

# Ampersand Care Limited

# Pinewood Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected Pinewood Manor on 8 and 9 August 2016. The inspection was unannounced. Pinewood Manor is a residential care home providing nursing support and accommodation for up to 31 older people some of whom were living with dementia. At the time of inspection there were 26 people living at the service. Pinewood Manor has two communal areas, one kitchen, one dining room, two staff offices, registered managers' office, clinical room and gardens.

There was a registered manager in post who was registered with the CQC. 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.

At our last inspection on 2 and 3 December 2014, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to meeting nutritional needs, record keeping, good governance, and consent. The provider sent us an action plan stating that they would address all of these concerns by June 2015.

At this inspection, we found that the provider had taken action on all these areas and was fully meeting the regulations in two areas where breaches were found. We found that the registered manager has put systems in place to monitor the quality of the service. The provider had updated a policies and procedures to reflect good guidance, practice and legislation.

At our last inspection on 2 and 3 December 2014, we asked the provider to take action and make improvements on the way people were being supported during meal times. The registered had employed a new member of staff to assist with meal times. At this inspection, improvements had been made, but there was evidence of poor practice taking place, that included one carer supporting two people to eat at one time. People had to wait up to 30 minutes to receive their meal, as there were not enough staff to support people with eating and drinking in a timely manner. The registered manager did not use dependency tools to identify the level of support people required throughout the day.

At our last inspection on 2 and 3 December 2014, we asked the provider to take action and make improvements regarding staff understanding of the Mental Capacity Act 2005 (MCA). At this inspection, improvements had been made. Staff demonstrated a good understanding of MCA and appropriate referrals were being made to the local authority regarding Deprivation of Liberty Safeguards. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005. However, the registered manager was not effectively recording how decisions were made for less complex decisions. We have made a recommendation about this in our report.

The provider had ensured that medicines were stored safely at all times. Medicine administration records were kept up to date by staff. Only staff that were trained to administer medicines did so.

People were protected against abuse and harm. The provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns. Staff were trained to identify the different types of abuse and knew who to report to if they had any concerns.

The service appeared clean and tidy and there were cleaning rotas in place to ensure that all areas were cleaned. The provider had ensured that the premises was safe for use and had up to date certificates of safety.

People's needs had been assessed and detailed care plans had been developed. Care plans had appropriate risk assessments that were specific to people's needs.

People were supported to have a healthy and nutritious diet. Staff could identify when people required further support with eating and appropriate referrals were made to health professionals and staff were seen to be following guidance provided.

People and their relatives told us they were involved in the planning of their care. Care plans and risk assessments were being reviewed on a monthly basis by staff and at any time when it was required.

People spoke positively about the care staff and the support they provided. Relatives told us they were happy with the support their loved ones received. Staff communicated in ways they were able to understand when giving support.

Staff respected people's dignity at all times. The provider had ensured that people's personal information was stored securely and access only given to those that need it.

People were free to choose how they wanted to live at Pinewood Manor. People could decorate their rooms to their own tastes and choose if they wanted to participate in activities. Staff respected people's decisions.

The provider had ensured that there were effective processes in place to fully investigate complaints. The registered manager kept records of all complaints that included investigations and all communications with interested parties.

The registered manager had put processes in place to improve the quality monitoring systems. However, these were not fully identifying shortfalls within the service. We have made a recommendation about this in our report.

On inspection, we found a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There was not enough staff to support people at all times during the day. People had to wait up to 30 minutes to get support with their meal.

Medicine stocks were being correctly managed. Medicines were being safely stored and staff were only administering medicines if trained to do so.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The decision making process for less complex decisions when people were deemed to lack capacity was not being effectively recorded.

The registered manager had ensured that appropriate applications were made regarding deprivation of liberty safeguards.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

Improvements had been made during meal times but there was evidence of poor practice.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives were involved in the planning and review of their care.

People and their relatives spoke positively about staff. Staff had good knowledge of the people they supported.

People's privacy and dignity was supported and respect at all times.

Staff communicated in ways that were understood by the people they supported.

### Is the service responsive?

Good ●

The service was responsive.

People told us they were happy with the activities available.

People's friends and families were made welcome at the service by staff.

People were encouraged to make their own choices on how they wanted to live their lives.

There was a robust complaints system in place that ensured that full investigations took place and people were effectively communicated with the outcomes.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager had not ensured a fully robust system to ensure that all shortfalls were identified during the quality monitoring processes.

People, relatives and staff spoke positively about the registered manager. Staff told us they felt supported and enjoyed working at the service.

The provider had up to date policies and procedures.

The registered manager was informing CQC of all notifiable events.

# Pinewood Manor

## 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 8 and 9 August 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At our last inspection on 2 and 3 December 2014 the service was rated as requires improvement, we issued four requirement notices in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider completed a 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.

We spoke with 11 people who lived at the service, four relatives, five carers, two nurses, one senior care staff, an in house trainer, an activity coordinator, a visiting healthcare professional, deputy manager and the registered manager. We looked at people's bedrooms with permission and all facilities at the service. We made observations of staff interactions and the general cleanliness and safety of the home. We observed people with higher support needs in a communal area to help us see how their needs were met. We looked at six care plans, three staff files, staff training records and quality assurance documentation.

# Is the service safe?

## Our findings

People told us that they felt safe living at Pinewood Manor. One person told us, "I feel safe." Another person told us, "I know I am safe here." One relative told us, "All the people living here are safe." However, despite the positive feedback we received, we identified areas of practice that need improvement.

The registered manager told us that the service will not take on people that they feel they cannot support, and that they had employed a new member of staff to assist with meal times since the last inspection. However, the registered manager was not using a dependency tool to provide a systematic approach to identifying sufficient staffing levels to meet people's need or to identify if there was enough staff to support people as their needs changed. We observed lunch being served on both days on the inspection. On the first day, we observed that there were only three staff available to support five people in the dining room who needed assistance to eat their meal. This meant one person waited 30 minutes for their meal while people around them were eating. We also observed that people who chose to eat meals in their rooms had to wait up to 30 minutes between courses because there were not enough staff available to provide a prompt service during this busy time. Two people required hourly checks and regular turning with the support of two staff; four other people had complex needs due to cognitive impairment. We reported this to the registered manager and on the second day of inspection, we observed that staff were assisting one person at a time to eat which created a calmer and more relaxed atmosphere for people to enjoy their meals. People benefitted from the one to one attention from staff, appeared to eat more of their meals, and interacted more with the staff. However, this needs to be embedded into practice in the home.

There were not always sufficient staff deployed to meet people's care needs effectively at all times. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were appropriate systems in place to cover staff during times of leave and absence. The registered manager told us, "We use approved agency staff to cover." People who used the service and their relatives told us there was enough staff to meet their needs. We observed staff attending to calls bells in a timely manner throughout our inspection. There was four care staff during the day and one nurse. In addition to this, there was an additional member of staff employed to support people to eat and drink during meal times, an activities coordinator, housekeeping, kitchen staff and maintenance. During the night, there were two carers and one nurse.

People were protected against abuse by staff that had received safeguarding training and could identify the different types of abuse and how to appropriately react. One member of staff told us, "We have to protect people from abuse and make sure they are safe. If we see abuse or neglect we have to report it." Another member of staff told us, "I would look out for bruising or cuts, a person's behaviour might change if they are being abused or they could act out of character. I would report any concerns to the manager." The registered manager had records of all previous safeguarding concerns. These records included any correspondents from other parties, notes from any conversations that were had and any evidence required to carry out an investigation. The registered manager investigated any concerns reported by staff and would inform the Local Authority if required to do so. The provider had a clear and up to date safeguarding policy.

People's medicines were managed, stored and administered safely. We observed medicines being administered by the registered nurse. They followed best practice guidelines, such as staying with the person until they had taken their medicine. The member of staff would sign the medicine administration records (MARs) after the person took their medicine. During the medicine round the nurse would explain clearly what medicines they were taking. If the nurse identified if someone was in pain the person would be asked where they were hurting and following an observation the nurse would offer pain relief. We checked a sample of medicines that had been supplied in blister packs against the MARs and found that the amounts being held were accurately recorded. Care plans contained information on people's allergies and up to date lists of their medicines, including additional information on how they would like to take them and if there were any preferences. For example, one person preferred a certain flavour of medicine that was available and this was obtained and given. Controlled drugs (CDs), medicines that are more liable to be misused, were stored securely. Temperature records for the medicine fridge were being taken on a daily basis to identify if the area was too hot or cold.

People had assessments in their care plans that were individually designed to minimise risk. Risk assessments included; falls, eating and drinking, moving and handling, bathing and environmental factors such as using the kitchen area or garden. Risk assessments were not limited to these and additional assessments were undertaken as needed. For example, one care plan identified the risk of a person using certain footwear. Where people had a breathing difficulty, assessments were in place which identified the risks and gave guidance on how these could be reduced. Moving and handling risk assessments were in place which provided guidance on how to promote a safe transfer. For example, in one person's moving and handling risk assessment, staff were guided to reduce risk by assisting the person to mobilise to a walking frame and to assist the person to where they wanted to go. This action was observed during inspection and staff were seen to be assisting people to move appropriately.

The provider ensured that there were arrangements in place to keep people safe in an emergency. The policies and procedures identified the service contingency plans to guide staff how they should react in an emergency. For example, if there was a fire or flood at the service. The guidance available to staff included contact numbers they should call and where people were to be relocated if the service could no longer function safely. Each person had an environmental risk assessment that gave staff guidance on what support in required for an evacuation. For example, one risk assessment told us that a person requires the assistance of two carers, another told us that a person could mobilise independently. The records showed how people might react to a fire alarm, for example, one care plan notes the risk of anxieties. However, these records were not collected together into one document that could be easily sourced in an emergency. We reported this to the registered manager during inspection who told us that they would make appropriate changes.

People who were involved in accidents and incidents were supported to stay safe. The registered manager had records that identified all reported accidents and incidents. These records described the nature of accident or incident, what action was immediately taken and any further investigation by the registered manager. Where further investigation was not required, the registered manager signed to show that it had been seen.

The registered manager had not ensured that all environmental health and safety checks had been completed in line with good practice guidance. There had been no fire risk assessment carried out at the service since 2012. We reported this to the registered manager who booked a fire risk assessment with an external agency straight away. It is considered good practice for an approved external agency to carry out a fire risk assessment on a yearly basis. The risk to people was limited as the registered manager ensured that the fire alarm system, fire equipment and emergency lighting was tested yearly. They also carried out regular

fire alarm checks and fire drills were completed twice a year. The registered manager had ensured that portable appliance testing, electrical installation check, gas safety check and legionella testing was completed when it was supposed to be.

There were appropriate systems in place to cover staff during times of leave and absence. The registered manager told us, "We use approved agency staff to cover." People who used the service and their relatives told us there was enough staff to meet their needs. We observed staff attending to calls bells in a timely manner throughout our inspection. There was four care staff during the day and one nurse. In addition to this, there was an additional member of staff employed to support people to eat and drink during meal times, an activities coordinator, housekeeping, kitchen staff and maintenance. During the night, there were two carers and one nurse.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of two members of staff. The information provided included completed application forms, two references and photo identification to ensure that the member of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure people was suitable to work with vulnerable adults.

## Is the service effective?

### Our findings

People and their relatives told us staff knew people well and provided them with the care they needed. One person told us, "The staff here are very good, they know what they are doing." Another person told us, "The nurses are very good." One relative told us, "I am happy with the level of care my relative is receiving." However, despite the positive feedback we received, we identified areas of practice that need improvement.

At our previous inspection on 2 and 5 December 2014, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that staff and management did not understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments of people's capacity to make decisions had not always been carried out in line with MCA. At this inspection, improvements had been made and we found that these issues had been addressed.

Staff and management demonstrated understanding of the Mental Capacity Act 2005 and DoLS. Staff had received training to support them to identify if someone may need an assessment. The management understood when a Deprivation of Liberty Safeguards referral was required. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards, which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager told us, "We have submitted DoLS referrals when it is needed." People's care plans recorded appropriate procedures for DoLS and these were being authorised by the local authority. Staff received training on MCA and DoLS and this was documented in the training schedule. However, the registered manager was not recording mental capacity assessments for less complex decisions on day to day living. The registered manager told us, "I don't record mental capacity assessments. I use my knowledge of the person, their health and their condition to decide if they have mental capacity and if I need to make a DoLS referral." The DoLS referrals showed the registered manager was appropriately using the two-stage test of capacity to identify if the person had an impairment of the mind or brain and that this impairment meant the person was not able to make a specific decision about their care needs.

We recommend that the provider seek advice on how to appropriately record their mental capacity assessments and a person's capacity to make a decision.

At our previous inspection on 2 and 5 December 2014, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that staff were not being effectively delegated to support people, and there were examples of bad practice in the support provided at mealtimes.

At this inspection, improvements had been made but this was an area that still required improvement. Staff had a good rapport with people during lunch. People were supported to eat and drink during meal times by

staff that had received appropriate training to do so. We saw examples of good practice taking place. Staff would offer to cut people's food for them in a kind and caring way and positive conversations took place between staff and people during the service. However, one member of staff was observed serving two people their dinner at the same time and went to assist another person to go to the toilet without letting the people who they were assisting to eat know where they were going. We reported this to the registered manager who told us, "This goes completely against our policy, should never happen and I will be speaking to the member of staff involved."

We recommend that the registered manager seek guidance to ensure that staff adheres to the service's policy regarding supporting people to eat and drink.

At our previous inspection on 2 and 5 December 2014, the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that people were not being protected against the risks associated with inaccurate recording of dietary intake. At this inspection, improvements had been made.

The provider ensured that people's nutritional and hydration needs were being met. People told us that they enjoyed the food and there was plenty to eat. One person told us, "I am never hungry." Another person told us, "The food is extremely nice." People's care plans had a malnutrition universal tool (MUST). A MUST is a tool to identify adults who are at risk of malnutrition or obesity. It allows staff to manage people's nutrition correctly and identify any risk. One person's care plan identified that the person was at low risk and that staff were to follow routine care and report any concerns to nursing staff. The MUST tool linked into people's eating and drinking risk assessments. The eating and drinking risk assessments provided guidance on how to mitigate any risks. For example, one person's care plan said that they required prompting to eat and needed assistance cutting up food. This practice was observed during inspection. Food and fluid intake records were kept with people's daily notes and were transferred to the computer system when care plans were updated. Care plans identified when people were referred to Speech and Language Therapists and any guidance produced by them was followed. For example, one person was put on a soft diet and this was communicated to the kitchen staff so that a suitable menu could be put in place. People were weighed on a monthly basis and records showed it was moved to weekly if required. For example if a person was seen to be putting on or losing significant weight. Appropriate referrals were made to the GP if people started to lose or gain weight.

People at the service were being supported by staff to attend routine health visits. People told us that they saw their GP, dentist and optician for check-ups. Records demonstrated that a chiropodist was visiting people on a regular basis. Care plans identified when people had been to a routine appointment and recorded if any changes had been made. People were being referred to medical professionals appropriately. For example, when staff at the home identified a potential pressure sore it was reported to the tissue viability nurse (TVN) straight away. The registered manager kept records of all TVN involvement with people at the service. Staff would follow guidance from the TVN and this was recorded. For example, one care plan told us that staff should ensure that the person should be assisted to turn at regular intervals. Appropriate turn charts were in place for those that needed them and staff completed these. People who were at risk of pressure sores had an appropriate risk assessment in place that identifies if people were using any supporting equipment and guidance was given on how to use the equipment. For example, air mattress setting specific to that person was documented. A healthcare professional told us, "There are no problems with the service and they always follow our guidance."

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people.

Staff undertook an induction process and included training in pressure ulcers, vulnerable adults which includes safeguarding, health and safety, infection control, moving and handling. New staff would also have practical experience with a member of staff followed by shadowing until they are competent and capable of fulfilling the role. Records showed that staff received additional training that included swallowing difficulties and death dying and bereavement. A member of staff told us, "Training on death, dying and bereavement does help us cope better with people nearing end of life." Staff told us and records showed that they were receiving a yearly appraisal and supervision every 3 months.

# Is the service caring?

## Our findings

People and their relatives spoke positively about the staff. One person told us, "The staff here are so kind and helpful." Another person told us, "The staff are lovely." One relative told us, "The care has been absolutely excellent, staff are always polite." A visiting district nurse told us, "They have good knowledge of the people they care for."

Staff were kind, compassionate and spent time with people. We observed a nurse giving medicines to people in their rooms. The nurse knocked on people's doors and identified herself and why she was there to the people in a clear and calm way. The nurse spent time with each person as they took their medicine and would open positive conversation with them about topics of the person's interest. Staff demonstrated good knowledge of the people they supported. We observed conversations throughout out inspection of staff talking to people about topics that were identified in their care plans. One member of staff told us, "One person really enjoys agriculture and we talk about that a lot. The person enjoys going to certain shops which we take him to once a month." People's religious preferences were respected. Care plans identified if people chose to follow any form of religious practice. The activities planner identified that religious services were taken place for those that wanted to attend. A member of staff told us, "A Vicar visits and does monthly communion and a Father has volunteers that visit regularly."

Staff communicated well with the people they provided support. We observed two members of staff assisting a person with a transfer using a hoist. During the transfer, staff were giving clear guidance to the person as to what they were doing. Staff also spoke to the person about their day that led to jokes being told during the transfer involving all parties. When the person was in their chair, staff asked clearly if they felt comfortable and the staff followed the person's instructions to ensure that they were comfortable in their chair. During lunch staff noticed that a person was given the wrong meal. Staff approached the person and asked if this is what they had asked for. The person told them that they had chosen something different. The member of staff asked what the person would like and this was promptly arranged. During an activity the activities coordinator was giving clear instructions to people so that they could get full enjoyment out of the activity. The activities coordinator would ask people if they wanted to be involved in the activity and would explain clearly, what this was. If the person did not want to join in this was respected.

People and their relatives told us they were involved with the planning and reviews of their care. One person told us, "The staff talk me through any changes." One relative told us, "They involve us with the care." A member of staff told us, "We review care plans monthly but the electronic system does not allow for people or their relatives to sign to show they were involved." People's records showed that their care plans were being reviewed and there was no option to identify people's involvement on the electronic system.

We recommend the registered manager seek guidance to clearly identify that people and their relatives have taken part with the planning and reviews of their care.

People's privacy and dignity was always maintained. When staff provided personal care in people's room's staff always ensured that the doors were closed. When people chose to have minor treatment in a

communal area, private screens were used. A visiting nurse told us, "The staff always ensure that the private screens are available for those that do not want to go back to their rooms." People were also encouraged to be as independent as possible. We observed one member of staff offering to assist a person cut their meal that was agreed to. After this, the person could finish their meal independently. A member of staff told us, "sometimes it is the little things that really help to keep people independent, such as, cutting up a meal or prompts during bathing." People were free to leave the service at any time. A member of staff told us, "We do not lock the doors as people are free to leave." This was observed during inspection.

People's private information was respected and kept secure at all times. People's private information was stored in a room that was locked when not in use by staff. People's personal files were kept on a secure electronic system that staff only had access. Staff were never seen to discuss people's individual needs in public areas.

## Is the service responsive?

### Our findings

People told us they took part in activities that were suited to their choices and preference. One person told us, "I take part in the activities I want to take part in and I do enjoy them." Another person told us, "I really enjoy the bingo, last time I won a prize." The activities coordinator told us, "The activities are designed for older people and those with dementia. It is important to stimulate them so they take part." We were told by a member of staff that there were sensory books of different materials and twiddle muffs." Twiddle muffs are knitted woollen muffs with small items attached such as ribbons and buttons that people with dementia can twiddle in their hands and provide a source of visual, tactile and sensory stimulation. These were observed during inspection. People's records documented their likes and dislikes and their family history. For example, we found out that one person had a fondness for specific British comedy and another person enjoyed sport. We observed in people's daily notes that these needs were catered for by assisting to choose and watch a DVD and we observed staff talking to a person about sport. Each morning the service had a newspaper delivery for those that wanted to read one. The newspapers were the ones that people had chosen and they were delivered by staff to their rooms. There were also additional newspapers available in the communal area for those that wanted to read them. Records also showed that people received one to one activities. The activities coordinator told us, "I do weekly one to one on Wednesdays with each person, we talk about their families, look at photos, read letters and books." We observed a group activities taking place that included bingo and a music session for those that wanted to participate. These activities were positive experiences for people who took part, people were seen to be smiling and having jokes with one another and staff.

At our previous inspection on 2 and 5 December 2014, we recommended that advice be sought from appropriate health care professionals such as occupational therapists to ensure that people's skin viability is not placed at risk if people chose to stay remain in wheelchairs for long periods of the day. At this inspection, improvements had been made. People's care plans and daily logs demonstrated referrals being made to appropriate health care professionals that included occupational therapists. Guidance was being documented and staff were seen to be following the guidance given. People were also given specialist equipment such as cushions and chairs that were specific to their needs and improved people's health by limiting the risk of developing pressure sores. We observed during inspection that people were not left in wheelchairs for any extended period and people were assisted appropriately.

People were encouraged to make their own choices. People's rooms were decorated to their own choosing and included their choice of furniture and personal items. People had choice over what they would like to eat. Each day people could choose from a selection of food choices and drinks. If people did not like or want what was on offer on the menu then staff would assist them to choose something else from what was available for the chef to prepare on the day. One person told us, "They come round and let us know what is on the menu and take our choices."

People's care plans contained information that was specific to their needs and these were being reviewed by staff on a monthly basis and when required if there was an identified change in need. One care plan had been updated to reflect a new medicine that was prescribed for a specific condition. Records also

demonstrated where there had been improvements to people's health. For example, one person's care plan showed that they were being hoisted for all transfers. Following a referral to a health professional that led to further treatment the person is now able to mobilise without the use of a hoist. Records showed that a person who was experiencing significant weight loss was referred to the GP and prescribed a course of medicine and guidance was received from dietician. Staff followed the guidance, the person started to eat more, and this resulted in the person deciding to reduce the medicine as their health improved. A member of staff told us, "If a person's need changes we don't wait we review it straight away to make sure we meet their needs."

People and their relatives told us that they could visit at any time. This means that people could keep relationships with their families and friends. Relatives told us there were no restrictions on visiting and they could come and go whenever they wanted. One person told us, "My friends come and go when they want." One relative told us, "I come and visit every day and the staff are very welcoming and I sometimes take part in the activities." The registered manager told us, "There are no restrictions on when people can visit. We have summer parties and a Christmas celebrations that families and friends were invited to. We observed people's friend and families visiting freely throughout the inspection.

People and their relatives were encouraged to communicate their views on the service they received. Records showed that people attended resident meetings which were carried out by the activities coordinator. The activities coordinator told us, "People who cannot attend the meeting have the option of a one to one meeting in their room." Records from the meetings showed that people had discussed the current food options on the menu and discussed the current activities. From the most recent meeting it was discovered that people were enjoying the current menu and that people were enjoying pet therapy and bingo activity. Relative meetings also took place at the service so that they had a platform to discuss any concerns but also discuss the service as whole. At the most recent meeting it was discussed the concerns regarding the recording of people and their relative's involvement in their care. Everyone was reassured that they would still be involved and the provider needs to find an effective way to record these interactions on the computer system. The provider had a complaints procedure in place that was on display in the communal area. People and their relatives told us they knew how to complain and if they had any concerns they would tell the management. All recorded complaints were kept in a complaints file and included all investigations, outcomes and how this was communicated to the people involved.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the registered manager and the service. One person told us, "I am very lucky to be living at Pinewood." Another person told us, "The manager is excellent." One relative told us, "Our family enjoy visiting pinewood." Another relative told us, "The manager is very responsive to our relative's needs, she sorts out any concerns we may have straight away."

At our previous inspection on 2 and 5 December 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that there were a limited number of systems in place to monitor the quality and safety within the home. At this inspection, improvements had been made.

The registered manager had introduced an auditing system to cover all areas of the service. Audits included air mattresses, cleaning, infection control, care plans, clinical room, meal times, keyworker, kitchen, nail care, environment, water temperatures, fire safety, beds, accidents and incidents. Some of these were delegated to senior staff and nurses. The registered manager carried out an audit quality monitoring record to confirm that the audits were completed when required. For example, the clinical room audit was carried out monthly and it covered stock take of medicines, fridge audit, controlled drugs audit and cleaning of the area. The infection control audit was also carried out monthly, it identified that two chairs required washing, and the actions identified that this was completed. The keyworker audit identified that some staff were not adequately filling out records on the new computer system. The action documented showed that this was communicated to staff and there was going to be a re-allocation of keyworkers to share the workload. This was also documented in staff meetings.

However, we found that there were areas where the auditing was not completely robust. For example, the fire safety audit did not recognise that a fire risk assessment had not been completed since 2012 despite policy stating that this should be undertaken yearly. The mealtime audit ensured that temperatures of food were being recorded and at safe levels. It also identified that that fridge and freezer temperatures were being recorded and that there were no concerns. However, it did not identify that people had to wait up to 30 minutes to receive their meals whilst others were eating.

We recommend that the provider seek guidance from a reputable source to ensure that the auditing systems in place are robust and identify all shortfalls within the service.

The registered manager was seen to be open and transparent. The registered manager told us, "I pride myself on the culture of the home. The way I want to be treated is how I want the staff to treat the residents and each other. I want residents to be happy and I would like staff to be able to spend more time with people." One person told us, "The manager is always approachable and get things done." Staff we spoke to told us that the manager was supportive and assisting them when required. A healthcare professional told us, "The manager is very approachable. I can ask questions about the residents and their needs and she is always happy to help." The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the care quality commission. The provider

had recently updated all policies at the service.

The provider had systems in place that assessed and monitored aspects of the quality of the service that people received. Surveys were being carried out to identify shortfalls within the service. The activities coordinator carried out surveys with people that identified if people were enjoying the activities on offer. It was from this survey that people identified that that they would like to play bingo and win prizes and this has been put in place. People living at the service completed a food survey. The last survey showed that people would like a fried breakfast occasionally and more eggs and fish on the menu. Following this, the chef put additional fish options into menu and a fried breakfast. People completed a form regarding if they would like eggs and how these should be prepared.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not sufficient numbers of staff deployed to support people's needs at all times.  Regulation 18(1)