'several days earlier.' The manager, when asked about this, confirmed that the home does indeed hold a supply of hearing aid batteries and this would now be rectified.

People confirmed that staff were generally 'kind and caring'. However some relatives commented on the lack of staff at times and how this impacts on care. One person commented, 'My relative can be quite demanding, however nurses should not let their irritation show'. Another said, 'the home is invariably short staffed and bells are rung too long before they are answered'. One person living at the home commented, 'One person wanted some help in the lounge last night and was shouting for staff, there was nobody around to help them and I couldn't'

Medication policies and procedures and staff training ensure that people receive their medications safely.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

People who use the service experience **adequate** quality outcomes in this area.

Social and recreational activities do not always meet people's needs and expectations

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

The service employs an activities organiser for two hours per day, five days a week. People who are able to take advantage of this service appreciate it. One person said, 'The activities person is superb!' Many people are too frail to benefit from social activities as such but those spoken with said they like to watch TV or listen to music. One person said that they did not think there was 'much going on' in the home. The home had recently carried out a survey and asked about activities, 25% of respondents felt that those provided were 'quite poor'.

Visitors can come at any time they choose and are always made to feel welcome and offered a drink. One person said they always have a cup of tea and cake.

People said that the food was 'ok' but you never got a choice. The menus provided showed that a choice was available. A relative said, 'I visit at mealtimes and sometimes [my relative] is given food that they don't like'. This was explored further and it was found that there is a choice available but this is not widely known amongst people living at the home. The choices available are displayed on the notice board in the hall way and many people are not able to get around the home and so do not see this.

There are a number of people who require a soft diet. This is prepared so that all parts of the meal are pureed individually to allow for people's individual preferences. People requiring pureed diets are served the same meal at teatime that they have been served at lunchtime if they wish to have another hot meal. As already mentioned people are not given appropriate assistance should they need help to take their diet.

A hot trolley to transport the meals between the three floors above the kitchen level, which is in the basement, has been provided, however, a check is not made on the temperature of the trolley when in use to keep meals hot. Plenty of fresh fruit and vegetables were available in the kitchen.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

People who use the service experience **good** quality outcomes in this area.

People living at The Pines and their representatives are able to express their concerns through the complaints procedure. They are protected from abuse through the policies and procedures that are available for staff.

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

There is complaints policy in place and people in the home and staff are aware of what to do if they are unhappy with something. The Commission for Social Care Inspection has received one complaint about the service since the last inspection. This complaint had been referred to the provider to investigate. The response had been deemed satisfactory. People spoken with during the inspection said 'I'd tell them straight if I was unhappy'. Comments received from questionnaires indicate that people know what to do if they are not satisfied with anything. The manager said that she speaks to relatives and people who live in the home everyday and deals directly with any minor grumbles. She finds this helps create a positive and friendly atmosphere in the home.

There is an adult protection policy in place. Staff are aware of their responsibilities if they suspected any form of abuse taking place. People are further protected through the recruitment policy as no one starts their employment until their Criminal Records Bureau disclosure forms are returned.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,26

People who use the service experience **good** quality outcomes in this area.

People live in an environment that is well maintained.

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

The accommodation is provided over four floors, including basement where there are five resident's rooms together with kitchen, laundry and staff toilet. All floors are accessible by a passenger lift. There are twenty-two single rooms, eleven of which have en-suite toilet facilities and two shared rooms, which do not have such facilities. Water temperatures in most bedrooms were checked and found to be within safe limits. There have been continued improvements to the environment since the last inspection and rooms have been redecorated to a very high standard. It remains the case that there is a lack of storage space for equipment and wheelchairs and it is hoped that this can be resolved when alterations are made to the basement area.

The kitchen area has had a new ventilation fan installed so that the working environment is more comfortable for the staff.

Some bedrooms had portable heaters in although they were not in use on the day of the inspection. In one case the heater had been mounted on the wall making it a permanent feature. These heaters were not guarded and so the high surface temperature they may have when in use could pose a risk to people. The heaters had not been subject to risk assessment.

The laundry is situated in the basement and equipment provided was suitable to provide a laundry service at the home. Fire equipment has been checked and all fire doors were operated safely.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27. Service users' needs are met by the numbers and skill mix of staff.
- 28. Service users are in safe hands at all times.
- 29. Service users are supported and protected by the home's recruitment policy and practices.
- 30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

People who use the service experience **adequate** quality outcomes in this area.

Staff are well trained but are not available in sufficient numbers to enable them to fully support people.

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

The staffing rotas supplied show that some carers are routinely rostered for over 66 hours per week and on occasions work in excess of this. This could potentially lead to staff becoming very tired and possibly lead to increased sickness and absence. There will be fewer staff to call upon to cover this absence as current staff are working the equivalent of two people's shifts. Staff are not always in the best position to provide good care when working long hours. A relative commented on a feedback card, 'the home needs more staff'. Comments included in other parts of this report (Health and Personal Care) evidence that there are insufficient staff at times to fully support people. Some people reported that on occasions there has been some language problems with the overseas staff. All relatives who had responded to the survey had commented that the home would benefit from more staff. Staff did appear rushed and the laundry assistant had been taken from her duties for the whole of that week to assist carers. Laundry was mounting up waiting to be washed or dried.

The staff at the home receive regular training and supervision. Over 50% of care staff hold a qualification at NVQ level 2 or above or the equivalent. The training matrix shows that staff receive mandatory training at the required intervals.

Staff are recruited safely and in line with Department of Health guidelines.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

People who use the service experience **adequate** quality outcomes in this area.

The manager needs to be more proactive in recognising and dealing with health and safety issues.

We have made this judgement using a range of evidence, including a visit to the service.

EVIDENCE:

The acting manager, Fiona Taylor, is a registered nurse with many years of experience in caring for the elderly. She also has the NVQ Level 4 in management. She operates an open door policy for people and staff and speaks to people living at the home on a daily basis.

She has developed the quality assurance system in the home and was able to provide the results of residents, relatives and staff surveys. Changes in routines in the home have been made as a result of the findings of the

surveys. Results of surveys are analysed and displayed in the home for people to see.

The manager confirmed that she does not look after peoples personal monies.

Staff confirmed that there is a system of formal staff supervision taking place and they had found this to be useful and supportive. The nursing and care staff confirmed that they had received statutory training in episodes in Fire Safety, First aid, Basic food hygeine, Moving & Handling and Abuse awareness.

There are readily accessible service records relating to servicing of the hoists, gas appliances, lifts etc.

The manager must make sure that all equipment in the home is suitable for use and has been the subject of risk assessmnet to ensure that people's safety is maintained.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	2
9	3
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	1

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	1
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	1

Are there any outstanding requirements from the last inspection? Yes

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP8	15 (2)	Care plans must be reviewed and updated as needed to ensure that staff are aware of people’s changing care needs Consideration must be given to: <ul style="list-style-type: none"> • Communication • Dietary needs including assistance required. 	05/10/07
2.	OP10	12(1-4)	Staff must help those people who require assistance feeding in a way that promotes their dignity and respect. This must be done on an individual basis.	05/10/07
3.	OP12	16(m)	The activities provided at the home must be revisited in consultation with people living there. Activities should then be reviewed based on the results of this consultation.	05/12/07
4.	OP15	16(2(i))	Food provided to people requiring a ‘soft diet’ must be reviewed to make sure that people receive sufficient variety in their diet.	05/10/07
5.	OP19	23 (2(l))	The registered provider must ensure that suitable storage areas are allocated for all aids, adaptations and equipment. Previous requirement not	05/12/07

			met with timescale of 01/04/07	
6.	OP27	18(1(a))	<ul style="list-style-type: none"> • Staff must be available in sufficient numbers to meet people's needs. • Sufficient staff must be employed to enable cover for periods of sickness, holidays and other absences. • Staffing hours worked must be reviewed. 	05/10/07
7.	OP38	13 (4)	Bedrails that are in use must be the correct type for the bed to which they are fitted. They must be fitted correctly and not pose a risk to people using them.	04/09/07
8.	OP38	13(4)	<p>Risk assessments must be carried out on the unguarded portable heaters that are used in the home. Control measures must be implemented to reduce any identified risk.</p> <p>This must be completed by the specified date or prior to when they are next in use.</p>	05/10/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP31	The acting manager should put forward an application to become registered manager for the service

Commission for Social Care Inspection

York Area Office

Unit 4

Triune Court

Monk's Cross

York

YO32 9GZ

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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