Pinewood Nursing Home

# Pinewood Nursing Home

## Inspection report

Cot Lane
Chidham
Chichester
West Sussex
PO18 8ST

Tel: 01243572480
Website: www.pinewoodnursinghome.co.uk

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

About the service
Pinewood Nursing Home is a residential nursing home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 30 people.
The home has 26 single rooms and two double rooms over two floors. People have access to a communal lounge, a dining room and a conservatory. Many rooms have an en-suite bathroom and access to the gardens. There are also shared bathrooms with fully accessible baths and showers.

People's experience of using this service and what we found
Trained staff administered medicines safely. Since the last inspection there had been improvements to the medicines administration procedures. People were kept safe from the risk of abuse by well trained and caring staff. The home was kept in good safe repair and was clean and smelled fresh. Safety checks on equipment used in the home were carried out routinely. Staff were recruited safely and there were enough staff to support people and spend time with them. A staff member told us, "No one is ever rushed, they can take their time, for example when getting up in the morning. Christmas time was just lovely, we made sure everyone was involved."

People were looked after in a personalised way. Early assessment and frequent reassessment of the care people needed made sure staff were able to give people the care they required. A relative told us, "Since Mum has been here she has not fallen once, in over a year. The carers are caring and so mindful of Mum's needs." Staff were well trained and enjoyed opportunities to do extra training beyond subjects considered essential for care. People were supported to eat and drink and had a balanced diet they enjoyed. People were able to cook with staff at the home. People were referred to outside healthcare agencies when necessary and staff supported people if they needed to attend appointments outside the home.

People at the home were treated with kindness by respectful staff. People could decide how to spend their days and although encouraged to take part in activities and not become isolated, they had the freedom to stay quietly in their rooms if they preferred. A relative told us, "The other day he didn't feel well and they asked him if he wanted to get up. He said no, so they gave him a duvet day. I couldn't come at the weekend but I rang up and the staff were lovely and told me not to worry. He's clean and tidy they look after him."

People were supported to keep in contact with friends and family. The registered manager used a 'wish book' for people to write their ideas for things they hoped to do. These things could be simple, such as a trip to the beach, or more complicated, such as a trip to London to see a show. Photographs showed people's wishes being fulfilled. The home ensured there were always activities for people to do if they wished, events were organised by a dedicated activities coordinator. Relatives and people felt able to raise issues with the registered manager and knew they would be acted upon.

The home was well led by a registered manager with support from the provider. Since the last inspection the registered manager had worked to address the issues around the medicine errors and things had improved.

Regular audits of the service ensured issues or errors were spotted quickly and could be rectified promptly. Staff told us they were happy working at the home. People and their relatives told us the service was good, and the registered manager led the staff well. A relative said, "Staff are good at handling all situations. There have been no problems, I feel able to speak to people." People were involved in decisions made at the home and there were regular residents' meetings.

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.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 21 February 2019) and there were multiple breaches of regulation. 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
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 caring?

Good

The service was caring.

Details are in our caring 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.

# Pinewood Nursing 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.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Pinewood Nursing Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, deputy manager, nurses, care

workers, cleaners and the chef. The registered manager was on holiday at the time of the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, audits and procedures were reviewed. We looked at training data and quality assurance records.

After the inspection
We continued to seek clarification from the provider and the registered manager to validate evidence found.

Good

# 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.

Using medicines safely

At our last inspection the provider and registered manager had failed to ensure medicines were supplied in sufficient quantities, managed safely and administered appropriately to make sure people were safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Trained staff administered medicines safely. Since the last inspection there had been changes to the medicines administration procedures and documentation. Regular audits by the registered manager were taking place. Staff had updated their medicines training.
● Medicines were stored safely and ordered in good time. A dedicated room for storage of medicines was in use and medicines not kept in blister packs had a running total kept so prescriptions could be ordered in good time. An outside pharmacy audited medicines at the home each year. A relative told us, "I was worried about the medicine issues, I'm a nurse, but the medicine things seem fine now."
● People received medicines at the correct times as prescribed. If there was a reason people could not have their medicines as prescribed this was noted on the chart. ''As and when required' medicines were given according to the policy.
● Nursing staff were protected from distraction during the medicines round by wearing a red 'Do Not Disturb' tabard. If staff were interrupted by people or relatives, they politely reminded them they should not be disturbed and another member of staff should be sought to help.

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded from the risk of abuse. All staff, not only care staff, were trained in safeguarding during their induction periods and this was updated regularly. Staff understood the importance of reporting concerns about people's health to senior staff. A staff member told us, "We get to know our residents well. I'd look for withdrawal, any upset, general routine changing, look for any physical signs, e.g. bruising. I would report concerns to the qualified nurse. I haven't had to do it, but I believe action would be taken."

Assessing risk, safety monitoring and management
● The home was safe. General safety in the home was audited by the registered manager using daily walk

abouts, as well as regular weekly checks. Equipment was checked and kept in good condition by a maintenance person employed by the provider.
● Fire safety checks, electrical safety and water safety checks, for example temperature checks, were carried out and results recorded. Items found to be faulty were removed or repaired as appropriate.
● Risks were assessed by trained staff. Risk assessments were thorough and recorded in care plans. Care plans were updated regularly and were audited each month.
● People were safe at the home. People who had a tendency to become confused or walk away from the home were supported by staff on a one to one basis to keep them calm, orientated and safe from the risk of getting lost.

Staffing and recruitment
● Staff were recruited safely and in line with regulations. Staff files were kept up to date and had information about training, employment histories and showed that staff were checked to be safe to work with people before that started working at the home.
● There were enough staff at the home to not only keep people safe but to take time to stop and talk to people too. Staff were polite and engaging with people. A relative told us, "The staff are so kind, I've never heard anyone be unkind to people. They sit with him and they are very nice. I don't have any complaints." A staff member told us, "We are actively encouraged, if we have got spare time to spend it with residents. We're told by managers "do not feel uncomfortable to just stop and sit with someone to have a chat."
● People knew staff well. Continuity of care was achieved by a good retention of staff. Some staff had worked at the service for many years and had formed strong relationships with people.

Preventing and controlling infection
● People were protected from the risk of infection by well trained staff. The provider employed staff to clean the home regularly, and an on-site laundry ensured bed linen and clothes were kept clean and fresh. A staff member told us, "I have done all the same training as the carers. I also do all of the updates including infection control. I have specific knowledge around if someone needs to be in isolation, personal protective equipment (e.g. gloves and aprons) is always available".
●The home was clean, and it smelled fresh. Staff followed hygiene procedures. Hand gel points around the home enabled staff to clean their hands regularly. A person told us, "It's always very clean and tidy here."

Learning lessons when things go wrong
● The provider and registered manager were keen to learn lessons from things that went wrong in the home. After the previous inspection staff were encouraged to look at, and update procedures around medicine administration and all staff were retrained.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and personalised. Care plans included information from a pre-assessment and were updated during people's stay at the home
- Staff knew people well and understood their needs, a relative told us, "Carers are very aware of mum day to day, today she is having a vague day which carers told me when I arrived."
- People's physical needs and the care they required were clearly explained in the care plans so staff would be able to take on the care of a person even if they did not know them. A staff member told us, "People have come in very poorly and have vastly improved. There are care plans we can look at and notes are left in their rooms."

Staff support: induction, training, skills and experience

- Staff were well trained and had an induction before beginning working unsupervised. Staff skills were assessed and a mix of nursing staff , senior care staff, and care staff ensured people had the care they needed.
- Staff told us they had adequate training, and the chance to do extra training. All care staff were trained to at least NVQ level 2 standard. A staff member said, "Management are really supportive. I had an NVQ before I arrived. There are always posters up regarding training and refreshers. We can always request any training when needed."
- The provider supported care staff to progress via their training, and was proud of this. The provider told us, "If anyone else wants to do something, then we would help them to do that. We are happy to be a springboard for people wanting to further their career."
- Staff were supported by the registered manager with their emotional needs. Staff were able to access counselling after a death at the service, ensuring staff were emotionally supported led to staff being happier and less likely to take time off or leave the service.

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

- People were supported to eat and drink. The home had a well-run kitchen with experienced, well trained staff who knew people and their dietary requirements well. Staff followed policies and procedures about people's allergies, cultural food requirements, likes and dislikes, which were displayed in the kitchen.
- People told us they liked the food provided. A relative told us, "The food is good, mum says what she does and doesn't like. If there's anything she wants, they'll get it for her." And a person said, "We had a lovely lunch today, it was jacket potato, salad and cheese, then semolina."

● People told us the choice of food at the home was good. There was a choice of two main meals but people could request items not on the menu. The cook said, "Some days I've made 7 different meals." The cook told us she asked people what they wanted to eat, for example at breakfast time, even if a person always had the same thing, she would ask. She told us, "We still ask because you never know if someone will change their mind."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other health care professionals and external agencies to ensure effective care for people.
● People had referrals to the community dementia matron or the tissue viability nurse for wound care assessments.
● Staff engaged speech and language therapists if people were experiencing issues with eating and swallowing to reduce any risks. The cook told us, "I've always gone on all the courses, and courses about swallowing difficulties. We prepare things for people carefully; some people have choking risks."
● People were supported to organise private appointments, for example for physiotherapy visits. The provider told us, "We have an appointments book to help people, and care staff provide escorts when necessary, but we have visiting services too." Services that visited the home included opticians, audiologists and dentists as well as people's GPs.

Adapting service, design, decoration to meet people's needs
● The home was clean and was in good repair. Doors to storage areas were kept locked for safety.
● People had access to various rooms in the home depending on what they wanted to do. A lounge area was used by people who wanted to watch television. There were quiet areas for people to sit and speak with friends or relatives. A dining area was used as an activities area during the afternoon.
● People had rooms that suited their needs. They were able to personalise them with items and pictures from home. A relative told us that when her mother had to change rooms the staff had worked together to make the move go smoothly. She said, "It was done with so much care, they took photographs down and put them up in as close a position as they could. Mum didn't really even notice that the room had changed."
● Bathrooms had baths or showers designed to be used by people with disabilities. There was a lift at the home for people who could not manage the stairs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The provider and staff at the home understood the principles of MCA. People were treated with dignity and were assumed to have capacity about day to day decisions such as what to wear, where to spend their time and what to eat.

● Where people were deprived of their liberty the grounds for this and any requirements were clearly stated in the care plan. Where people were restrained, for example with the use of bed rails or wheelchair lap belts, this was assessed within the DoLs paperwork and documented in the care plan.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People at the home were treated with kindness and their views were respected. A relative told us, "Mum is not religious and at one time they had a Catholic ceremony, Mum found this quite distressing therefore staff are mindful now to make sure Mum is elsewhere when that happens."
- Staff were kind and spoke politely and gently to people. We saw pleasant interactions between staff and people. When a person was sleeping at snack time a carer knelt down to their level and stroked their hand to wake them gently to enquire if they wanted a drink or a biscuit.

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

- People and relatives were able to express their views about the service and suggest changes to it if they wanted to. The provider used meetings with families and people at the home, and also surveys to obtain people's opinions. A person told us about a residents' meeting, "We had chance to air our views. We can generally air our views. Generally we are listened to." And a relative told us, "They asked which GP we would prefer Mum to have. I asked for the same one as me and it was agreed. This is good as I can communicate openly between the home and the GP."
- Care plans were updated frequently and whenever people requested a change. People were able to make decisions about the care they received, and where people were unable to participate in care planning relatives were invited to be involved.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible. Staff asked people how they wanted to spend their day.
- People were treated with dignity and their privacy was always respected. We saw staff knock on doors and wait to be invited in before entering people's rooms.
- People were encouraged by the staff to be active but could stay in their rooms if they preferred.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

● Care plans were person centred throughout and included a personalised profile of the person in their folder. Care plans included details such as, what the person liked to be called, what time the person liked to get up and things people really hated. A relative told us, "She says what she likes and doesn't like and they never make her eat things she doesn't like."

● People's care plans were reviewed monthly and we saw they were altered when people's needs changed. Care plans included input from people, their relative, staff and outside specialist healthcare professionals.

● Staff followed the plans and knew people and their daily routines well. We saw a staff member comment that a person came to the lounge later than expected. The person told them, "Yes, I had a lovely bath."

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 were very aware of people's need for good communication and addressed this in daily living at the home. We saw a staff member helping a blind person to eat. The staff member made the conversation natural to retain the person's dignity, asking the person which foods they liked and reassuring them the food they were eating wasn't something they disliked. They explained every mouthful, saying "This is jacket potato." and "This is tomato and lettuce." The person told us, "I don't have any sight and they are exceptionally helpful."

● Leaflets were available at the home in various formats to inform people about other services available from other organisations. Braille books and talking books were also available.

● People were able to use technology to communicate, for example one person used an electronic tablet to 'speak' to staff. Staff also had access to picture cards to help people with limited speech or understanding to communicate their needs and wants.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were able to fulfil long held dreams or new wishes via a 'wish' scheme. People were encouraged to add their wishes to a book and staff tried to make the wishes reality. The book contained photographs of past wishes that were fulfilled, such as a person visiting a spitfire and a person in a wheelchair who had the

wish to paddle their toes in the sea. At the time of the inspection a person was going to London to watch a recording of Strictly Come Dancing.

● People were encouraged to continue with activities they enjoyed and also to find new things to take part in. We saw people making biscuits during our inspection and enjoying sharing and eating them later.

● Activities were coordinated by a keen dedicated member of staff and people had fun taking part. A person told us, "We had skittles the other day, and I won a gold medal because I knocked them all down, it's hung up in my room."

● People took part in a worldwide postcard exchange scheme, this gave people interesting things to talk about while keeping them connected to people outside of the home, avoiding isolation.

● People were kept involved in the day to day life at the home, using shared spaces to avoid isolation, but with the opportunity to stay in their rooms if they wished. Relatives and friends were free to visit at any time and were able to stay for tea or meals. A relative told us, "There's lots of activity here, always someone around, someone to talk to."

● The provider was very keen for people and their families to feel relaxed at the home. The provider said, "I want it to feel like everyone's home who comes here, family can come whenever they want."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure but there were few complaints at the home. People felt comfortable to talk to staff about minor issues and people were consulted about changes to the home.

● Relatives were able to complain and if complaints could not be sorted to their satisfaction the issue was sent to mediation outside of the service. A relative told us, "If I had any problems I'd go to the office."

End of life care and support

● The provider ensured staff were well trained in caring for people at the end of their lives. Two senior staff members completed the six steps programme for end of life, to support people to live and die well. This programme recognises social care providers are central to the effective delivery of end of life care. These senior care workers are now End of Life Care Champions for the home.

● Nursing staff were able to care for people at the home and keep them comfortable in their final days.

● Care plans contained end of life wishes of people, including if they wished to be resuscitated in the event of death, and what their wishes were for funerals.

Good

# 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.

At our last inspection the provider's quality assurance systems had failed to sustain improvement when medicines errors had been identified. These errors had placed people at risk. This was a breach of Regulation 17(1)(2)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- Since the last inspection the registered manager had worked to address the issues around the medicine errors. Staff had received further training and audits continued.
- Measures had been brought in to reduce staff being distracted during a medicine administration round and staff kept running totals of medicines to ensure they were re ordered in good time so that people did not run out of medicines.
- The registered manager continued to audit all aspects of the service and completed 'walk rounds' each day to assess care and the premises for safety.
- The clinical lead was introducing new electronic care plans into the service.
- People were able to attend regular meetings and feedback any ideas they may have to improve the service. At the most recent residents' meeting people had suggested changing the menu and staff were planning to send out a survey to find out what people wanted.

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

- Staff told us they enjoyed working at the home and were proud to provide good care, a staff member told us, "I feel that were all a family, I like to think all the residents are happy, we do our best to keep them happy." People agreed the home was a nice place to live, a person said, "Ooh l love it, they're very kind to me."
- People and their families were well supported by the service. Regular celebration events, such as birthdays and holidays were recognised with parties and cakes and people were able to invite friends and relatives. A staff member told us, "Christmas time was just lovely, we made sure everyone was involved." Relatives of people continued to visit the home after their loved ones had died in many cases and staff continued to

support them.
● People and staff were supported by the registered manager, senior staff and provider who regularly walked about the communal areas and talked to people to ensure all was well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff and people were supported by positive, caring senior staff. The provider gave an example where a staff member had faced discrimination by a person living at the home. The provider supported the staff member and talked to the person to help them overcome any misunderstanding. The person later became good friends with the staff member.
● Despite the home being located some distance from the nearest village, the staff retained good relationships with the local church and ensured there were plenty of visits from outside organisations. For example, the provider had arranged for a shopping company to visit every month to give people the chance to browse and shop even if they could not leave the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood the duty of candour and was open with people and their friends and relatives if things went wrong at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● At the time of the inspection the registered manager was on holiday. Senior staff were able to manage the service in their absence as they were well supported by the provider and they understood the managers role within the service.
● Quality of care remained good in the absence of the registered manager as staff could follow the system of audits set up for the service. Nurses did a daily walk around, and completed a daily audit form, to show they had checked people's rooms, checked staff interaction with people, and had ensured daily plans and charts were being checked.
● The registered manager notified the Care Quality Commission (CQC) with significant incidents in line with the law. Staff understood how to do this in the absence of the registered manager.

Working in partnership with others
● The registered manager made sure that people had health care when needed and worked with other agencies to ensure this. People were able to access care from opticians, audiologists and dentists who visited the service. People could also be accompanied to appointments outside the home if necessary, for example to see their GP or a physiotherapist.
● People were given appropriate care by staff who liaised with healthcare professionals in specialist fields, such as Parkinson's disease, tissue viability (for wounds or pressure sores), dementia or speech and language issues including swallowing difficulties. Care plans showed these cross-area working links were regular for the service, with advice frequently updated.