

Elmwood Nursing Home Ltd

Pinewood Home Care

Inspection report

33 Victoria Place
Budleigh Salterton
Devon
EX9 6JP
Tel: 01395 441090
Website: www.pinewoodonline.co.uk

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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 

Overall summary

This inspection took place on 30 November and 1 December 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Pinewood Home Care was previously registered under the registration as Pinewood Nursing Home as it is operated from the same location. This was their first inspection since registering separately with the Care Quality Commission in January 2015.

Pinewood Home Care provide personal care and support to people living in their own homes in Budleigh Salterton,

Exmouth and Exeter. At the time of our inspection there were 52 people receiving a service. Times of visits ranged from 30 minutes to a five hour sitting service. The service also provided a nine hour night sitting service. The frequency of visits ranged from one visit to 28 visits a week.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. Care staff

respected people's privacy and dignity and maintained people's independence as much as possible. They worked in partnership with other health and social care professionals to ensure people's health needs were met in a timely way.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about the registered manager and how the management team worked well with them, encouraged team working and an open culture.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager had responded to a concern appropriately.

Summary of findings

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.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place.

People were supported by enough staff that arrived on time and stayed for the required time.

People received their medicines on time and in a safe way.

Good



Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's legal rights were protected because staff had a full understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to ensure they had sufficient food and drink.

People's health and wellbeing was monitored and responded to as necessary.

Good



Is the service caring?

The service was caring.

People and their relatives said staff were caring and compassionate and treated them with dignity and respect.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Staff protected people's privacy and supported them sensitively with their personal care needs.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before their care commenced and care plans were regularly reviewed and updated as their needs changed.

People received individualised care and support that met their needs.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any concerns raised were investigated and actions and improvements were made in response.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Staff spoke positively about how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The culture was open and honest and focused on each person as an individual and the service was tailored to people's needs.

The service used a range of quality monitoring systems to monitor the quality of people's care.

Good



Pinewood Home Care

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 30 November and 1 December 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Pinewood Home Care was previously registered under the same registration as Pinewood Nursing Home as it is operated from the same location. This was their first inspection since registering separately with the Care Quality Commission in January 2015. The inspection team consisted of one inspector.

We reviewed information about the service from the Provider Information Return (PIR), and other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with 18 people using the service or their close relatives, including visiting five people in their own homes. We spoke and sought feedback with 16 staff, including the providers, registered manager as well as with care and office staff. We looked at three staff records, and at incidents and complaints, training and at quality monitoring records such as audits and survey results. We sought feedback from health and social care professionals and commissioners of the service and received a response from three of them.

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "I feel safe and my dignity is maintained, overall I have no complaints." "The girls are very good, no complaints they treat me well and look after me." "I feel totally relaxed with them." People had all responded 'yes' to a survey sent out by the provider in June 2015 asking people 'if they felt safe' which had 36 responses.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and to the Care Quality Commission. There were clear policies for staff to follow. Staff felt confident any concerns they raised would be investigated and actions taken to keep people safe. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. The registered manager had notified several safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. They were clear about the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls to identify the risk and contributory factors, such as a decline in their mobility. Staff completed an environmental risk assessment which considered people's environmental risks. For example the assessment included people's security arrangements, electrical items, laundry, kitchen and washing facilities and trip hazards.

People confirmed staffing arrangements met their needs. Overall they were happy with staff timekeeping and confirmed they always stayed the allotted time. Staff confirmed people's needs were met promptly and felt there were sufficient staffing numbers. The registered manager said there had been some difficulties recruiting staff, which had meant they had needed to reduce the number of care

packages being provided so as to ensure people's safety. However they confirmed recruitment had now improved. Where a person's needs increased or decreased, staffing levels or visits was adjusted accordingly and were agreed with health and social care professionals. One relative said, "I am pleased they are not rushed, they take the time required if she needs five minutes extra to do something they will wait."

We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained they had an additional staff member referred to as 'a floater' who was available to undertake shifts at short notice. Regular staff would also undertake additional duties to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The agency planned travel time between each visit using a staff planner to reduce the risk of staff not being able to make the agreed visit times. Staff had raised not having enough travel time allocated between some visits at the last staff meeting in September 2015. The registered manager said they were aware of these concerns. She said when concerns were raised by staff she would speak with the field supervisor in that area to ascertain local knowledge of travel difficulties and adjust the travel time as necessary. She went on to say she tried to keep visits in the same area to limit these difficulties, especially in the Exeter area.

Everyone with the exception of one relative we spoke with said they had never had missed visits. On the rare occasion when a care worker had been up to half an hour late someone had telephoned them beforehand to keep them informed. The relative who said they had a missed visit had rung the office and a staff member was promptly sent out. The provider recorded in their PIR that they were looking, 'To implement an electronic monitoring system to log the actual times staff visit service users.' The registered manager said this would allow them to monitor that people received their visits, that staff were on time and stayed the required time.

People received rotas every two weeks, which showed their visit time and the name of staff which would carry out each visit. Where changes were made or staff were unavoidably delayed, people said the agency usually contacted to let them know. People and their families said they had a small number of staff who visited and they had got to know them

Is the service safe?

well. Staff arrived on time and stayed for the agreed time. One relative said, "Punctuality is very good, early if anything." Another said, "They always turn up and stay about an hour" (this was the contracted time).

People said care staff always left the premises secure and closed doors, windows and gates behind them. Where people were unable to let care staff in themselves, a keypad entry system had been installed. These numbers were kept secure and only given to those staff who required it.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken, although not always recorded. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines on time and in a safe way. People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. The registered manager personally oversaw the medicine management at the service. They worked closely with people's GPs and pharmacies to ensure people requiring support with their medicines had them dispensed in a monitored dosage system (MDS). This is a medicine storage device designed to simplify the administration of solid oral dose medication and therefore reduce the risk of errors.

Each month, the registered manager checked people's medicines were correct and accurately recorded when new blister packs were dispensed before being sent to people's homes for staff to administer. One person commented:

"They remind me about my tablets which means I get them." Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff were confident supporting people with their medicines. The management team checked medicine records whilst undertaking their reviews and spot checks to ensure staff were administering them correctly. We checked these records and found them to be completed appropriately by staff.

People confirmed staff washed their hands before and after providing care and used personal protective equipment such as aprons and gloves when providing personal care, which reduced the risks of cross infection. One person said that staff always wore gloves when they administered their eye drops. Staff members were allocated a holdall to carry gloves, first aid kit, torch, aprons, hand soap, hand gel and paper towels with them when visiting people using the service. In each person's care folders held in their home there was a copy of the provider's infection control policy along with individual risk assessments for infection control, and a hand washing technique for guidance for staff and to inform people and their families.

Pinewood Home Care have worked with the Fire Service to keep people safe and signed up to a scheme (Home Fire Safety visits). The fire service had met with staff and pointed out risks for them to be aware of. The registered manager said every time a new person started to use their service they would discuss with them and gain their consent whether they would like to be referred to the fire service. This entailed a fire check and if necessary to provide smoke alarms, carbon monoxide alarms and give advice. Staff as part of their duties each week on a Wednesday checked people's alarms were working and recorded the outcome and reported any concerns.

Is the service effective?

Our findings

Each person and relative said they were satisfied with the skills, knowledge and attitude of the care staff. Comments about care staff included: “Know what they are doing”; “I am confident about the carer’s ability”; “All the ladies know what they are doing”; “Very competent they know what they are doing and always treat me right”; “It is all written down but as regulars they know, what they do in half an hour is amazing.”

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person’s physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people’s health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt that people’s care plans and risk assessments were useful in helping them to provide appropriate care and support on a consistent basis. The provider recorded in their PIR, ‘An assessment is carried out of the individual’s background and preferences to enable us to match a suitable main carer.’

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. The staff had shared their concerns about a person’s health and the person’s relative told us, “We agreed I am going to ring the district nurse team to come and see her.” We saw evidence of health and social care professional involvement in people’s individual care on an on-going and timely basis. For example, GP and occupational therapist. These records demonstrated how staff recognised changes in people’s needs and ensured other health and social care professionals were involved to encourage good health care. A health care professional commented, ‘I always found their staff up to date with the knowledge of their client’s needs. Pinewood Home Care have always gone the extra mile in ensuring that their clients are safe and well looked after.’

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. One person said, “If we have a new girl they always come with an experienced one.” The registered manager was working with an outside trainer to implement the new care

certificate which came into effect in April 2015. During the 12 week induction period the registered manager had been meeting with new staff to support them, assess their competency and understanding of people’s needs and suitability to work for the service. The provider recorded in their PIR, ‘When staff are not confident about specific care needs, relevant training is arranged.’

Staff received training, which enabled them to feel confident in meeting people’s needs and recognising changes in people’s health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and a range of topics specific to people’s individual needs. For example, management of stoma bags and end of life care. Staff said they found the training provided helped them perform their job. Comments included, “We have plenty of training and every bit of training provided by Pinewood Home Care is all relevant to my job role.” “Training takes place very regularly ...without this training I could not do my job that is how important it is.” “I do feel that I learn something relevant with each session.”

Staff received supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed they felt supported by the management team. However the registered manager had not always documented when she had met with staff. The registered manager recognised the importance of staff receiving regular support to carry out their roles safely and said they would improve the documentation of these supervisions. The registered manager said she had plans to undertake formal appraisals with all staff. She was planning to train senior care staff to undertake formal supervision with designated staff.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People’s individual wishes were acted upon, such as how they wanted their personal care delivered. Staff recorded in people’s daily logs that they had gained the person’s consent before delivering support. One person commented: “They always ask me what I need doing and get my consent before they wash me.”

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment.

Is the service effective?

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

People were supported to maintain a balanced diet. At the time of the inspection the service supported 24 people by preparing main meals and snacks. In people's care records

held in their home they had a food safety risk assessment and the provider's policy to inform them of what they should expect from staff. Each person was provided with a temperature probe so staff could ensure food was prepared and served at a safe temperature. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care. The registered manager said when they had concerns about a person who was 'off' their food or appeared to be losing weight they would use food and fluid charts to help the person monitor their intake.

Is the service caring?

Our findings

People and their relatives felt cared for by staff. Comments included: “The girls are very good ... very pleasant and respectful”; “Always say what they are going to do before they do it”; “The staff are excellent, I couldn’t be more positive about them”; “They always ask if there is anything more they can do. It is done with love nothing is a bother”; “Like a family they see to you, they know my family... they sit with you if you are not quite right.”

Care staff were respectful of people’s privacy, dignity and maintaining independence. People and relatives said care staff ensured privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain their safety. Comments included: “They maintain her dignity very much so, always pull the curtains”; “They always keep me covered”; “Get him out of bed and undress him, they always cover him with a towel and if they take him to the toilet they always shut the door.” Staff were respectful; they always knocked to let the person know they had arrived, even when they were letting themselves in. Relatives said they appreciated how staff were courteous to them and included them by having a chat with them each day when they visited. One relative said how much it meant to them having banter with the staff and that they enjoyed being able to have a chat. One person explained how staff helped them to be as

independent as possible which was important to them. People said they were involved in making decisions about their care and support. They told us their opinions were sought about how best to care for them and were listened to.

Care staff had developed very positive and caring interactions with people, who looked forward to them coming into their homes. Staff comments included, “I love my job, every minute of it, love the people”; “I love working in the community and meeting different people and their families”; “I am content knowing that the majority of my clients that I get on my rota I know well and they know me too, which leads to a more efficient and person led care service.” People spoke fondly of their regular individual care workers and how they had developed relationships with them. Comments included, “The girls are brilliant, we have the same ones except if it their day off but it is always someone who has been here before”; “Wonderful, more or less the same staff”; “Mostly good we have the odd little blip... it is lovely our little team.”

People consistently said care staff helped them by doing extra things for them which mattered to them. For example, one person said “I had some tea stains on my floor one of the girls was on her hands and knees with bleach to clean it up.” Another person said the staff did “Over and above what they should do.”

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People felt they were involved with organising their care plan, describing how they had met with the agency at the start in order for the agency to understand their needs. Comments included: "They put in place the package when I came out of hospital it was great how it was all done"; "They know what I want... I told them what I wanted and that's what I get."

Each person we visited had a care plan in place which included personalised general information about the person's life history, employment, care needs and wishes. Staff were then guided by a detailed list of what they needed to do when they visited each person. There were specific plans for different visits undertaken, for example morning and evening visits. The registered manager said the plans were written so that anyone going in to a person's home to deliver support would know what to do. Care folders also contained personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was correct. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.

Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's needs. Comments included, "The care plans offer plenty of information about individuals but I know I can phone Pinewood anytime if I have any

queries"; "The care plans are great; they have a lot of detail on the service user so you know what the service user is expecting of you. It gives you some idea on their beliefs so they can be respected. I've never felt completely clueless when attending a service user I've never met"; "There is plenty of information provided in care plans so you can adapt to each service users' individual needs and support them in all different aspects of daily living."

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. Each month senior care staff undertook a review and gave people the opportunity to discuss any concerns. People and relatives mostly said they had not needed to make any complaints. Comments included, "I would phone (registered manager) but I have never had a reason to complain"; "No need to complain, I am very happy"; "If I thought something wasn't quite right I would tell them"; "If the carer didn't do their job properly I would ring the Budleigh office"; "No complaints but would be happy to make my views known." Where people had raised a concern they were happy with how the concern was managed. Comments included, "I raised a concern about a carer the registered manager sorted it out straight away"; "We had a small issue recently we spoke with (registered manager) and it has been resolved."

The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. People were made aware of the complaints process when the agency started their package of care and the complaints procedure was in each person's care folder in their home. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Records demonstrated where a complaint had been made; there was evidence of it being dealt with in line with the complaints procedure.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and how the management team worked well with them. Comments included, “Excellent I couldn’t wish for a better organisation to take care of me”; “While (registered manager) was off the girls have sorted things out but there will never be another (registered manager)”; “(registered manager) is very approachable and does everything she can to sort things out”. “(Office staff) are always very quick to respond and always very helpful.” Two people gave us examples of when they had called Pinewood Home Care office because of an injury to their arm and the other had needed assistance. One said “Yesterday. I had a mishap, I rang Pinewood and they came within half an hour.” The other said “I rang the office and before I knew it someone was here, they are brilliant.”

Staff said they felt supported and valued and that there was good team working and an open culture at the service. Staff commented: “I am very happy working for Pinewood Home Care. (Registered manger) is an amazing manager and she is very approachable. I am very satisfied with her leadership and she is always supportive to me”; “Yes I am happy with the leadership. I know that I can phone up/ email or pop into the office with any concerns and they will help me as much as they can or steer me in the right direction. I feel comfortable to do so”; “I am happy with the management at Pinewood Homecare. On a personal level I have found them supportive and approachable.”

Staff had attended staff meetings every six months. Meeting records showed meetings took place on a formal basis and were an opportunity for staff to air any concerns, as well as keep up to date with working practices and issues affecting the service. The service also provided staff with regular memos to keep them up to date on organisational changes, the training available, policies and procedures and behaving in a professional manner at all times.

People’s views and suggestions were taken into account to improve the service. For example, surveys had been completed in June 2015 and the result collated. The provider said they were intending to send the collated results to people to keep them informed. The surveys asked specific questions about the careworker’s punctuality, presentation and standard of care delivered, office contact ability and approach and whether people

had the correct documentation. The provider had taken action where they felt improvements were needed. For example with regards to encouraging people’s independence, they had discussed with staff ways to improve. Comments included: ‘I think your team are wonderful and nothing wrong in whatever they do’; ‘I have put not applicable on complaints as I don’t have any. Just need to thank you for the wonderful care’; ‘Excellent attention is given at all times’; ‘All are very good and kind’. This demonstrated the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The service’s vision and values centred around the people they supported. The organisation’s website recorded their aim of the service is ‘To deliver the highest standards of professional care... to encourage the independence of all our service users... to ensure that service user values such as dignity, independence and freedom of choice are respected at all times. Our inspection showed that the organisation’s philosophy was embedded in Pinewood Home Care through talking to people using the service and staff and looking at records. The registered manager said her vision of the service was that they had a good reputation of keeping people safe and well looked after.

The service worked with other health and social care professionals in line with people’s specific needs. The registered manager said that communication between other agencies was good and enabled people’s needs to be met. Regular reviews took place to ensure people’s current and changing needs were being met. A health and social care professional confirmed that the service worked well with them and took on board things requested. Their comments included, “(The registered manager) always insists on high standards and I have found her very professional, supportive and caring of both her clients and staff... has taken on and acted upon any recommendations that I have made... and ensured that her staff comply with those recommendations.”

By talking with the registered manager there was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The registered manager and provider were looking at ways to record their overview of accidents and incidents within the service to demonstrate how they had looked at trends and patterns. Where incidents had taken place, involvement of

Is the service well-led?

other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which impacted on people's safety.

Quality assurance checks were completed on a regular basis. For example, the provider reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements needed to be made. Checks were completed on a regular basis by members of the management team. This meant they visited people in their

homes and reviewed people's care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be identified and addressed to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans were reviewed and updated as required. Spot checks were also conducted on a random basis on each member of staff monthly. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.