



Inspection Report on

Pine Cottages

Denbigh

Date Inspection Completed

18 July 2022

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About Pine Cottages

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Community) Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service under RISCA.
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are supported by staff they are familiar with and who can communicate well with them. They are involved in making choices, are encouraged to participate in different activities and increase their skills and independence. Plans are person centred and inform support staff about what is important to people both now and in the future. The manager and staff team work well together. The cottages have benefitted from some redecoration and refurbishment and are personalised, reflecting the interests of the people who live there.

Well-being

People have control over their day-to-day lives. They are treated with dignity and respect by support staff who know them well. Their voices are heard as the staff team understand how best to communicate with them and provide encouragement to make their own choices and decisions. Families and professionals are also involved in peoples care and support where appropriate.

Peoples physical, mental and emotional wellbeing needs are being met. Support staff promote healthier lifestyles, eating well and exercising. Health appointments are made and attended as required to keep people healthy and well and professionals are contacted for advice when needed. Important relationships and friendships are maintained through phone or video calls and home visits. People can access activities they enjoy with activity planners in place. Professional feedback commented people could be offered more opportunities to go out during the week and support could be more pro-active and on a more frequent basis.

People are protected from abuse and neglect. Support staff receive training in safeguarding and there is a policy in place for them to follow. Any incidents and accidents are recorded and positive behaviour support plans are in place.

People live in accommodation which meets their needs. Lounges and bedrooms have photos of friends and families on display and items of interest to them. The cottages are kept clean and tidy and the redecoration and refurbishment has modernised some of them. Each cottage has a private garden area which people can use.

Care and Support

People are provided with the care and support they need. Plans are person centred and include lots of detailed information. One-page profiles inform support staff about what people like and admire about people, what makes them happy and how they want to be supported. There is also information about what is important to people both now and in the future. Communication passports are completed and we observed support staff and people communicating effectively with each other including the use of sign language. Information in plans does need to be more consistent throughout documentation, so it is clear and accurate for all staff to follow. Comments from professionals includes *“staff at MHC are open and any changes are communicated. The staff team appear regular and familiar, and all seem to know the person and support them well”*.

People are mostly safe and protected. There are safeguarding, whistleblowing and concerns policies in place and staff are aware of these. Positive behaviour support plans are completed but the most up to date versions should be kept in the person's file. Staff feel supported by manager and can go straight to them with any concerns. There are policies in place for covid and infection control. Personal protective equipment (PPE) is accessible to staff in the cottages. Visitors are asked to sign in and out of the cottages. Risk assessments had been completed but we did not see that there was one in place for a person regarding choking and this was discussed with the manager.

Environment

People live in accommodation which is homely. Two cottages have been fully refurbished. One had a new kitchen, new sofas, carpets and furniture. Another cottage had new flooring, kitchen work tops, white goods, and a new carpet upstairs, toilet, and sink. Cottages are personalised reflecting the preferences and interests of people living there. A person had chosen the colours of their walls and blinds. We saw photos on the walls of family, friends and special interests and pictures on cupboards to assist with communication and orientation. Staff commented about what was good about the service "*Pine itself is more homely, decorate themselves*". The responsible individual and the manager told us that a maintenance plan is produced for work to be scheduled. Each cottage has a private garden area for people to use.

Most risks to health and safety are identified and mitigated but not all. We saw health and safety audits completed for all the cottages. There is a file containing information about fire including personal emergency evacuation procedures (PEEP's) which are due to be reviewed. We spoke with the manager and RI about ensuring they reflect who currently lives in each of the cottages. The fire risk assessment is also due to be reviewed. We saw records of checks being completed including weekly fire alarm tests, extinguishers, emergency lighting and fire doors. We asked to see a record of fire evacuations and were told these had taken place, but documentation could not be found to evidence this. This is an area for improvement to ensure that all people living there and staff are kept safe.

Leadership and Management

There are some arrangements in place to oversee the service and ensure people receive the care and support they need. The manager feels very supported by RI and speaks with them and other managers for advice and guidance. The manager and RI are aware of the work that needs to be done to further improve the service and are committed to doing so. The RI has completed their three monthly visit reports including checking paperwork, the environment, records, personal plans and consulting with people and staff. The quality of care review report does not consider all the required areas including analysing information and audits of records. We discussed this with the RI as this is an area for improvement.

People are supported by support staff who know them well and receive training. Staff files contain the necessary information but would benefit from old information being archived. We discussed with the manager and RI about obtaining references for staff who return to work at the service. Some training both mandatory and specialist needs updating according to the training record. The manager is currently in discussions about this is awaiting confirmation of dates for staff to be booked onto. Staff comments about improvements to the service include *“staffing would make a difference, short staffed, hours cut and people not doing as much as they use to”*. We looked at staff rotas and spoke to the manager and RI about staffing levels and changes that have been made. Recruitment fairs are being held to recruit new staff members. Some agency staff are used but these are the same staff which people are familiar with.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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80	The quality of care review does not include all the necessary information	New
57	We did not see evidence that fire evacuations had been carried out as there is no record of this.	New

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