

## South London Nursing Homes Limited

# The Pines Nursing 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

### About the service

The Pines Nursing Home is a care home with nursing, providing support for up to 50 people. It is located in Putney, in the London Borough of Wandsworth. At the time of our inspection there were 36 people using the service.

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

People told us they felt safe living at The Pines and staff were available to support them if needed. The provider used a dependency tool to work out safe staffing levels which was reviewed regularly. Risks to people were assessed which helped to keep people safe and they were supported to take their medicines on time. Incidents and accidents were recorded and analysed for trends to try and understand why they were occurring so they could be prevented.

Staff received appropriate training that included a thorough induction and ongoing refresher training. We found that staff supervision was not being carried out regularly, but the provider had an action plan to rectify this. People's dietary and healthcare needs were met by the provider who worked closely with external healthcare professionals such as dietitians and community nurses to support people.

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.

People and their relatives told us that staff were friendly and caring towards them. Staff cared for people in a way that was respectful and dignified.

People had care plans which included their ongoing support needs, these were reviewed every month and there was system in place to alert staff when any records needed updating. End of life care plans were in place and the provider worked with a local hospice to support people. People had access to wide range of individual and group activities which they said they enjoyed. Complaints were recorded and responded to in a timely manner and the provider carried out investigations when any complaints were received.

There was a system of quality assurance checks in place which helped to ensure the service continued to provide a good level of care. There was an open culture within the service. Staff told us they felt comfortable approaching the managers to raise any issues. The provider engaged with people, staff and worked with external healthcare professionals, taking their feedback on board.

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 good (published 20 September 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Pines Nursing Home 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, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Pines 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 Health and Social Care Act 2008.

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

This inspection was conducted by one inspector, a specialist advisor and an Expert by Experience. The specialist advisor was a nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Pines Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people using the service, five relatives, the regional manager, a manager from another service who was supporting the service during the inspection, two deputy managers, three nurses, six care workers and an activities co-ordinator. The registered manager was on leave at the time of our inspection. We reviewed a range of records. This included seven people's care records, four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed regularly and managed in a way that kept people as safe as possible.
- Risk management guidelines were in place to help staff mitigate any identified risk. For example, where people were at risk of pressure sores, there were care plans in place and action taken to minimise the risk, for example, by using pressure relieving mattress and cushions.
- Mobility plans were in place and included details of the equipment and personnel required for safe movement. One person was assessed as being a high risk for falls and there were actions in place to manage this such as the use of a Zimmer frame, a sensor mat and keeping the bed in the lowest position. Staff were aware of the risks and told us, "We try and keep [the persons'] Zimmer frame close to her at all times."
- The provider liaised and worked with healthcare professionals to manage risks.

### Staffing and recruitment

- At the previous inspection, we made a recommendation in relation to staff recruitment checks. At this inspection, we found the provider had acted on our recommendations. We were assured the provider's recruitment systems were safe.
- Staff employed had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff files contained evidence of pre-employment checks that had taken place including C.V's and application forms, identity checks, right to work and proof of address.
- People using the service told us there were enough staff to support them. We observed staffing levels throughout the day and found there were sufficient staff to meet people's needs.
- The provider used a dependency tool to work out safe staffing levels. These were reviewed monthly which helped to ensure that people's needs continued to be met.
- We reviewed staff rotas for the three weeks prior to the inspection and saw that the number of staff deployed to work at the home matched the levels on the dependency tool.

### Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe living at The Pines. Comments included, "Absolutely (safe). They can't do enough for her" and "Definitively, she feels safe."
- The provider had a safeguarding adult's policy and procedures and staff were aware of this and how to recognise abuse. There were safeguarding posters on display in the home with details of the local safeguarding procedures and processes.
- Staff told us that they had safeguarding training, which was confirmed by the training records we saw.

Staff had an awareness of what they needed to do to make sure people were safe from harm and potential abuse. One staff said, "I received all the mandatory training and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to."

#### Using medicines safely

- Medicines were managed consistently and safely in line with national guidance. People received their medicines safely as prescribed. One relative said, "There have been no problems when I have been there when [my relative] has received her medication on time."
- Medicines were kept in a secure room in locked trolleys. Medicines were managed by staff who had received the relevant training.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately, and stocks checked tallied with the balances recorded.
- Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- Appropriate management systems were in place to ensure medicines were managed safely. There were checks of medicines and audits to identify any concerns and address any shortfalls.

#### Learning lessons when things go wrong

- There was a process for staff to follow for recording any incidents and accidents that occurred.
- Records were completed, reviewed by managers and then analysed over a three-month period to allow for trends to be monitored and analysed. We saw there was a system in place to analyse falls and follow up with external professionals for guidance.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date .
- We were assured the provider was facilitating visits for people from their friends and relatives in accordance with the current guidance.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and ongoing mandatory training that was refreshed regularly. This meant that people were supported by staff with the appropriate training and competency needed to support people effectively.
- The care worker induction was spread out over a period of time, covering various aspects of working at the service as well as completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered as part of a robust induction programme.
- Clinical staff completed a separate induction covering more clinical aspects of the role. They also completed a competency workbook.
- The providers training matrix showed a high level of compliance for all staff in topics such as emergency first aid, manual handling, oral health and food hygiene.
- One community healthcare professional who was involved in delivering training for staff told us, "I can confirm that the staff do engage in our training programmes and the [registered] manager encourages and put forward staff for training. The [registered] manager has on occasions requested training for the new staff and training for staff when she identifies that there is a gap in knowledge."
- Although the provider held team meetings, we found individual 1:1 supervisions did not take place regularly for all staff. Despite this, staff confirmed they could speak with the registered manager at any time. We raised this with the managers during the inspection. After the inspection, they submitted a supervision matrix and supervision action plan which showed that supervisions had been booked in for June 2022 and the subsequent months. We were satisfied with this response.

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

- People received care and support in a safe and clean environment.
- People's personal care was provided in the privacy of their rooms. They were able to furnish their rooms to their liking with personal belongings and furniture if they wished.
- The communal spaces such as the dining room and the lounge were well laid out, allowing for people to engage with each other and staff.

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

- Care records included people's pre-admission information and forms that were completed before people began to use the service.

- The provider used a range of tools to assess dependency and risk. These were used to work out safe staffing levels but also any new risks such as developing pressure sores, malnutrition and mobility.

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

- People using the service told us they were offered a choice and enjoyed the food available to them at the home. One relative said, "Food is fantastic."
- People were given menu choices during the day and were able to choose what they wanted to eat for the following day. We saw people selecting their preferred choices during the inspection.
- There were dietary care plans which were individual to each person. For example, one care plan highlighted that a person was pescatarian, and they met with the chef to discuss their needs.
- We saw that people were offered high quality and a variety of diets for their specific needs, for example, chopped, pureed, diabetic, low fat and low salt meals. Food moulds were used to improve the presentation of pureed food.
- One healthcare professional said, "The Pines have also embraced food fortification and regularly provide homemade smoothies and their high protein porridge is legendary" and "Overall I am very happy with the level of nutritional care with my patients in this care home."

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

- People were supported to access healthcare services as required and the provider worked with external professionals to ensure their needs were met. One relative said, "The care has been outstanding. They flag up to me when they have concerns. I really appreciate that."
- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services. The GP practice attended once a week to review people using the service.
- The provider involved health and social care professionals when needed and responded to recommendations from them. For example, one person with difficulties swallowing food was being appropriately supported. The service had arranged for healthcare professionals to visit to provide additional support.
- One healthcare professional said, "The staff are aware of our services and know when to refer to our team and other community services to promote good quality of care. The staff use our services effectively to assist with clients' care."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- People's records included details about whether they were subject to a DoLS.
- Communication and mental capacity care plans included details about cognitive function and how this impacted on people's ability to make decisions. They also included details about the types of decisions that people could make and if best interest decisions were needed for more complex situations. One relative said, "They always speak to me about her care and I have POA (Power of Attorney) for health and welfare so they always phone me. If she is not well on a particular day they call me."
- Staff training records showed that training in MCA/DoLS had been delivered to staff and they demonstrated a good understanding about consent and mental capacity.

# 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 our last inspection we rated this key question good. At this inspection the rating for 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 told us the Pines felt 'like home' and they were treated with respect. Relatives said the nursing and care staff were well trained, caring, kind and respected the dignity and privacy of their family member.
- We observed kind interactions between staff and people using the service, during group activities and at mealtimes. Staff communication with people was warm and friendly, showing a caring attitude. People told us they enjoyed talking to staff. One relative said, "It is excellent. My [relative] knows she is well cared for. She always says she is comfortable and looked after. We are very pleased and grateful about everything. We have peace of mind as we all live so far away. We cannot thank them enough." Another said, "[My relative] seems to be happy and I ask her if she is and she always says yes. She loves some of her carers and they are amazing with her. Some of the care staff go out of their way to look after her."
- Staff spent time with people showing care and concern for their wellbeing. For example, we saw that staff knocked and waited before entering rooms and were patient when supporting them to eat their lunch, not rushing them and encouraging them in a friendly manner.

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

- People were asked for their views and were able to express their views.
- The provider sought feedback from people through residents' meetings and people were able to give feedback in relation to the activities and food provision within the home and other things that were important to them.
- Relatives told us that staff respected their family members wishes. One told us, "If [my relative] is tired and doesn't want to do something they respect her wishes and if she doesn't want to eat something they respect her wishes." Another said, "[Staff] do give [my relative] choice and get her out of bed and do walking. We agreed we give her the choice if she does or doesn't want to get out of bed and do things."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected. One person said, "I try and do everything on my own but they [staff] help me to shower." A relative told us, "They encourage [my relative] to do things but listen to her if she says she is afraid to do something. They are very professional."
- People received personal care in the privacy of their bedrooms and they told us that staff provided care for them in a discreet way. One relative said, "I'm not there when [staff] are doing personal care because they shut the door but I have stood outside and heard them talk to [my relative] about what they are doing."
- Staff gave us examples about how they ensured people's privacy and dignity were maintained.
- Care records were kept in a secure place and access was limited to those with overall responsibility for the

day-to-day care of people.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for 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; End of life care and support

- People had individual care plans in place based on their support needs.
- The provider had transitioned to a new care planning system and we found some instances where information had not been fully migrated. Information seemed to be both in paper notes and on records, so was sometimes difficult to locate.
- We raised this with the managers on the day of the inspection who acknowledged that the transfer of information from the old care planning system to the new was not fully completed and a work in progress. There was a plan for this to be completed within the next few months.
- The new system allowed care staff to update handheld devices when they supported people with food, personal care and other tasks. This meant there was up to date information about the care that people had received on any particular day.
- Input from external healthcare professionals was included in people's care planning and staff demonstrated an understanding of people's needs. One healthcare professional said, "When community services visit and make a care plan or recommendations for a client the staff at The Pines will implement the care planned and evaluate accordingly. The care records of the clients we have been involved with are kept accurate and up to date showing good documentation."
- When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way and this was recorded in their care plans.
- People at end of life were encouraged to remain in the care home via the provision of any specialist equipment needed.

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.

- Some people using the service had specific communication needs in relation to sensory impairment or required special aids to support communication.
- People's communication needs were identified during the pre-admissions process and thereafter, were reviewed regularly. Care records identified people's communication needs and preferences. This enabled staff to communicate effectively with them.
- Information was available in large print or alternate formats if needed.

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 supported to take part in a variety of social activities that reflected their interests, both individual and communal. One person said, "I try to take part in scrabble and skittles. We did go to lunch with Chelsea pensioners." One staff member said, "Some of the residents go to church – their families help them."
- People and their relatives told us there was a good range of activities available to them. One relative told us, "They try to enrich their lives. They had a fish and chip party for the Jubilee which family and friends were invited."
- Care plans included information about people's interests and hobbies and the activities co-ordinator told us they used this information when planning activities. She said, "We plan activities a week in advance and we speak with the residents." She showed us an 'activities tracker', a list of all the activities that people had taken part in.

Improving care quality in response to complaints or concerns

- There was system in place to record and monitor any formal complaints that had been received. We saw that complaints were acknowledged and responded to in a timely manner and investigations carried out to understand the nature of the complaint so appropriate remedial action could be taken where necessary.
- Feedback was sought through a number of ways including feedback forms available on the entrance to the home, meetings and surveys.
- Relatives told us they knew who to approach if they were not happy. One relative said, "I would ring the [registered] manager or one of the nursing staff depending on the issue."

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. 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; Continuous learning and improving care

- The provider was receptive to the feedback given during the inspection and acted immediately when these were raised.
- There was a system of quality assurance audits in place to help monitor the quality of service that people received. These included audits in relation to pressure sores, medicines audits, skin tears, leg ulcers and mattress pressures.
- Clinical governance and quality control audits were also completed for incidents. This meant any trends could be analysed to try and prevent them from occurring in future.
- The regional manager completed care plan audits, which helped to ensure they were current.
- Clinical governance meetings were held where clinical issues were discussed, including any new admissions, reviewing daily charts, incident and accidents, safeguarding and other clinical risk factors.
- Health and safety checks for the home and equipment were completed by the provider which helped to ensure the environment was safe.
- The provider demonstrated a commitment to learning and improving. They had implemented a 'You said, we did' system where feedback from people and staff was taken and used to make improvements to the service.
- The regional manager completed regular visits to the service, speaking with the registered manager, observing a home round, observing staff practice and reviewing documents. These visits included improvement plans which were SMART (Specific, Measurable, Achievable, Realistic, and Timely) Targets.
- The provider was aware of their regulatory responsibilities. For example, statutory notifications were submitted in line with their legal requirements.

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

- People had the opportunity to discuss things that were important to them such as activities, kitchen/catering and laundry through residents' meetings.
- The provider held team meetings with staff where their views were heard, these included meetings for general staff, heads of department, health and safety personnel, clinical staff and care workers. Where there were any actions for follow up, these were noted and assigned to a staff member for completion.
- Relatives meetings were held where they were given information relating to staffing, housekeeping, catering and other things.

- A relative's wellbeing survey had been completed in May 2021, feedback was generally positive, and we saw the provider had taken on feedback and suggestions made as part of the survey.

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 and relatives told us there was an open culture within the service. They said the registered manager and other staff were approachable. They said the registered manager managed the home well.
- One healthcare professional who told us they had been working with the service for a number of years said, "I have seen a number of [registered] managers come and go - [registered managers name] has been by far the best, employing a hands on approach to care."
- Feedback we received from staff was generally positive but mixed specifically in relation to their work patterns which had been changed recently. We fed this back to the regional manager who said they were aware of this and this had been discussed in staff meetings, but they were also planning some team building sessions and some listening events in response to this.
- The provider was aware of the requirements under Duty of Candour.
- The service's previous CQC inspection report was clearly displayed. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- There was evidence the provider was open to working in collaboration with external agencies to provide good care.
- Records showed engagement with these professionals including referrals and regular reviews with Behaviour and Communication (BACCS) team, The Maximising Independence team, The In Reach Trinity Hospice and Wandsworth Care Home Pharmacist.
- One healthcare professional said, "I feel the staff at the Pines Nursing Home provide good quality of care to their clients and communicate effectively with the multidisciplinary team."