

Pinehurst Care Home Ltd

# Pinehurst 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pinehurst is a residential care home providing personal care and support to 20 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

Pinehurst is a Victorian detached house which has been adapted to meet the needs of older people. There are bedrooms on four floors with access via stair lifts. A communal lounge, dining room and conservatory are all on the ground floor.

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

People told us they enjoyed living at Pinehurst. Not many people were able to give us their informed view due to their cognitive impairment. We observed people walking around freely and looking relaxed and comfortable in their surrounding and with staff.

We observed staff assisting people in a kind, patient and compassionate way.

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. The service worked closely with the local older people's mental health team to ensure people's rights were upheld but also people were kept safe. Where people living with dementia, for example, needed restrictions in place to keep them safe, this was documented and shared with relevant parties. This included having keypad locks on doors to prevent people leaving the building.

Staff provided care and support in a way which showed people person centred was at the heart of their way of working. Staff understood people's needs and wishes. Staff had training support and supervision to enable them to do their job safely and effectively. Care plans and risk assessments detailed how staff should support people to maintain their independence as far as possible.

Medicines were safely managed, and people were protected from abuse because staff knew who to report any concerns to.

There were enough staff available on each shift to meet people's needs in a timely way. Recruitment was robust and ensured only staff were who suitable to work with people who may be vulnerable were employed.

People enjoyed a range of home cooked meals and had a variety of activities planned in line with their hobbies and interests.

Quality monitoring processes had improved to ensure care, support and the environment continued to meet peoples needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update.

The last rating for this service was requires improvement (Report published 27 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, consent to care and notification of incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinehurst on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Pinehurst 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector

#### Service and service type

Pinehurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

The first inspection visit was unannounced. The following two visits were agreed and planned with the registered manager and provider to enable them to be available.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all this information to plan our inspection.

During the inspection-

We spoke with seven staff including the registered manager, provider, maintenance person, cook and three care staff. We spoke with three people and spent time chatting to others. 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 two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and risk assessments in relation to COVID-19. We spoke with two professionals who regularly visit the service.

# 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 now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we found the lack of assessment of people's risks being identified, monitored and managed meant people were at risk of being unsafe and their freedom not respected. We issued a requirement in respect of a breach of regulation 12- safe care and treatment. The provider sent us an action plan to show how they were going to meet the breach. We found enough improvements had been made to meet the requirement.

- At this inspection we found improvements had been made to ensure people had access to a safe and secure outdoor space. The provider had developed a small decking area off the conservatory which allowed people to sit and enjoy sea views and get some fresh air. The decking at the back of the house had not been repaired, due to COVID-19 and lockdown restrictions. The provider assured us this was now being given priority as was creating a more accessible bathroom for the ground floor.
- Improvements had been made to ensuring regular checks were being made on risks such as hot water outlets, pressure relieving mattress settings and monitoring of falls for patterns and trends.
- The registered manager and provider had worked with the local authority quality assurance team (QAIT). This had helped them to develop records to show what was being checked when and included a managers weekly and monthly audit.
- Individual risk assessments had been developed for people's care plans, but these needed some further work to ensure they were person centred. The provider said their time with QAIT was cut short due to the pandemic, but they would welcome more support from this team in relation to risk assessments.

We recommend the provider and registered manager follow best practice in ensuring individuals risk assessments are person centred and in line with current best practice.

Using medicines safely

- People's medicines were being safely stored, checked and administered in line with individuals' prescriptions.
- There was a generic protocol for staff to refer to for as needed (PRN) medicines. We spoke with the deputy about following best practice in ensuring protocols were individualised for each person who was prescribed PRN. By our next visit this had been implemented.
- Staff competencies and monthly audits were taking place but not always well recorded. We signposted the service to best practice documentation. By the next visit this was implemented and being used for recording their audits and checking staff competencies.
- Staff had regular training in medicine management and said they felt confident in this role.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the signs to watch for that might indicate abuse was occurring. Staff knew who to report any concerns to. There had been no safeguarding alerts raised since the last inspection.
- People living with dementia may not be able to raise concerns themselves. Staff understood people's needs and wishes well, including their non-verbal communication. One staff member said "We generally know if someone is uncomfortable or upset, even if they can't tell us, we can see from their expression. We saw an example of this when one person became quite upset about why she was at the home. Staff gave her reassurance and re-directed her to joining in for a cup of tea.
- Staff confirmed they had completed on-line learning in safeguarding processes and knew where to find the relevant policies and procedures.

Staffing and recruitment

- There were sufficient staff with the right skills and support to enable people's need to be met in a timely way.
- Staff confirmed they were able to meet people's needs with the staffing levels they had. Any gaps in the staff rota due to sickness were filled by off duty staff or the registered manager helping out. Staff had been very supportive of each other during the pandemic, covering for shifts when childcare or other issues arose.
- The recruitment practices were robust and ensured staff were only employed once all relevant checks and references had been followed up.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 requires improvement. At this inspection this key question has now improved to good.

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; Ensuring consent to care and treatment in line with law and guidance

At the last inspection we found the provider did not follow the guidelines of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. We issued a requirement in relation to regulation 11- consent to care. The provider sent an action plan to show what they were doing to meet this breach.

- At this inspection we found sufficient improvements had been made to show this breach had been met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made to the local authority where people lacked capacity and their liberty was being restricted in their best interests.

- The registered manager had a file with all DoLS applications, and any authorisations made. Staff were aware of where this information was stored. They knew how to work in the least restrictive way to allow people to have choices but also to keep them safe.

- There was evidence of best interest meetings occurring to enable best interest decisions to be made for people who lacked capacity. For example, where they lacked capacity to consent to having COVID-19 vaccinations.

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

At the last inspection we noted that improvements were needed to the design and decoration of the service. This was in particular to people having access to outside space.

- Since the last inspection the provider had added an enclosed decking area directly off the conservatory at the front of the house. This had given people access to a safe a secure place to enjoy the sunshine. People

said they enjoyed using this space. One staff member said "Our residents love to chat to people passing and have become great friends with the refuse men who bought them gifts at Christmas and vice versa."

- Due to the pandemic and lockdown restrictions some of the other renovations have been held up. There were plans to install a new wet room and to replace decking at the back of the property. The provider said this was in hand to begin as soon as contractors could fit them in.
- The handyperson had been completing some redecoration of rooms to make the home brighter and more homely.

Staff support: induction, training, skills and experience

- Staff had good support and training to ensure they understood their role and could complete it safely and effectively.
- Staff confirmed they had received regular training, support and supervision. This enabled them to discuss their role and training needs.
- Staff who were new had a clear induction process to help them understand the way the service run. This included working alongside more experienced staff so they could get to know people's needs.
- One healthcare professional said the staff team were willing to learn and keen to attend any training sessions offered.

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

- People said they enjoyed the meals being offered and agreed there was plenty of choice. One person said, "Food is the best!"
- The cook worked hard to ensure nutritious home cooked meals were offered with choice and reference to people's individual likes and dislikes.
- Staff were aware of any special diets and the needs for food to be of a certain consistency in case someone was at risk of choking. The registered manager clearly advocated well for people to have speech and language therapist assessments where people appeared to be struggling to swallow or choke.
- Drinks and snacks were available throughout the day and people who were at risk of poor hydration or nutrition were closely monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Feedback from healthcare teams was positive. Pinehurst was seen as a service which responded well to advice and support and alerted the right people for any healthcare needs.
- Care files evidenced people were being seen by healthcare professionals such as the community nurse team, GP and specialist older people's mental health team.

# 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 requires improvement. At this inspection this key question has now improved to good.

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

- At the last inspection we made a recommendation about following best practice for activities suitable for people living with dementia.
- At this inspection despite lockdown restrictions meaning people could not go out or have visitors in the same way, the activities had enhanced people's experience.
- The service had employed an additional activities person and they had worked with people to ensure group activities and individual activities with people were suited to their needs and wishes.
- Some of the most popular activities had been cooking sessions and chair exercises. People who were confined to their rooms due to ill health or out of choice had regular times to have time to read, chat or do an activity of their choice.

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.

- Staff understood people's ways of communicating their needs. This was especially important for people who were cognitively impaired and may not always be able to express their needs verbally. For example, one person who was mainly cared for in bed, staff said "They have a way of telling us through sounds whether they are in a good mood or whether they want to be left alone. You soon learn."
- People's plans detailed whether they were hard of hearing or needed time to process information. The registered manager said, "Some of our residents have struggled to understand us due to the masks."

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

- The staff team had worked hard, especially through lockdown, to keep people engaged and entertained. For example, building up a rapport with the refuse collectors. People enjoyed their weekly visit and waving to them.
- Video calls and emails were used to help people stay in touch with family and friends when visiting was stopped due to the pandemic.
- The activities person had spent time speaking with people and getting to understand what their interests were so they could develop activities in line with what they enjoyed doing and was relevant to them.
- As lockdown eases the staff team hope to be able to get people out into the local town and seafront to

enjoy an ice cream.

Improving care quality in response to complaints or concerns

- The service had a complaints process which people and their families received a copy of. Complaints were fully investigated, and complainants responded to. There had only been one complaint since our last inspection.

End of life care and support

- Staff understood the importance of ensuring people were pain free and treated with respect and dignity at the end of their life.
- The registered manager was proactive in ensuring people who were nearing the end of their lives had the right input from healthcare professionals
- During lockdown families were able to see people who were at end of life. This was fully risk assessed and PPE used.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found improvements were needed in the quality assurance systems and we issued a requirement. The service sent us an action plan showing how they intended to meet this breach. This including working with the local authority quality assurance team.

- At this inspection we found sufficient improvements had been made and the requirement had been met.
- At the last inspection we found not all important information about the service had always been forwarded to CQC as required by the provider's registration. We issued a requirement in relation to this. At this inspection, we were satisfied that the registered manager was ensuring all notifiable incidents were being shared with CQC and any other relevant bodies.
- The provider had been more proactive in the whole quality assurance process. When they were able, visited monthly and documented what they had reviewed, who they spoke with and any actions to be followed up.
- The registered manager was completing weekly and monthly audits in relation to ensuring care plans and risks were being kept up to date. It also ensured all health and safety checks were being monitored.
- When lockdown meant the provider was unable to visit, they held video calls with the registered manager on a more regular basis and continued to go through the quality audits in this way.
- The provider said they understood the registered managers key qualities were in providing the right care and support to people and the staff team. The provider was therefore taking more of an active role in the quality assurance and oversight of the service with in put from the registered manager. They said they had been attending the weekly webinars held by the local authority and had become more active in being part of the local net work of provider sharing best practice.

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

- People said they enjoyed living at Pinehurst. Our observations evidenced that people were listened to and a person-centred approach was embedded into everyday practice.
- Staff confirmed their views were valued and they felt part of a team. One staff member said, "I would not have worked here as long as I have if I did not feel we were doing the best for residents and the teamwork."
- The registered manager understood their responsibility to be open and honest with people and their families. There had been good communication with families about how the service was dealing with

lockdown and when visiting would resume.

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

- People and staff were involved in decisions around the redecoration of the home, the menus and sorts of activities people would like to have.
- There were regular opportunities for staff to meet as a team and as individuals with the registered manager. Staff confirmed their views and opinions were listened to.
- There had been less opportunities to engage with public due to lockdown restrictions.

Continuous learning and improving care; Working in partnership with others

- The service had regularly engaged with the nurse educator training sessions, webinars and local authority engagement network. They had also worked with the LA quality assurance team to help drive up improvements in their documentation.
- The provider recognised that ongoing training was key to ensuring staff had the right skills to do their job and was looking at ways to enhance their training for staff.
- The service worked in partnership with healthcare professionals to ensure people had good outcomes. One healthcare professional confirmed that they service had a good working relationship with them.