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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 and 23 August 2016 and was unannounced. We had previously inspected the service in May 2014 and two breaches of regulations were found of the standards inspected. These included potential risk of premises not being safe and maintained and care records not being fully updated. The service had sent us an action plan to show how they intended to meet these regulations. During this most recent inspection, we found the service to be compliant in both the regulations identified during the May 2014 inspection.

Pinehurst is a 23 bed residential care home; when we visited 21 people lived there. It provides accommodation with personal care to older people, but does not provide nursing care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us about the good care they received and were complimentary about the staff. They were confident in the staff's ability to meet their needs. Staff practice showed people mattered, staff were patient, and they demonstrated empathy in their conversations with people and in how they spoke about them. Visitors said they were confident their relatives received kind and compassionate care from a staff group who knew people's needs well.

Staff developed positive caring and compassionate relationships with people. People were treated with dignity and respect and their human rights were upheld. We have recommended the service ensures that mental capacity assessments and best interest decisions are fully documented. We saw this working in every day practice, but care plans did not always fully document this. Following feedback on the first day of the inspection, the registered manager immediately began working on this. She had obtained a decision specific mental capacity assessment and was working through each care file to see where this documentation may be needed.

People experienced effective care and support which promoted their health and wellbeing. Staff that had the knowledge and skills needed to carry out their role. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Each person's needs were assessed and care records had personalised information about how to meet them.

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make decisions in their day to day lives. Staff were knowledgeable and had received training and support to do their job competently and effectively.

People said they felt safe living at the home. Staff were aware of signs of abuse and knew how to report concerns. Recruitment processes ensured people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to.

People, relatives and staff said the home was organised and well run. The culture was open and transparent. The registered manager had an 'open door' policy which staff and people confirmed. Staff worked well as a team and felt supported and valued for their work. The registered manager had worked hard to promote the wellbeing of people living with dementia, both within the home and in the wider community of Ilfracombe. She had been recognised for her work in promoting a dementia friendly town with local awards.

The service had a range of quality monitoring systems, which were well established. Following our feedback, the registered manager said they would update some of the monthly maintenance audits to include checking of window restrictors and hot water temperatures. There was evidence of making continuous improvements in response to people's feedback and of learning lessons following accidents and incidents. This included changes to menus, more outings and improvements to the fire safety systems within the home following an independent assessment.

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.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

There was sufficient staff with the right skills and knowledge to meet people's needs.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed to help make them an enjoyable experience for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

People's privacy and independence was respected.

Is the service responsive?

Good

The service was responsive.

People received person centred care from staff who knew them well and understood what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and try new things. Their views were actively sought, listened to and acted on.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Good

The service was well-led.

The home was well-run by the registered manager who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account when the registered reviewed the quality of the care and when changes to the service were made.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.

Pinehurst Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 23 August 2016 and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met most people using the service, and spoke with five people to gain their views about the care and support they received. We also met with five care staff and the registered manager. We spoke with three relatives during the inspection and one health care professional. Following the inspection we contacted healthcare professionals and received feedback from one.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not not comment directly on their care because of their dementia their dementia.

Good

Is the service safe?

Our findings

At the inspection completed in May 2014, we found one upstairs bedroom window did not have a restrictor to protect people from falling or climbing out of the window. Since this inspection; a restrictor has been fitted. Part of the maintenance checks will, from now on include regular checks on each window to ensure restrictors were working and people remained safe. The maintenance person said they had completed ad hoc checks on all room, including windows, but had not documented this, but agreed this would be recorded from now on.

The provider had commissioned an independent fire risk assessment and following this, was in the process of updating fire safety equipment. This had included new fire doors and a new fire alarm system was about to be installed. The registered manager said following completion of this work, she would then update people's personal evacuation plans. She said ''We want to ensure people and staff are safe and protected as far as possible from the risk of fire. This is a big investment, but we needed to update our systems.''

People said they felt safe and well cared for. One person said ''I feel very safe here. I fell and staff were straight here to me to help.'' Another said ''This is a really good home, yes I do feel safe here.''

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received updated training on safeguarding and one mentioned they had discussed aspects of safeguarding within their supervision session with their manager. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been no alerts raised either by the service or others within the last 12 months.

People confirmed there were sufficient staff to meet their needs at a time that was convenient to them. One person said ''sometimes you may have to wait a little if they are busy, but staff do their best and tell you when they are busy. I have no problems with them.'' We observed call bells being answered in a timely way. Staff responded to people's requests for help and the atmosphere was calm and well organised. Staff confirmed they had sufficient staff on each shift to ensure they could meet people's needs. One staff member said ''Of course there are pinch points, but we work well as a team, we decide on who does what and we help each other if one person needs more support. It works and I feel we give people the best care possible.''

Staffing was organised so that there were three care staff available throughout the day and early evening. They were supported by a cook, housekeeper, registered manager full time and a deputy for three days per week. They also had an extra member of staff on during the day when they offered day care to one or two additional people. The registered manager said she had money in her budget to increase staffing if people's needs changed. She gave the example of when someone was at end of life care. She said she would put on an extra member of staff to ensure the person had a staff member with them and to support family members as needed.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were

suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Two references were obtained to ensure new staff had the right skills and qualities to work with frail older people. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Where a person's medical condition required them to receive their medicines at set times, staff made sure this happened. This meant the person was able to gain the maximum benefit from their medicine. People confirmed staff ensured they had their medicines when required. We observed staff asking if people needed additional medicines for pain relief.

Medicines administered were well documented in people's Medicine Administration Records (MAR), as were prescribed creams applied. Medicines were checked and MAR sheets audited regularly by a senior care worker, with a lead role for managing medicines. They had recently had a pharmacist inspection and following this had purchased thermometers to keep a daily check on the temperature of where medicines were being stored. They had also asked that staff make sure they make it clear where variable does could be given; the MAR gave an accurate account of whether one or two tablets had been administered. We saw this had been actioned. Where people had as needed medicines (PRN) a protocol had been included which informed staff when to consider offering the PRN medicine. This helped to ensure a consistent approach.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of developing pressure sores, their risk had been assessed and kept under review. Actions included having pressure relieving equipment in place such as cushions and air wave mattresses. Where people had noted reddened areas, preventative measures were taken to apply barrier cream and promote bed rest to give the area where pressure was being created, time to heal. One healthcare assistant who was visiting a person confirmed the service alerted the community nurse team promptly to anyone with potential for developing pressure sores.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had hand washing facilities and used gloves and aprons appropriately to reduce cross infection risks. Staff confirmed there was always a plentiful supply of gloves and aprons for them to use. Housekeeping staff used suitable cleaning materials and followed cleaning schedules. The kitchen had been awarded five stars for its cleanliness by the environmental health authority. The laundry area was well organised and the registered manager agreed they would benefit from lidded boxes for clean laundry to help further prevent a possible cross infection. She said she would action this within the next week following the inspection.

Good

Is the service effective?

Our findings

People were supported to have their needs met by staff who understood their needs, wishes and preferences. People said staff knew their needs and how best to support them. One person said ''I can do most things for myself, but doesn't stop staff checking I am okay and asking if I need help with anything. They are brilliant.'' Staff were able to describe ways in which they supported people effectively. This included looking at ways to better support people with mobility issues and ensuring they offered a flexible approach to cater for people's preferred routines.

The Mental Capacity Act (2005) (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. The registered manager and staff were able to say who lacked capacity and how they were assisted to make decisions and choices, but this had not always been documented. During the inspection process the registered manager downloaded MCA assessment forms and began this work to ensure people had decision specific assessments in place.

The registered manager advised there were current deprivation of liberty safeguards applications (DoLS) sent to the local authority awaiting assessment and approval. Care staff confirmed they had completed training in this area. Staff did understand the principles of ensuring people were given choices and where possible consent gained. They were able to give examples of how they ensured people consented to their care. For example whether people were happy to have a bath or shower, how they were supported and what time they wished their support to be given. Where people lacked capacity, relatives had been consulted as part of a best interest decision for use of equipment which may be restricting people. This included the use of bedrails to keep people safe to prevent them from falling out of their bed. The registered manager said they had similar discussions with people's GP's and community nurses but did not always record this, but would do so in the future to show how a best interest decision had been made.

New staff were required to complete an induction programme, which included the nationally recognised care certificate. This ensures new staff have a comprehensive induction covering all aspects of care. The registered manager said two of the newer staff had completed this within the 12 week timeframe and one had not. The manager was working with them to get the care certificate completed.

Staff said they were given training and support to do their job effectively. This included training in health and safety as well as more specialised areas such as dementia care, end of life care and specific health conditions such as diabetes. Staff said they had regular opportunities to meet with the registered manager or deputy to discuss their role and any training needs. Staff files showed people had completed a range of training each year and had supervision sessions as well as yearly appraisals to review their role and performance. The home had made good use of free training offered by the care homes team locally. The

registered manager in their provider information return (PIR) said she used appraisals to review and commend staffs strengths and look at future training needs.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed and people could choose where they eat their meals. Some people preferred to eat in their own room, but most chose to eat in the dining area. When people needed support to eat, this was done in a way which showed staff understood the importance of ensuring people had sufficient to eat and drink. Where people were reluctant to eat the choice offered, staff offered an alternative or suggested they keep it warm for when they may feel hungry later. Dining tables were nicely laid and people were served their meals in a friendly and pleasant atmosphere.

The cook explained that although they have one main meal choice at lunchtime, she does go around to people to check whether they were happy with this option and if not alternatives were offered. At tea time there was a range of options including homemade soup, sandwiches and a hot option. The cook was aware of who needed to have additional calories to keep their weight maintained. She used butter and cream when preparing foods. The cook was aware of people's likes, dislikes allergies and whether they needed to have a modified diet due to swallowing issues.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example one person had been experiencing more falls. They had been referred to their GP and community nurse for review. One healthcare professional confirmed the service referred people in a timely way and followed any advice regarding monitoring of people's healthcare conditions. Relatives said they were kept informed of any health issues. People confirmed they were able to see their GP when needed. One person said ''If my daughter can't take me, the manager will organise transport and someone to take me to my hospital and GP appointments.''

Good

Is the service caring?

Our findings

People said they were cared for by staff who were kind and respectful to them. Comments included ''I find the staff very caring and very kind.'' And ''Staff are wonderful, we couldn't do better.''

Staff understood how to work in a way which ensured people's dignity, privacy and respect. Staff gave examples of how they did this in their everyday work. For example, always ensuring personal care was provided to people in their rooms or bathrooms. Staff knocked on bedrooms doors before entering. One person confirmed staff always knocked on their door and checked if it was okay for them to enter. When supporting someone to move using specialist equipment, staff used a blanket to cover the person so their dignity was preserved. When asking people about whether they needed support to use the bathroom, staff did this in a kind and gentle way.

It was clear staff knew people well and had developed strong bonds and friendships with people. When asked about who staff found challenging to work with, they consistently answered in a way which showed they understood people's needs and wishes and did not view people's behaviour as challenging. One staff member said ''If (name of person) does not want to be helped at a particular time, that's fine, we leave them and go back. With a bit of patience and understanding you can coax them to have help and we always have a bit of a laugh too.''

Staff understood the importance of offering people choice and respecting people's wishes. We saw that throughout the day, staff worked in a way which showed they were giving people choice. This may have been something simple such as what hot drink they wanted or if they wanted to take part in a game, but choice was always offered. Staff were patient and waited for people to respond to their questions. Where people were unable to verbalise their views, staff checked their non-verbal communication to ensure they were happy with what's was happening to and around them. When assisting someone staff talked to them in a calm manner and explained each step of what they were doing.

The service had received many thank you cards and letters, including ''Please thank all the staff for their care and dedication.'' ''Words cannot express how grateful I am for such a loving place and to be cared for by such kind staff.'' One healthcare professional said they felt the staff were ''very caring in their approach.''

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. One person said ''I ring my buzzer and staff come and see what I want. They are very good.'' One person said she would like to have more cups of tea. When we fed this back staff said the person was offered drinks throughout the day, but sometimes forgot they had been given and asked for another. One staff member said ''It's not a problem, they can have as many drinks as they like. We want them to keep drinking especially when it's warm weather.''

In the last inspection completed in May 2014, we found care records were not always updated to reflect people's changes needs. The service had sent us an action plan to show how care plans were being reviewed on a monthly basis and audits completed to ensure key information was available.

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly. This ensured staff knew what people's needs were and how best to support people. Details included a one page summary of what was most important to the person, summary of risks and tips for how best to support the person. There was also a page which detailed people's preferred routines for morning and evening. We saw these had been agreed and signed by the person. This showed people were involved in the development and review of their care plan. The PIR also stated people were actively involved in the development and review of their care plan to ensure they were comprehensive and person centred. It highlighted the areas the plans covered. This included include health conditions, mobility and risks, nutrition and hydration, night care, continence, activities, end of life care, consent to care and treatment, communication and personal care.

During handover we heard how staff discussed any changes to people's needs and how they had supported them for their shift. Staff confirmed that where significant changes to people's needs had occurred, changes would be made to their care plan. Staff said they found care plans useful and they also used the daily records to show what care and support had been delivered.

Activities were offered throughout the day. Most days there was an additional member of staff to help provide activities and to also assist with one or two people who came to the service for day care. On one day of the inspection we saw people enjoy a quiz and several games of throwing hoops at a target on the floor. One person told us ''I like joining in, it's fun.'' Staff said they sometimes had paid entertainers coming to the home to do singing. The registered manager said they had forged links with the local schools and children visited to preform singing from time to time. Events and activities were posted on a white board and a notice board in the hall way. Trips out were facilitated and the following day of our inspection everyone had been invited to have lunch out at the local golf club. People told us they had enjoyed trips out to places of local interest. The registered manager said that due to people's increased frailty, some people were becoming more reluctant to go out and about on trips so they were trying to think of new ideas to keep people stimulated within the home.

Two people told us they knew how to make any complaints, concerns or suggestions to. They were confident if they raised an issue, it would be dealt with. One person gave us an example of how she had

discussed a particular concern with the registered manager and it had been resolved promptly. The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives when they first moved into the home. The registered manager said there had been no new complaints since the last inspection. In the PIR the registered manager stated ''I like to encourage a positive community here at Pinehurst where everyone has a voice, an opinion and ideas, which I listen to and ask everyone for feedback on the ideas and we will try them, if they do not work out we sit and talk about it and what we have learnt and how it can be improved.'' Staff confirmed their views and suggestions were listened to.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager who was forward thinking and had adopted an open and inclusive approach. People and staff said the registered manager was easy to talk with; they could share their ideas and suggestions. The staff said they felt valued and listened to. One said ''You can go to our manager about anything. She is very fair and helpful.''

The registered manager had worked hard to promote the wellbeing of people living with dementia, both within the home and in the wider community of Ilfracombe. She had been recognised with local awards for her work in promoting a dementia friendly town. For example, the Alzheimer's Society had recognised the efforts of the registered manager had made to transform Ilfracombe into a 'Dementia Friendly Ilfracombe' and dementia services in the home. She has also won two awards for her dementia strategy a pride of Ilfracombe award and has also won the One Ilfracombe award for continual commitment to Dementia. The registered manager is also part of One Ilfracombe's scheme to reduce social isolation and ensure that they can keep people in their homes longer and lessen the extent of hospital admissions, and promote day care. To this end she had set up a day care service within the local community. This had not proved as successful as she had hoped. She has since moved the service to offer one or two day care places within the home. She said this was done in consultation with people living within the home and did not impact on them. This was because they had an additional member of staff on each of the days people came for day care. There were only one or two additional people each day.

The PIR highlighted the fact the service had ''been on the front cover and in the Hospice Annual Impact report for using the end of life care education system for staff and how its benefitted Pinehurst and how we have improved our ways of working in end of life care.'' The registered manager went on to say how they hoping to complete training to ensure the service was accredited with the hospice for best practice in end of life care. This showed the service and in particular the registered manager was continuously looking for ways to improve and follow best practice in key areas.

In promoting dementia awareness, the registered manager had been offering talks to various community groups including local children. She said that these links had led to more visits from children's groups to the home. In the PIR she stated ''We also promote integrating children and adults, and ensure that we still continue having relationships with the younger generation through history lessons with the schools or singing, learning how to use technology with the academy students, and how the service users can keep in touch with their friends who live abroad via Skype or Facebook.''

Staff understood and promoted the ethos of the home, which was to provide a homely, calm environment where everyone mattered. Staff consistently said they worked well as a team and always tried to offer personalised care and support. The management approach was flexible in working out staffing and resources needed to ensure people had their needs met. This included the use of additional staff at key times.

People's views were sought in a variety of ways. This included staff spending one to one time with people,

meetings and through surveys. Relatives we spoke with also confirmed their views were considered. Other stakeholders such as GPs and community nurses were asked to complete surveys. Comments included ''Excellent individualised care, appropriate to resident's needs. Very welcoming, lovely feel to the home.'' Where surveys had been completed, the results had been collated and an action plan developed. This included having more animals in the building for people to stroke and enjoy, freshen up décor with painting and new furniture. The registered manager also shared their plans for future improvements. These included a new bathroom for the ground floor.

Where suggestions had been made to improve the service, the registered manager responded quickly to implement such changes. This included acting swiftly on the recommendations of the independent fire risk assessment, pharmacy audit and on feedback given by us following our inspection. This showed the registered manager was proactive and willing to listen and act on advice in order to continuously improve the service.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Our data showed they were lower than average in reporting accident and incidents. The registered manager said she was beginning to use the safety cross for all falls, but that they had not had many accidents or falls where people had sustained a significant injury. We discussed one very recent incident which may have resulted in someone having a possible head injury. The person did not show any signs or symptoms of having any damage from a head injury, but it was clear they had fallen and their head had been involved. The registered manager agreed that in hindsight, staff should have sought emergency medical intervention, just in case there was internal head injuries.

There were a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. These did not currently include checking of hot water temperatures, window restrictors or bed rails. The registered manager assured us these were all checked regularly, but had not been not recorded. She said they would now be included in the written audit records.